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Self-Compassion, Menopause Attitudes, and Social Support as Correlates of Well-Being in Midlife Indonesian Women

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ABSTRACT

Psychological well-being in adulthood reflects the interaction of personal psychological resources and social environments, particularly when aging-related bodily changes are shaped by cultural expectations. This study examined the associations of self-compassion, perceived social support, attitudes toward menopause, and optimism with psychological well-being among Indonesian women. Using a cross-sectional survey, data were collected from 147 women aged 18–63 years (M = 45.29, SD = 5.73) through online self-report questionnaires. Measures assessed psychological well-being, self-compassion, perceived social support, attitudes toward menopause, and dispositional optimism. Data were analyzed using reliability testing, Pearson correlations, and HC3 robust multiple regression to address non-normality. Results showed that psychological well-being was positively associated with self-compassion ($r = .34$, $p < .001$), perceived social support ($r = .48$, $p < .001$), and positive attitudes toward menopause ($r = .23$, $p = .005$), whereas optimism was not significantly related ($r = .13$, $p = .117$). Robust regression confirmed self-compassion and perceived social support as the strongest predictors, with menopause attitudes contributing modestly and optimism remaining non-significant. These findings highlight the importance of intrapersonal and interpersonal resources for psychological well-being among Indonesian women, particularly during midlife transitions. Although limited by its cross-sectional design and lack of menopausal stage assessment, this study supports culturally informed interventions that strengthen self-compassion and social support.

Introduction

Menopause is commonly defined as the final menstrual period and is best understood within the broader reproductive-aging process that includes the late reproductive stage, the menopausal transition, and postmenopause. Clinical reviews emphasize that symptoms and

psychological experiences vary across these stages and should be interpreted in relation to reproductive stage, symptom burden, prior mental health, and psychosocial context rather than attributed to biological change alone (Santoro et al., 2021; The North American Menopause Society, 2022; Brown et al., 2024; Kuck & Hogervorst, 2024). This distinction is important for the present study because menopausal stage was not measured. Therefore, the study examines attitudes toward menopause and psychosocial resources among Indonesian women, not stage-specific menopausal adaptation.

The menopausal transition is also a socially and culturally interpreted life-course event. Women may experience vasomotor symptoms, sleep disruption, changes in body image, and shifts in family or work roles, but the meaning and impact of these experiences depend partly on attitudes toward aging, religious values, family expectations, cultural narratives, and available support (Hickey et al., 2022; Tariq et al., 2023; Williams, 2024). In Indonesia, women's well-being is often embedded in family responsibilities, community relationships, and moral or religious understandings of health. These contexts may influence whether bodily change is interpreted as threat, loss, normal transition, or opportunity for acceptance and growth.

Psychological well-being (PWB) provides a useful eudaimonic framework for studying positive functioning during adulthood. Eudaimonic well-being emphasizes autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Recent intervention evidence indicates that these domains can be strengthened through targeted psychosocial programs (Van Dierendonck & Lam, 2023; Wilkie et al., 2026). This framework is relevant because it assesses not only the absence of distress but also meaning, growth, relational functioning, and self-acceptance, which are central to women's adaptation to adult roles and health-related transitions.

Self-compassion may support adaptive psychological functioning because it reflects a kind, mindful, and non-isolating response to personal difficulty. Recent measurement and meta-analytic evidence conceptualizes self-compassion as compassionate self-responding, including self-kindness, common humanity, and mindfulness, together with reduced uncompassionate self-responding, including lower self-judgment, isolation, and over-identification (Chio et al., 2021; Rakhimov et al., 2023). Intervention evidence also suggests that self-compassion-focused programs can reduce depressive symptoms, anxiety, and stress (Han & Kim, 2023). In the context of menopause-related attitudes, self-compassion may help women respond to bodily changes and role pressures with less self-criticism and more balanced acceptance.

Attitudes toward menopause may influence how women appraise bodily changes, seek information, and communicate their needs. Research shows that women's knowledge and attitudes toward menopause differ across reproductive-stage groups and that many women remain insufficiently informed before midlife (Tariq et al., 2023). Contemporary commentaries also argue that negative and overly medicalized cultural narratives may intensify distress, whereas normalizing and culturally responsive perspectives can support

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more balanced adaptation (Hickey et al., 2022; Williams, 2024). In a cultural context where menopause may be considered natural but not always openly discussed, measuring menopause attitudes can identify psychoeducational needs without assuming that all participants are in the same menopausal stage.

Perceived social support represents an external resource that may protect well-being during life transitions. Recent psychometric work supports the three-source structure of the Multidimensional Scale of Perceived Social Support (MSPSS), consisting of support from significant others, family, and friends, and meta-analytic evidence links perceived support with multiple domains of thriving and mental health (Koğar & Yılmaz Koğar, 2024; Yeo et al., 2025). Cross-cultural evidence further suggests that self-compassion and self-coldness may partly explain the link between perceived social support and well-being across cultural groups (Tannous-Haddad et al., 2024). Because Indonesian social life is strongly organized through family and community ties, support may be particularly relevant to women's psychological well-being.

Dispositional optimism, defined as generalized positive expectations about future outcomes, is often associated with well-being and healthy aging, but cross-national evidence shows that optimism may function differently across cultural and social contexts (Baranski et al., 2021; Koga et al., 2022). Recent psychometric evidence also indicates that Life Orientation Test-Revised (LOT-R) scoring, response range, and dimensionality require careful evaluation across samples (Hinz et al., 2022). Examining optimism alongside self-compassion, menopause attitudes, and social support can clarify whether positive future expectations contribute uniquely to well-being after more immediate internal and relational resources are considered.

Empirically, less is known about how these psychosocial variables operate together among Indonesian women when menopause is treated as an attitude-related and culturally interpreted construct rather than a precisely staged reproductive condition. The present study addressed this gap by describing psychological well-being, self-compassion, menopause attitudes, perceived social support, and optimism among Indonesian women and by examining their interrelationships using corrected scoring procedures. The study tested three hypotheses: psychological well-being would be positively associated with self-compassion, perceived social support, and positive menopause attitudes; self-compassion and perceived social support would remain positive predictors of psychological well-being in a multivariable model; and optimism would be explored cautiously because of possible measurement limitations. All findings are interpreted as associations because the design is cross-sectional.

Method

Design and reporting standards

This study used a cross-sectional analytical survey design. The manuscript was revised to improve transparent quantitative reporting, including explicit description of sampling,

eligibility, scoring corrections, missing data, reliability, effect sizes, and regression diagnostics. Because data were collected at one time point, all findings are interpreted as associations rather than causal effects.

Participants and recruitment

The recalculated dataset included 147 Indonesian women who completed an online questionnaire distributed through community networks. The inclusion criteria were being an Indonesian woman, 40-54 years old, and providing usable responses for the main composite measures. Participants had a mean age of 45.29 years (SD = 5.73, median = 44, range = 40–54). Most participants were married and identified as homemakers. Recruitment used purposive sampling via Google Forms. This non-probability strategy limits generalizability; therefore, the sample is described as Indonesian women across adulthood with a mean age in midlife, not as a representative sample of menopausal women.

Menopause-stage and health-status information

Menopausal stage, symptom burden, and full health-status information were not available for the complete sample. Health screening items were completed by only 36 participants and were therefore treated as partial data rather than full-sample characteristics. Consequently, the study is framed as an analysis of menopause attitudes and psychosocial resources among Indonesian women. Claims about perimenopause, postmenopause, hormonal status, or symptom-specific menopause adaptation are avoided.

Ethical reporting

Ethical approval was obtained from the Medical and Health Research Ethics Committee of the Faculty of Medicine and Health Sciences, Krida Wacana Christian University (SLKE Number: 1850/SLKE/IM/UKKW/FKIK/KPEK/X/2-24), with a recruitment period spanning September to December 2025. All participants received a comprehensive explanation regarding the study objectives, data collection procedures, and potential risks and benefits prior to participation. Participation in this study was voluntary, and each respondent provided informed consent. Respondents retained the right to decline participation or withdraw at any time without facing any consequences. To ensure data confidentiality and anonymity, the collected data contained no personally identifiable information. The data underwent an anonymization process, rendering it impossible for researchers or any other parties to identify individual participants. All data were used solely for academic purposes and statistical analysis within the scope of this study.

Sample-size consideration

The final analytic sample was adequate for the planned exploratory regression models because the primary model used three predictors and included 147 complete cases, providing more than 40 participants per predictor. The analysis was not presented as a population-representative estimate or as a confirmatory clinical prediction model. Instead, it was used to examine whether self-compassion, perceived social support, and optimism were associated with psychological well-being after corrected scoring and robust estimation.

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Table 1
Participant Characteristics (N = 147)

Variable	Category	n	%
Marital status	Married	130	88.4
	Widowed	10	6.8
	Never married	5	3.4
	Divorced	2	1.4
Employment	Homemaker	92	62.6
	Employed	55	37.4
Monthly income	< IDR 5 million	91	61.9
	IDR 5–<10 million	42	28.6
	IDR 10–<15 million	4	2.7
	>= IDR 15 million	10	6.8
Education, recoded	Secondary	84	57.1
	Diploma/below bachelor	17	11.6
	Bachelor	31	21.1
	Postgraduate	15	10.2

Measures

The translation process for the research instruments in this study followed the guidelines provided by Beaton (2000) for cross-cultural instrument translation. The researcher adapted several instruments: Chan's Psychological Well-Being scale, Neff's Self-Compassion scale, Neugarten's Attitudes Toward Menopause scale, and the Social Support scale. Sperber (2004) explains that this translation process is conducted to validate the translation itself. While various methods exist, none are immune to failure; one such method involves evaluation by a team of experts, bilingual individuals. Beaton et al. (2000) emphasize that if a research measure is intended for cross-cultural use, the items must not only be linguistically well-translated but also culturally adapted to preserve cultural integrity.

Psychological well-being. Psychological well-being was measured using a 24-item adaptation of a six-domain eudaimonic Psychological Well-Being Scale covering autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Recent meta-analytic work using Ryff-based PWB outcomes supports the relevance of these domains for evaluating positive functioning and psychosocial intervention outcomes (Van Dierendonck & Lam, 2023). Items were rated on a scale from 1 to 5; total scores ranged from 24 to 120, with higher scores indicating greater well-being. Internal consistency in the present sample was excellent (alpha = .91).

Self-compassion. Self-compassion was assessed with the 26-item Self-Compassion Scale. Recent psychometric evidence supports evaluating total self-compassion and component-level profiles when negative components are scored and interpreted consistently (Chio et al., 2021; Rakhimov et al., 2023). The scale includes self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Negative components were reverse-scored before computing the total score, so the corrected total represents

greater self-compassion. Internal consistency of the corrected total score was good (alpha = .84).

Menopause attitudes. Menopause attitudes were assessed using a 35-item scale rated from 1 to 4, yielding total scores from 35 to 140. The instrument corresponds to the commonly used Attitudes Toward Menopause tradition originally associated with 35 attitude items (Neugarten et al., 1963), but the dataset provided for revision did not include a full adaptation manual, permission record, translation procedure, or item-keying guide. Higher total scores were interpreted as more positive attitudes in the available dataset. Because exact positive and negative item keying could not be verified, the total is reported as the available raw total and interpreted cautiously. Internal consistency in the present sample was excellent (alpha = .92).

Perceived social support. Perceived social support was assessed using the MSPSS. Items were mapped according to the standard three-factor structure supported by recent meta-analytic confirmatory factor analysis: Significant Other = items 1, 2, 5, and 10; Family = items 3, 4, 8, and 11; Friends = items 6, 7, 9, and 12 (Koğar & Yılmaz Koğar, 2024). Items were rated on a scale from 1 to 7; total scores ranged from 12 to 84. Internal consistency of the total score was good (alpha = .89).

Dispositional optimism. Optimism was assessed using the six scored items of the Life Orientation Test-Revised (LOT-R). Recent psychometric work highlights the importance of verifying LOT-R scoring, response range, and dimensionality across samples (Hinz et al., 2022). Pessimism-oriented items 2, 4, and 5 were reverse-scored. The raw survey ranged from 0 to 5; therefore, primary corrected scoring used a 0–5 metric, with reverse-scoring as 5 minus the raw response. A sensitivity score using the conventional 0–4 metric treated out-of-range responses as invalid. Internal consistency of the primary corrected LOT-R score was low (alpha = .53), so optimism was treated as exploratory rather than as a central predictor.

Data analysis

Analyses used corrected scoring for reverse-keyed items and complete-case or sensitivity scoring where appropriate. Descriptive statistics summarized central tendency, variability, observed ranges, theoretical ranges, and internal consistency. Pearson correlations examined bivariate associations among corrected composite scores. Multiple regression models predicting psychological well-being used HC3 heteroscedasticity-consistent robust standard errors because the Breusch-Pagan test indicated heteroscedasticity. Exploratory group comparisons by employment and education used Welch tests or ANOVA with false discovery rate (FDR) correction. Statistical interpretations emphasized effect direction, confidence intervals, measurement reliability, and the cross-sectional nature of the data.

Results and Discussion

Scoring audit and missing data

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The recalculation corrected the principal inconsistencies identified in the source manuscript. SCS negative components were reverse-scored, LOT-R pessimism items were reverse-scored, the MSPSS standard item mapping was used, and analyses were recomputed using complete-case or sensitivity scoring rather than broad median substitution. One MSPSS item response was missing (MSPSS item 12), but no missing responses were found for PWB, SCS, menopause attitudes, or LOT-R items. Health screening items were answered by only 36 participants and were not used to characterize the full sample.

Table 2
Per-Item Missing Data Summary

Scale	Item(s)	Missing n	Missing %
PWB	Items 1–24	0 per item	0
SCS	Items 1–26	0 per item	0
Menopause Attitude	Items 1–35	0 per item	0
MSPSS	Items 1–11	0 per item	0
MSPSS	Item 12	1	0.7
LOT-R	Items 1–6	0 per item	0
Health screening	Five health screening questions	111 missing per item	75.5

Note. The health screening block was completed by only 36 participants; percentages for health screening missingness are calculated against the full N = 147. MSPSS complete-case total scores use N = 146.

Table 3
Composite Descriptive Statistics and Internal Consistency

Scale	N	M	SD	Mdn	Observed range	Theoretical range	alpha
PWB total	147	97.05	12.51	96.00	54–120	24–120	0.91
SCS total, corrected	147	91.40	13.04	92.00	56–124	26–130	0.84
SCS mean, corrected	147	3.52	0.50	3.54	2.15–4.77	1–5	0.84
Menopause Attitude total	147	89.34	15.30	86.00	46–140	35–140	0.92
MSPSS total, complete case	146	62.83	12.49	65.00	23–84	12–84	0.89
MSPSS total, prorated sensitivity	147	62.87	12.45	65.00	23–84	12–84	0.89
LOT-R total, corrected 0–5	147	16.81	2.87	15.00	14–27	0–30	0.53
LOT-R total, sensitivity 0–4	146	13.82	2.88	12.00	11–24	0–24	0.53

Note. SCS and LOT-R values use corrected reverse-scoring. LOT-R 0–4 sensitivity scoring treats two out-of-range responses as invalid. Cronbach alpha for LOT-R was low and should be interpreted cautiously.

Composite scale distributions

PWB scores were moderate to high (M = 97.05, SD = 12.51), while corrected SCS scores suggested moderate-to-high self-compassion (M = 91.40, SD = 13.04; mean item score = 3.52). Menopause attitudes were moderately positive (M = 89.34, SD = 15.30), and perceived social support was high (complete-case M = 62.83, SD = 12.49). Corrected LOT-R optimism scores were moderate (M = 16.81, SD = 2.87), but the restricted range and low internal consistency indicate that optimism should be interpreted cautiously in this sample.

Table 4
Subscale Descriptive Statistics and Internal Consistency

Scale	Subscale	N	M	SD	Observed range	alpha
PWB	Autonomy	147	15.20	2.91	7–20	0.63
PWB	Environmental Mastery	147	16.07	2.79	6–20	0.78
PWB	Personal Growth	147	17.07	2.44	8–20	0.80
PWB	Positive Relations	147	16.63	2.65	8–20	0.77
PWB	Purpose in Life	147	15.59	2.63	8–20	0.51
PWB	Self-Acceptance	147	16.49	2.67	8–20	0.76
SCS	Self-Kindness	147	18.85	3.56	9–25	0.72
SCS	Reduced Self-Judgment	147	16.50	3.85	7–25	0.62
SCS	Common Humanity	147	14.79	2.90	8–20	0.72
SCS	Reduced Isolation	147	13.37	3.56	4–20	0.69
SCS	Mindfulness	147	14.77	3.01	7–20	0.76
SCS	Reduced Over-Identification	147	13.12	3.31	4–20	0.65
MSPSS	Significant Other	147	21.44	5.17	6–28	0.82
MSPSS	Family	147	22.71	4.64	6–28	0.86
MSPSS	Friends	146	18.73	5.79	4–28	0.89

Note. SCS negative components are reported after reverse-scoring and labeled as reduced self-judgment, reduced isolation, and reduced over-identification. PWB Purpose in Life showed comparatively low reliability (alpha = .51).

Subscale patterns

Within PWB, Personal Growth was the highest subscale and Autonomy was the lowest. Within corrected SCS scoring, Self-Kindness was the highest subscale, followed by Reduced Self-Judgment and Common Humanity. For MSPSS, Family support was highest, followed by Significant Other support and Friends support. This pattern suggests a relationally embedded profile of well-being in which family relationships are highly salient. However, the data cannot show whether support improves well-being, whether women with higher

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well-being perceive more support, or whether both are shaped by unmeasured family, religious, or socioeconomic factors.

Table 5
Pearson Correlations Among Corrected Composite Scores

Association	N	r	p	95% CI
PWB – SCS	147	0.34	< .001	[0.19, 0.47]
PWB – MA	147	0.23	.005	[0.07, 0.38]
PWB – MSPSS	146	0.48	< .001	[0.35, 0.60]
PWB – LOT-R	147	0.13	.117	[-0.03, 0.29]
SCS – MA	147	-0.19	.024	[-0.34, -0.03]
SCS – MSPSS	146	0.24	.004	[0.08, 0.38]
SCS – LOT-R	147	0.18	.026	[0.02, 0.34]
MA – MSPSS	146	0.31	< .001	[0.16, 0.45]
MA – LOT-R	147	-0.09	.255	[-0.25, 0.07]
MSPSS – LOT-R	146	0.22	.007	[0.06, 0.37]

Note. PWB = Psychological Well-Being; SCS = corrected Self-Compassion Scale total; MA = Menopause Attitude; MSPSS = complete-case total; LOT-R = corrected 0–5 total. Confidence intervals use Fisher transformation.

Associations among psychological constructs

PWB was significantly and positively associated with corrected self-compassion, menopause attitudes, and perceived social support. The strongest bivariate association was between PWB and MSPSS, supporting the view that perceived availability of support is central to women's positive functioning. Corrected self-compassion was negatively associated with menopause attitudes, a direction that should be interpreted cautiously because item keying for the menopause attitude scale could not be fully verified. Menopause attitudes were positively associated with social support, suggesting that women who perceive stronger support may also hold more constructive appraisals of menopause-related change. Corrected LOT-R scores were not significantly associated with PWB or menopause attitudes, but were positively associated with self-compassion and social support. Given low LOT-R reliability, these results are best treated as exploratory measurement findings rather than strong substantive evidence about optimism.

Table 6
HC3 Robust Multiple Regression Predicting Psychological Well-Being

Predictor	B	SE HC3	beta	t	p	95% CI for B
Intercept	49.666	8.313		5.97	< .001	[33.233, 66.099]
SCS	0.234	0.077	0.242	3.05	.003	[0.082, 0.385]
MSPSS	0.429	0.100	0.427	4.28	< .001	[0.231, 0.627]
LOT-R	-0.053	0.309	-0.012	-0.17	.864	[-0.663, 0.557]

Note. Primary model: $N = 146$, $R^2 = 0.286$, adjusted $R^2 = 0.271$, $F(3, 142) = 18.99$, $p < .001$. SE = heteroscedasticity-consistent standard error. SCS and MSPSS remained significant; LOT-R did not.

Predictors of psychological well-being

The primary HC3 robust regression model predicting PWB from corrected SCS, MSPSS, and corrected LOT-R was significant, $R^2 = 0.286$, adjusted $R^2 = 0.271$. Corrected self-compassion significantly predicted higher PWB (B = 0.234, SE HC3 = 0.077, beta = .242, p = .003), and perceived social support was the strongest predictor (B = 0.429, SE HC3 = 0.100, beta = .427, p < .001). Corrected optimism did not significantly predict PWB (B = -0.053, SE HC3 = 0.309, beta = -.012, p = .864). An expanded sensitivity model adding menopause attitudes explained slightly more variance, $R^2 = 0.311$, adjusted $R^2 = 0.291$. In that model, SCS and MSPSS remained significant positive predictors, menopause attitudes approached but did not reach conventional significance (B = 0.143, p = .052), and LOT-R remained non-significant.

Interpretation of the core findings

The finding that social support was the strongest predictor is theoretically meaningful in the Indonesian context. For many women, psychological well-being is not maintained only through individual coping but also through relational security, family recognition, and practical assistance in daily roles. Family support may reduce the sense of isolation that can accompany bodily change, aging concerns, or competing responsibilities as wife, mother, worker, caregiver, and community member. Social support may also make it easier for women to discuss health changes, seek information, and normalize menopause-related concerns. This interpretation is consistent with the high Family support subscale and with evidence linking perceived support to thriving and mental health (Koğar & Yılmaz Koğar, 2024; Yeo et al., 2025).

Self-compassion also remained a significant predictor after perceived support was included. This suggests that relational resources and internal self-regulation are complementary. Women who respond to difficulty with self-kindness, mindfulness, and a sense of common humanity may be better able to maintain self-acceptance and purpose even when they face bodily change, role strain, or uncertainty. In practical terms, self-compassion may be useful for psychoeducation and counseling because it can be strengthened through structured exercises and may reduce self-criticism around aging, health changes, or perceived failures in family roles (Chio et al., 2021; Han & Kim, 2023).

The non-significant role of optimism should not be interpreted as evidence that positive expectations are unimportant. The LOT-R score had low internal consistency, restricted range, and scoring complications in this dataset. These issues reduce confidence in the precision of the optimism measure. It is also possible that generalized positive expectations are less proximal to PWB than immediate relational support and compassionate self-responding. In collectivist and family-oriented contexts, support that is available in daily life may be more psychologically salient than abstract expectations about the future. Future studies should use a carefully adapted optimism measure or examine culturally grounded hope, religious coping, and meaning-making as alternative constructs. Menopause attitudes showed modest positive associations with PWB and social support but did not emerge as a

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robust independent predictor after other psychosocial resources were considered. This pattern suggests that positive menopause attitudes may be connected to well-being partly through supportive relationships and broader self-regulation processes. Because menopausal stage and symptom burden were not measured, the result should not be described as evidence about perimenopausal or postmenopausal women specifically. It is more accurate to state that constructive attitudes toward menopause-related change are associated with psychological resources among Indonesian women across adulthood.

Table 7
Exploratory Employment Group Comparisons Using Corrected Scores

Scale	Homemaker n	M	SD	Employed n	M	SD	t	df	p	d	FDR p
PWB	92	96.49	12.15	55	98.00	13.17	-0.69	106.56	.490	-0.12	.776
SCS	92	91.64	12.96	55	91.00	13.29	0.29	111.49	.776	0.05	.776
MA	92	90.23	14.58	55	87.85	16.46	0.88	103.07	.380	0.16	.776
MSPSS	91	62.58	11.41	55	63.24	14.19	-0.29	95.65	.773	-0.05	.776
LOT-R	92	16.14	2.18	55	17.93	3.51	-3.41	79.26	.001	-0.65	.005

Note. Welch tests were used. After FDR correction, only corrected LOT-R differed by employment status; employed women scored higher than homemakers. This direction differs from the unrevised source manuscript because LOT-R reverse-scoring was corrected.

Table 8
Exploratory Education-Level ANOVA Using Corrected Scores

Scale	F	df1	df2	p	eta squared	FDR p
PWB	0.67	3	143	.574	0.014	.574
SCS	0.80	3	143	.495	0.017	.574
MA	2.45	3	143	.066	0.049	.160
MSPSS	2.15	3	142	.096	0.044	.160
LOT-R	6.65	3	143	< .001	0.122	.002

Note. Education was recoded into secondary, diploma/below bachelor, bachelor, and postgraduate. After FDR correction, only LOT-R remained significant; subgroup interpretation is exploratory.

Exploratory group comparisons and diagnostics

Employment-related comparisons showed no significant differences in PWB, SCS, menopause attitudes, or social support. Corrected LOT-R scores differed by employment status after FDR correction, with employed women reporting higher optimism than homemakers. Education-level analyses also indicated an FDR-corrected difference in corrected LOT-R scores, whereas other outcomes were not statistically significant. These findings should be interpreted cautiously because group comparisons were exploratory, subgroup sizes were unequal, and LOT-R reliability was low. Marital-status inferential comparisons were not emphasized because the non-married categories were very small and unequal.

Shapiro-Wilk tests indicated that SCS was approximately normally distributed ($W = 0.991$, $p = 0.463$), whereas PWB, menopause attitudes, MSPSS, and LOT-R deviated from normality. Given the sample size and the robustness of composite-score analyses, correlations and regressions were retained. Regression coefficients were reported with HC3 robust standard errors because the primary regression residuals did not significantly deviate from normality ($W = 0.989$, $p = 0.332$), but the Breusch-Pagan test indicated heteroscedasticity ($LM = 10.91$, $p = 0.012$).

Limitations and implications

Several limitations qualify the findings. First, purposive sampling restrict generalizability. Second, menopausal stage, symptom burden, and complete health-status variables were unavailable, so the study cannot support stage-specific menopause conclusions. Third, LOT-R reliability was low, making optimism an exploratory construct in this analysis. These limitations do not invalidate the main associations, but they require cautious interpretation and more rigorous measurement in future studies.

Despite these limitations, the findings have practical implications for psychoeducation, counseling, and community-based support programs. Programs designed for Indonesian women may benefit from combining self-compassion exercises, family-support strengthening, and culturally responsive discussion of menopause attitudes. Such programs should avoid presenting menopause only as a biomedical problem or only as an individual coping challenge. Instead, they can frame well-being as a product of compassionate self-understanding, supportive relationships, accurate health information, and culturally respectful communication.

Conclusion

Using corrected scoring from the raw dataset, this study shows that perceived social support and self-compassion are meaningful correlates and robust predictors of psychological well-being among Indonesian women. Menopause attitudes showed modest positive associations with well-being and social support, whereas optimism did not reliably predict well-being after scoring correction and robust estimation. The strongest finding was the role of perceived social support, especially in a sample where family support was prominent. This suggests that women's well-being in Indonesia may be strengthened through relational resources as well as internal self-compassion. The study contributes an initial psychosocial profile of women's well-being by integrating eudaimonic well-being, self-compassion, menopause attitudes, social support, and optimism in one corrected analytic model. Practically, the findings support psychoeducation and counseling approaches that strengthen compassionate self-responding, encourage supportive family communication, and normalize informed discussion of menopause-related attitudes. However, the results should not be interpreted as evidence about specific menopausal stages because menopausal stage and symptom burden were not measured. Future research should use probability or purposive midlife sampling, document menopausal stage and health status, validate the menopause attitude instrument, use culturally appropriate measures of optimism or hope, and apply longitudinal designs to clarify directionality.

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