

## Social Support and Quality of Life Among Older Adults in South Kalimantan, Indonesia: A Cross-Sectional Study

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### ABSTRACT

Globally, many countries, including Indonesia, are experiencing population aging, a trend expected to continue over the next several decades. This demographic shift generates a growing demand for healthcare services that enhance both quality of life and longevity. As populations age, maintaining good self-assessed health in later life has become increasingly important. In response to population aging, most older adults prefer to age in place and live with some level of independence. The purpose of this study was to analyze the correlation between social support and quality of life among older adults. A cross-sectional study was conducted with 94 respondents aged 59 and older. Data were collected using validated Medical Outcomes Study Social Support Survey (MOS-SSS) and the Indonesian version of the World Health Organization Quality of Life-BREF (WHOQOL-BREF). IBM SPSS 29.0 software was used for Spearman's rank correlation analysis. The results indicated a significant positive correlation between social support and quality of life across all WHOQOL-BREF domains ( $p$ -value <0.05), with weak correlations in the physical health ( $r=0.347$ ), psychological ( $r=0.242$ ), and social relationship domains ( $r=0.391$ ), and a moderate correlation in the environmental domain ( $r=0.462$ ). These findings underscore the importance of interventions aimed at strengthening social networks, promoting family involvement, and fostering community empowerment as strategies to improve the quality of life of older adults living in the community.

*Secara global, banyak negara mengalami penuaan populasi dan akan terus mengalami hal tersebut dalam beberapa dekade ke depan, termasuk Indonesia. Perubahan demografis ini memicu meningkatnya permintaan akan layanan kesehatan yang dapat meningkatkan kualitas hidup sekaligus memperpanjang usia harapan hidup. Pada populasi yang menua, keinginan untuk menghabiskan tahun-tahun terakhir dalam kondisi kesehatan yang baik menurut penilaian sendiri semakin relevan. Menghadapi tantangan yang timbul dari tren ini, sebagian besar lansia lebih memilih untuk tetap tinggal di lingkungan yang familiar di komunitas dan hidup dengan tingkat kemandirian tertentu. Tujuan studi ini adalah untuk menganalisis korelasi antara dukungan sosial dan kualitas hidup di kalangan lansia. Studi potong lintang dilakukan dengan 94 responden berusia 59 tahun ke atas. Data dikumpulkan menggunakan instrumen yang telah tervalidasi, yaitu Medical Outcomes Study Social Support Survey (MOS-SSS) dan World Health Organization Quality of Life-BREF (WHOQOL-BREF) versi Indonesia. Perangkat lunak IBM SPSS 29.0 digunakan untuk uji korelasi Spearman. Hasil penelitian menunjukkan adanya korelasi positif yang signifikan antara dukungan sosial dan kualitas hidup pada seluruh domain WHOQOL-BREF (nilai  $p < 0.05$ ), dengan kekuatan korelasi lemah pada domain kesehatan fisik ( $r=0.347$ ), psikologis ( $r=0.242$ ), dan hubungan sosial ( $r=0.391$ ), serta korelasi sedang pada domain lingkungan ( $r=0.462$ ). Hasil ini menyoroti pentingnya intervensi yang bertujuan memperkuat jaringan sosial, mendorong keterlibatan keluarga, dan memfasilitasi pemberdayaan komunitas sebagai strategi untuk meningkatkan kualitas hidup di komunitas.*

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## Introduction

Aging from a gerontologic care perspective is defined as a complex set of physical, emotional, and social changes that contribute to an increased risk of health problems and functional decline (Clark, 2015a). Population aging has become one of the most significant global demographic trends and is expected to accelerate over the coming decades. According to the United Nations (2023), the proportion of older adults in developed countries is projected to increase from 20 percent in 2023 to 28 percent by 2050 (United Nations, 2023). While the World Health Organization (2021) estimates that by 2050, one in six people worldwide will be aged 65 years or older, with the majority of this growth occurring in low- and middle-income countries. At the same time, global population growth between 2017 and 2050 is expected to be concentrated in only nine countries, including Indonesia (United Nations, 2017), highlighting the country's growing contribution to worldwide demographic change.

Although increased longevity reflects improvements in health, economic development, and living standards, population aging also presents substantial challenges. Older adults are more likely to experience chronic non-communicable diseases, functional decline, disability, and increased dependency, resulting in greater demand for long-term care, rehabilitation services, and healthcare expenditure (Clark, 2015b; Ministry of Health, 2020). Consequently, many countries are strengthening policies that promote preventive healthcare, integrated health services, and active aging to maintain functional independence and reduce the burden of disease among older populations.

These global demographic and healthcare challenges are also evident in Indonesia, where the proportion of older adults has continued to increase steadily, creating new demands on the national healthcare system. The proportion of older adults in Indonesia has risen to 9.92% representing approximately 26 million individuals. The rapid growth of the older adult population in Indonesia is a consequence of demographic transition, characterized by declining birth and mortality rates (Badan Pusat Statistik, 2020). The reduction in fertility rates is largely attributed to the successful implementation of the Family Planning Program. Conversely, the reduction in mortality rates and the subsequent rise in life expectancy are associated with various factors, including improved nutritional status, enhanced sanitation, better economic conditions, and greater access to adequate healthcare services.

Health-related conditions, along with environmental factors affecting daily life, play a significant role in determining the quality of life of older adults (Ola & Mathur, 2018). Quality of life is one of the indicators used to assess older adults' health and well-being (Uddin et al., 2017). Quality of life (QoL) can be assessed across physical domains, reflecting declines in bodily systems; psychological domains, encompassing emotional well-being; and external domains, including social relationships, environmental conditions, and interactions with family members, neighbors, and the wider community. Quality of life encompasses four main dimensions: individual physiology, psychology, social functioning, and material state. With increasing age, the physiological, psychological, and social functions of older adults gradually decline (Jiang et al., 2025a).

With population aging, the desire to maintain good health in later life has gained increasing importance. To cope with the challenges arising from this trend, most older adults prefer to remain in their own communities and live with some level of independence (Geigl et al., 2023). Research has shown that older adults who receive more social support from relatives or friends are more active (Lindsay Smith et al., 2017). Middle-aged (50-64) and older adults (65 or older) are at higher risk of feeling lonely and experiencing decreased social support (Vancampfort et al., 2019). Previous research has shown that quality of life was significantly and positively related to social support and health service availability (Uddin et al., 2017). Maintaining physical activity, providing support to others, experiencing positive well-being, and sustaining social contacts are essential for a good quality of life (Gobbens & van der Ploeg, 2021). Social support helps individuals effectively cope with stressful conditions, influencing how they accept and feel satisfied with their current life circumstances (Motahari et al., 2025).

In Indonesia, rapid urbanization and socioeconomic changes have gradually altered traditional family structures and caregiving arrangements. As younger family members increasingly migrate for employment

and establish independent households, many older adults experience reduced day-to-day family support and rely more heavily on community-based resources and social networks to maintain their well-being. Banjarbaru is a city in South Kalimantan Province with a population of 20,295 older adults (aged >59 years), representing 7.64% of the total population (Badan Pusat Statistik Kota Banjarbaru, 2023). Many older adults live alone because they have lost their spouses and their children have started their own families. One way older adults maintain social interaction is through participation in community activities for older adults. The Sungai Ulin Community Health Center (Puskesmas) is one of the health facilities in Banjarbaru that support older adults by providing services outside the building in the form of integrated health service post (Posbindu). In addition to activities provided by Community Health Center, various community-based activities for older adults are carried out to address challenges commonly experienced by this population.

Although previous studies have reported a positive relationship between social support and quality of life among older adults (Uddin et al., 2017), most of these studies were conducted in different socio-cultural contexts. Compared with more urbanized settings in Indonesia, Banjarbaru maintains strong family-oriented and collectivist values in caring for older adults, supported by family involvement and community-based activities such as integrated health service post (Posbindu). However, ongoing urbanization and migration among younger family members have gradually changed traditional caregiving patterns, leading some older adults living alone or only with their spouses. Limited evidence is available regarding this relationship in Indonesian settings, particularly in Banjarbaru, South Kalimantan. In addition, the increasing number of older adults living alone and the role of community-based health services such as integrated health service post (Posbindu) have not been sufficiently explored in relation to their quality of life. Therefore, this study aims to fill this gap by analyzing the correlation between social support and quality of life among older adults in Banjarbaru, South Kalimantan, Indonesia.

## **Research Methodology**

### **Design**

The researchers utilized a quantitative community-based cross-sectional design to analyze the correlation between social support and quality of life among older adults.

### **Participants**

This study employed consecutive sampling, targeting participants who met specific eligibility criteria over a defined time period until the required sample size was reached (Polit & Beck, 2021). The participants were older adults attending Sungai Ulin Puskesmas (primary health centre), Banjar Baru. Samples were selected based on the following inclusion criteria: (1) older adults aged >59 years, (2) without significant cognitive impairment, (3) able to communicate in Indonesian. The exclusion criteria were as follows: (1) participants who declined to continue participation, (2) participants whose condition was too severe to complete the survey (such as dyspnea, dizziness, and palpitation).

G\*power was applied to calculate the required sample size in the pre-study phase. G\*Power analysis indicated a required sample size of 84; allowing for a 10% attrition rate, a total of 94 respondents were required. The institutional review board of Faculty of Medicine Universitas Pelita Harapan granted the ethical approval for this research with the number 301/K-LKJ/ETIK/XII/2024, and all participants provided written informed consent.

### **Instruments**

Three instruments were utilized in the study. The details of the questionnaires are presented below:

1. Demographic questionnaire was created by researchers. The subjects provided general information, including age, gender, living arrangement, marital status, and educational attainment;
2. Medical Outcomes Study Social Support Survey (MOS-SSS) comprises five dimensions: emotional support, esteem (appreciation) support, instrumental support, informational support, and social network support. Each of the 20 items is rated on a four-point Likert scale that goes from never to

always, with total scores ranging from 20 to 80. Previous studies have demonstrated strong internal consistency, with a Cronbach’s alpha coefficient of 0.91. In the present study, the MOS-SSS demonstrated high reliability, with a Cronbach’s alpha of 0.834.

3. The World Health Organization Quality of Life–BREF (WHOQOL-BREF) Indonesian version is a brief instrument developed by the World Health Organization to assess quality of life. It comprises 26 items measuring four domains: physical health, psychological health, social relationships, and environmental health. The WHOQOL-BREF Indonesian version achieved a Cronbach’s alpha coefficient 0.854, indicating high internal consistency among the study participants.

**Data collection**

Data were collected at the Sungai Ulin Puskesmas (primary health centre), Banjar Baru. Eligible participants were approached by the researchers. Prior to data collection, the study objectives, ethical considerations, and data collection procedures were explained to all participants. Written informed consent was obtained before participation. Participants were given sufficient time to complete the questionnaires, after which the researchers checked the questionnaires for completeness.

**Data Analysis**

The data in this study were analyzed using IBM SPSS 29.0 software. The significance level was set at  $p < 0.05$ . Demographic data, such as percentages, frequency, mean, and standard deviation were described using descriptive statistics. The Spearman’s rank correlation test was used for bivariate analysis.

**Results**

**Table 1.**  
*Sociodemographic characteristics of respondents (N=94)*

	<b>n</b>	<b>%</b>	<b>Mean</b>	<b>SD</b>
Age			65.73	5.69
Gender				
Male	38	40.4		
Female	56	59.6		
Co-residence status				
- Living alone	7	7.4		
- Living with children	17	18.1		
- Living with spouse	29	30.9		
- Living with spouse & children	41	43.6		
Marital status				
- Married	70	74.5		
- Widowed	22	23.4		
- Divorced	2	2.1		
Educational attainment				
- No formal education	4	4.3		
- Primary school	13	13.8		
- Junior high school	17	18.1		
- Senior high school	29	30.9		
- Diploma	11	11.7		
- Bachelor’s degree	20	21.3		

As shown in Table 1, the respondents had a mean age of 65.73 years. Most respondents were female and lived with their spouse and children, nevertheless some of the older adults lived alone. The majority of the respondents had attained senior high school education, whereas only a small proportion had no formal education.

**Table 2.**

*Distribution of social support scores (N=94)*

	Mean	SD
Social support	68.25	11.89

**Table 3. Distribution of quality of life scores (N=94)**

No.	Quality of life	Mean	SD
1	Physical health	58.97	11.09
2	Psychological	60.23	10.94
3	Social relationship	64.56	16.15
4	Environment	68.84	13.49

**Table 4.**

*Classification of quality of life levels (N=94)*

Quality of life	Median	n(%)
Good		47 (50)
Poor	61.12	47 (50)

The findings showed that respondents generally experienced a good level of social support; however, the level of support varied, indicating differences in the amount of social support received (table 3). Some respondents reported good quality of life, while others reported poor quality of life across the physical health, psychological health, social relationships, and environmental domains (table 4). The results indicated a statistically significant positive correlation between social support and quality of life. The strength of the association was weak in the physical health, psychological health, and social relationships domains, and moderate in the environmental domain (table 5).

**Table 5.**

*Correlation between social support and quality of life (N=94)*

Quality of life	P value	r
Physical health	<0.001	0.347
Psychological	0.019	0.242
Social relationships	<0.001	0.391
Environment	<0.001	0.462

\*independent variable: social support

## Discussion

Demographic data indicated that most respondents were female, married, and lived with their spouses and children. However, some respondents lived alone, lived only with their children following the death of a spouse, or lived only with their spouses after their adult children had left the household. Senior high school was the highest educational level attained by most respondents. Being educated is crucial since it is the main route to long-term health and well-being (Ou et al., 2021). Previous studies have shown that in older age, social networks tend to become more restricted and increasingly centered on the family due to life changes such as spousal loss and health-related limitations, which may negatively affect levels of social support (Jesus et al., 2022)

This study found that respondents generally experienced good social support, although variations in the level of support were observed. Social support can be conceptualized in several ways. It can be defined as information obtained from other people, such as from family, friends, or coworkers. Indicators like marital status can be used to quantify social support, which social scientists define as the potential for human

relationships. In that context, it might be assumed that a married person gets greater social support than an unmarried person. This assumption is often incorrect, however, as there are many supportive relationships outside marriage, such as parent-child relationship (Bremer & Brooks, 2025). Relationships between parents and children, among others, therefore constitute potential sources of social support. Social support can also refer to an individual's perceived appraisal of emotional care, practical assistance, and affirmation of personal value derived from their social network, serving as a protective resilience resource that mitigates the impact of stressors and negative life events (Lei et al., 2025). The study findings indicate that respondents generally experienced favorable levels of social support. Social support is influenced by familial relationships, including children, partners, and marital status. Variability in social support levels demonstrates that respondents receive differing degrees of support.

The findings highlight notable disparities in respondents' quality of life, with some respondents reporting a high quality of life, while others experienced significant limitations. Quality of life includes multiple aspects of human life such as their environmental conditions (such as infrastructure and basic services), preconditions (e.g., education, and the state economy), personal circumstances. Quality of life extends beyond the fulfilment of basic needs and includes emotional and social factors (Wiesli et al., 2021, 2022). In this context, social support, self-care practices, and perceived health condition are acknowledged as trustworthy indicators of QoL. Meanwhile, several dimensions of life affected by health problems in older adults, including vitality, social function, mental health, mood and psychological functioning will lead to a decline in QOL (Ahmadi et al., 2023; Hu et al., 2024). Therefore, respondents' quality of life varied across multiple domains—physical health, psychological well-being, social relationships, and environmental conditions—each of which plays a distinct and interrelated role in shaping overall quality of life.

According to the study's findings, social support and quality of life were significantly correlated. QoL in older adults is influenced by several factors, namely physical health, mental health, social determinants, and economic security (Rodriguez & Selvam, 2025). Physical health emerged as a fundamental determinant of QoL in older adults, and chronic conditions significantly impact functional capacity and independence. Mental health disorders represent significant threats to QoL in older adults, with depression, dementia, and anxiety being most prevalent. Good social support increases the likelihood that older individuals will feel respected and experience better emotional well-being.

Supporting older adults' physical and mental well-being to the greatest extent possible may enhance their quality of life (Jiang et al., 2025). Social relationships and environmental conditions also significantly influence QoL in older adults. Strong social support, social relationships are associated with better physical health outcomes, reduced risk of depression, and enhanced cognitive function. Conversely, social isolation is linked to increased mortality risk, accelerated cognitive decline, and poor mental health outcomes. Financial security is also a crucial determinant of older adults' QoL, influencing access to healthcare, housing quality, nutrition, and social participation. Economic hardship in later life is associated with increased stress, reduced healthcare utilization, and poorer health outcomes (Rodriguez & Selvam, 2025).

Identifying the effective factors for the older adult's QoL and attempting to modify them through the physical, mental, and social aspects have a significant role in enhancing the older adult's clinical and health outcomes (Ahmadi et al., 2023). The study analysis revealed a significant correlation between social support and QoL. Social support received by older adults, including family contacts and friends, emotional bonding with other people, participation in social events and receiving children and distant relatives, positively impacts psychological well-being (Gyasi et al., 2019). The study results are in line with other research found that social support was positively associated with the QoL (Geigl et al., 2023) The length of residence among respondents varied. Living arrangements also differed, with some respondents residing alone, others living with their children or spouses, while the majority lived with both their spouses and children (Jesus et al., 2022). Other research demonstrated that individuals who lived alone were less likely than those who lived with their relatives to receive financial and emotional support. However, living with family members alone does not necessarily guarantee adequate support during times of need, as family members may be unprepared to address the specific challenges of aging, particularly when instrumental support for daily activities is required (Jesus et al., 2022).

This study found that social support was significantly associated with all domains of quality of life, with the strongest correlation observed in the environmental domain. Community health centers (Puskesmas) routinely organize monthly integrated health service post (Posbindu) for older adults. These programs provide health education, health screening, and medical services. For older adults who are unable to attend the Puskesmas or Posbindu activities, due to impaired physical mobility, home care visits are conducted by healthcare professionals, including physicians, nurses, and community health volunteers. In addition, community-based groups for older adults are available in several areas, facilitating ongoing social interaction and strengthening social support within the community. Such support may reduce feelings of insecurity and social isolation while enhancing older adults' perceptions of safety, accessibility, and environmental support in their daily lives. Compared with highly urbanized or Western settings, Banjarbaru's collectivist culture may foster stronger community connectedness and environmental support, contributing to the stronger association between social support and environmental QoL.

This suggests that social support may play a greater role in influencing external living conditions than individual factors such as physical and psychological health. In contrast, the weaker correlations in the physical and psychological domains may be explained by the influence of other factors such as chronic illness, aging-related decline, and mental health conditions, which are not solely determined by social support. QoL in older adults is multifactorial, involving biological, psychological, and social components (Faronbi et al., 2025; Riad et al., 2022). Quality of life is determined by both internal characteristics of individuals and external factors that are beyond individual control. These external factors encompass social, economic, and environmental conditions, as well as the role of the state in ensuring access to resources, services, and opportunities that support individuals in achieving a good life (Un-Habitat, 2023).

These findings confirm that social support is a key determinant of quality of life across multiple domains. Adequate social support enhances individuals' capacity to cope with health problems, reduces stress, and strengthens overall well-being and sense of security. From a community nursing perspective, these results underscore the importance of interventions aimed at strengthening social networks, promoting family involvement, and fostering community empowerment as strategies to improve the quality of life of older adults living in the community. The stronger correlation observed in the environmental domain further suggests that social support extends beyond interpersonal relationships to include structural and social resources at the community level.

### **Study Limitations**

The generalizability of the study findings is constrained by the relatively small sample size. Moreover, the context-specific nature of the study setting may limit the transferability of the results to populations residing in areas with different socioeconomic characteristics. In addition, the cross-sectional design captured data at a single point in time and therefore does not allow conclusions regarding causal relationships between social support and quality of life.

### **Conclusion**

Social support can directly affect the quality of life (QoL) of older adults. The findings of this study highlight important implications for nursing practice, particularly in the environmental domain. Given that environmental factors play a significant role in influencing QoL, nursing interventions should extend beyond individual care to community-level and environmental optimization strategies. In the context of Banjarbaru, nurses can collaborate with community health centers (Puskesmas) and community-based programs for older adults, such as Posbindu, to strengthen age-friendly environments by promoting accessible social spaces, regular community-based activities, and inclusive health services for older adults. Optimizing existing community resources should not only focus on addressing physical health problems but also on enhancing psychosocial well-being through structured social engagement programs. By integrating environmental and community-based approaches, older adults can receive more comprehensive and sustainable care, ultimately improving their overall QoL.

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### **Conflict of Interest**

No possible conflicts of interest were disclosed by any of the writers.

### **Credit Author Statement**

**Catharina Guinda Diannita:** Methodology, Formal Analysis, Data Curation, Writing-original draft, Visualization. **Veronica Paula:** Conceptualization, Methodology, Investigation, Resources. **Maria Maxmila Yoche Arkianti:** Methodology, Investigation, Resources, Writing – review & editing. **Ballsy Cicilia Albertina Pangkey:** Writing – review & editing, Supervision. **Suntoro:** Methodology, Investigation, Resources. **Shema Christy Noya Simamora:** Methodology, Investigation, Resources, Project administration.

### **Declaration of Generative AI and AI-assisted Technologies in the Manuscript Preparation Process**

*During the preparation of this work the author used the ChatGPT and DeepL for grammar correction, spelling correction, punctuation improvement, minor language editing, and translation assistance from Bahasa Indonesia to English. These tools were used only to improve the clarity and academic style of the manuscript without altering the scientific content, interpretation, or conclusions of the study. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.*

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