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Research Article

Social Support and Quality of Life Among Elderly People

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Abstract

The number of elderly people in India and throughout the world has been growing over time, and demographic change is putting pressure on the decline in social support and quality of life for the elderly. The purpose of this study was to assess the relationship between social support and quality of life among elderly people and how social support is related to the quality of life. The sample size of 209 participants (elderly persons aged 60 years and above) was selected through purposive sampling by including both urban and rural populations. A Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure social support, and a 26-item WHOQOL-BREF was used to measure quality of life in four domains. The scores obtained on both the tools were correlated using the Pearson correlation method. The results revealed significant positive correlations of 0.57 between social support and quality of life and 0.61 the strongest positive relationship was found between social relationships and social support. These findings indicate that more the social relationships, the higher the social support and the higher the social support better the quality of life and with stronger social networks tend to experience better physical health, psychological well-being, environmental satisfaction, and overall quality of life.

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1. INTRODUCTION

Globally, the elderly population is currently a major source of worry**.** The percentage of people over 60 is increasing more quickly than that of any other demographic. The number of senior people is predicted to increase by almost 694 million, or 223%, between 1970 and 2025. There will be roughly 1.2 billion people by 2025, over 60, with 80% of those residing in underdeveloped nations (WHO, 2002). Like many other emerging nations, India is experiencing a rapid ageing of its population. Globalisation, technology, and urbanisation have caused the economic structure to shift, societal values to deteriorate, decline in social norms and social structures like the coupled family. Increased life expectancy, better living conditions, and advancements in healthcare have made population ageing a major global phenomenon (World Health Organisation [WHO], 2015) [6]. As the number of elderly people rises, more focus has been placed on comprehending the variables that affect their quality of life and general well-being. Elderly people's general quality of life may be adversely affected by the physical health deterioration, psychological stress, diminished social roles, and greater dependency that are frequently linked to ageing (Pinquart & Sörensen, 2000) [4].

In recent years, changing family structures, urbanisation, and migration have weakened traditional support systems for the elderly, particularly in developing societies. As a result, many elderly individuals face inadequate social support, leading to a decline in their quality of life. Understanding the impact of social support on quality of life is therefore essential for developing effective interventions, policies, and programs aimed at improving the well-being of the ageing population.

Quality of Life in Elderly People

Quality of life is a term used to describe the overall well-being of individuals and the environment they live in. It refers to the level of health, comfort, and happiness that a person or group experiences.

World Health Organization (WHO)

Defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. A multifaceted concept, quality of life encompasses social relationships, psychological well-being, physical health, and environmental pleasure (WHO, 1997) [5].

American Psychological Association (APA)

Defines Quality of Life the extent to which a person obtains satisfaction from life. "An individuals' subjective evaluation of his or her life such as work, school, family, leisure and health".

Mc Call (1975) suggests that the most effective approach to measuring Quality of Life is to assess the extent to which people's "happiness requirements" are fulfilled, encompassing various aspects such as work, school, family, leisure, and health.

The lack of illness is only one aspect of quality of life in old age; other aspects include autonomy, emotional stability, social engagement, and life pleasure. Elderly adults who experience a reduction in these areas may experience loneliness, depression, and decreased well-being. According to research, social support is a crucial psychosocial component linked to preserving quality of life in later life since it can reduce stress and enhance psychological outcomes (Cohen & Wills, 1985; Jiang *et al*., 2025) [1, 3].

Quality of life has also been defined "as the satisfaction of an individual's values, goals, and needs through the actualisation of their abilities or lifestyle" (Emerson, 1985, p. 282). This definition is consistent with the conceptualisation that satisfaction and well-being stem from the degree of fit between an individual's perception of their objective situation and their needs or aspirations (Felce & Perry, 1995). Quality of life is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and their relationship to salient features of their environment" (Oort, 2005).

WHO has identified six broad domains which describe core aspects of quality of life cross-culturally: a physical domain (e.g. energy, fatigue), a psychological domain (e.g. positive feelings), level of independence (e.g. mobility), social relationships (e.g. practical social support), environment (e.g. accessibility of health care) and personal beliefs/spirituality (e.g. meaning in life). These domains of health and quality of life are complementary and overlapping.

Concept of Social Support

The concept of social support is to have others who are willing to take care of you and be part of a support system. Social networks involve the social interaction of an individual, the network characteristics, frequency of contact with others. The satisfaction of the subject with his or her social networks. Social support can vary in terms of form and origin. Social support has become an important variable in ensuring the elderly deal with age-related difficulties. It encompasses emotional support, companionship, practical support, and informational support given by the family, friends, and the community. Proper social support may serve as a preventive measure against loneliness, depression, and stress, and hence lead to improved quality of life.

The stress-buffering hypothesis believes that social support protects people from the negative effects of stress by enhancing coping mechanisms and emotional resilience (Cohen & Wills, 1985) [1]. Social support is increasingly important as individual's age owing to factors such as declining health, retirement, and the loss of important relationships. According to multiple research (Berkman & Syme, 1979; Pinquart & Sorensen, 2000) [7, 4], older persons who receive more social assistance had better psychological well-being, higher life satisfaction, and less sensations of loneliness and despair.

Singh and Mishra (2009) [10] discovered a strong positive relationship between social support and psychological well-being in older persons. The study found that older adults who received support from family and community members had better levels of life satisfaction and lower levels of anxiety and sadness.

According to Chappell and Funk (2011) [17], community-based support systems play a significant role in enhancing the quality of life in the elderly. Social club activities, religious activities

and volunteer works have been found to enhance sense of purpose and social integration in the future life.

Social support plays a pivotal role in enhancing the quality of life for older adults, as evidenced by multiple studies. Social support, encompassing emotional, instrumental, and informational assistance, significantly impacts the well-being and life satisfaction of older adults. Rubianti's qualitative review highlights that family, peers, and community are crucial sources of social support, which correlates with lower levels of depression and improved physical health among the elderly (Rubianti, 2024) [13].

METHOD

Participants: sample included 209 old aged individuals of 60 years and above, living in North Bihar. The various characteristics of the participants are given below in the table.

Characteristic	No. of person	Percentage (%)
Gender		
Male	86	41.1
Female	123	58.9
Education		
Matric/inter	116	55.5
Graduation	50	23.9
Post-graduation	43	20.6
Marital status		
Unmarried	3	1.4
Married	181	86.6
Divorce	9	4.3
Widow	16	7.7
Occupation		
Govt. job	69	33
Private job	25	12
Agriculture	43	20.6
Business	30	14.4
Others	42	20.1
Income		
Less than 50k	150	71.8
More than 50k	59	28.2
Locality		
Rural	107	51.2
Urban	102	48.8
No. of children		
Single child	41	19.6
Two child	68	32.5
More than two	84	40.2
No child	16	7.7
Socio-Economic Status		
General	76	36.4
OBC	92	44
SC	31	41.8
ST	10	4.8
Health status		
Good	123	58.9
Very good	67	32.1
Bad	16	7.7
Very bad	3	1.4

2. MATERIALS/TOOLS USED

In this study two tools were used Multidimensional Scale of Perceived Social Support (MSPSS) and WHO- Quality of life-BREF to test social support and quality of life respectively.

Multidimensional Scale of Social Support (MSPSS)

This scale was developed by Zemet *et al*. (1988). It contains 12 items that measure perceived social support through three sources: family (measure perceived help and emotional support from relatives), friends (measure help and emotional support from friends during difficult times) and Significant Others (measure support from any individual and unknown one) with 4 questions dedicated to each source of support which typically takes around 5 to 10 minutes to complete.

WHO-QOL-BIREF:

WHOQOL-BREF consists of 26 items selected from the World Health Organization (WHO) QOL-100 item tool. 7 of those items are on the physical health scale, 6 are on the psychological scale, 3 are on the social relationship scale, 8 are on the environmental scale and 1 item that covers both general quality of life and health creates the global scale. Participants were asked to evaluate their quality of life over the previous two weeks on a 5-point rating scale, with higher scores reflecting better quality of life. The study employed the Hindi version of the WHOQOL-BREF, consisting of 26 items with satisfactory psychometric properties and good internal consistency. The instrument has been validated as a suitable measure for comprehensive assessment of quality of life in Indian health care settings (Saxena, Chandiramani, & Bhargava, 1998).

3. DISCUSSION

Analysis: Domain-wise scores of the WHOQOL-BREF, including physical health, psychological health, social relationships, environment, and overall quality of life, were calculated. These domain scores were then correlated with the social support scores using the Pearson Product–Moment Correlation method to examine the relationship between quality of life and perceived social support among the participants. The obtained correlation coefficients were further analyzed and interpreted to understand the nature and strength of the relationships.

4. RESULTS

Table 1: Showing the correlation coefficients obtained and their significance on 0.05 and 0.01 level with N=209, df =207.

S. No	Variables	Correlation coefficient
1.	Social support and physical health	.42**
2.	Social support and psychological	.48**
3.	Social support and social relationship	.61**
4.	Social support and environment	.39**
5.	Social support and overall QOL	.57**

Interpretation of Results

Social networks concern the structural aspects of an individual's social ties, including network parameters, frequency of contact, and the subject's happiness with his/her social contacts. Social support is characterised as having a sense of belonging to a supportive social network and being looked after by others. This convoy, which consists of certain

individuals who comprise the person's social network and have an impact on their well-being, is a group of people to whom the individual maintains reciprocal emotional and practical support**.**
The findings presented in Table 1 indicate that social support was positively and significantly correlated with all domains of quality of life among elderly people. The obtained correlation coefficients revealed a moderate to strong positive relationship between social support and the various dimensions of quality of life.
The correlation coefficient found between social support and physical health is 0.42. The correlation value obtained is a moderate to strong positive relationship, which indicates a relationship where if one variable increases, the other also increases. Thus, the elderly individuals receiving greater social support reported better physical well-being indicating that elderly individuals receiving greater social support reported better physical well-being. Social support also showed a significant positive relationship with psychological health *(r = .48, p< .01)*, suggesting that higher levels of support were associated with better emotional and mental health.
Among all the domains, the highest correlation was observed between social support and social relationship *(r = .61, p< .01)*, which implies that individuals with stronger social support networks experienced more satisfying interpersonal relationships. A positive and significant relationship was also found between social support and environmental quality of life *(r = .39, p< .01)*, indicating that supportive social interactions may contribute to better perceptions of safety, financial resources, and living conditions.
Furthermore, social support was strongly associated with overall quality of life *(r = .57, p< .01)*. This suggests that elderly individuals who perceived greater social support tended to experience a higher overall sense of well-being and life satisfaction.
Overall, all the obtained correlations were positive and statistically significant at the 0.01 level, demonstrating the important role of social support in enhancing the quality of life among elderly people.

5. RECOMMENDATIONS

This study established the relationship between social support and quality of life among elderly. Enhancing the social support and expanding ones social network would help in adjusting with better with the stressors experienced by the virtue of being at a life stage. Family, friends, relatives, colleagues not only help during difficult times but also make life enjoyable and the connectedness experienced develops into strength.

6. CONCLUSION

Therefore, from all the above discussions, it can be said that social support plays a significant role in improving the quality of life among elderly people. The results demonstrated positive and statistically significant relationships between social support and all domains of quality of life, including physical health, psychological well-being, social relationships, environmental conditions, and overall quality of life. Hence it can be concluded the need for supportive social environments to promote healthier and more satisfying lives among the elderly people. Social network and quality of life among elderly share a positive relationship.

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