Social Support Systems and their Impact on the Psychosocial Well-Being of Elderly People

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Abstract

With the physical descent and loneliness that come with aging, strong social networks are critical to preserving an older person's well-being. The study focuses on the impact on the psychological well-being of people. The study took place at Lamki Chuha Municipality, Kailali district in Nepal. In this study, 249 elderly people aged 60 years and above were systematically selected through random sampling, and data were collected through a descriptive survey using a cross-sectional design. Data were generated using face-to-face interviews administered by developing a questionnaire. Descriptive statistics and analysis of variance (ANOVA) were used to analyze how social support affects the emotional well-being of respondents using SPSS (version 20). The findings indicate that more than one-third of the elderly feel that their families do not support them adequately, 42.6 percent indicated rejection as an issue, and 38.2 percent stated communication barriers as a reason for lack of support. This study showed that structural support was very important since it had connections to both financial resources and knowledge, but it was a friendship that was perceived to be most valuable, and it influenced older people to a very great extent. As a result of the findings of this study, specific measures should be implemented frequently for these unique groups.

Keywords: Elderly, emotional support, functional support, loneliness

Introduction

Social support systems are the collective of family members, friends and community resources that offer encouragement, information and tangible help, and enhance psychological well-being and coping capabilities (Teshale et al., 2023). These are critical means through which stress can be managed and the overall well-being of the elderly improved. Social support systems are vital factors for the psychological well-being of elderly people. They give emotional support, social interaction, and practical help so that there is less loneliness and psychological distress. General well-being is also enhanced in older adults as these networks promote feelings of belongingness and safety.

In Nepal, the number of elderly people is growing quickly; 2.97 million were counted in the 2021 census, up 38.2 percent from 2011. Now, they make up 10.21 percent of the total population. The overall population is rising at a speed of 0.92 percent annually, while the older population is growing at a rate of 3.29 percent annually. Today, the aging society faces a critical change. The government is obliged to consider issues concerning elderly care because of decreasing birth rates and lengthened life spans (Chalise, 2023).

There are some challenges that arise from changes in population such as the burden on health care, social security, and family connection systems, and the absence of effective legal structures for addressing elderly requirements. To adapt to these changes, diverse stakeholders develop strategies and policies that benefit them (Parker et al., 2014). Because society is contending with the aging population's move from large, extended families to smaller, intimate ones, families are increasingly difficult to provide support for the elderly. As a result, novel policies and support networks to improve elderly adults' well-being are badly needed (Foley & Luz, 2021).

Quality of life is a broader term that, unlike other quality of life, is psychosocial, including social and mental qualities, particularly for the elderly. These include the ability to maintain emotional self-control, an overall level of satisfaction with one's life, a desire or will to live, and the ability to maintain major interpersonal relationships such as marriage, employment, friendships and so on (Girme et al., 2023). They serve as a way of providing for the elderly psychological and physical needs. A few of these assets include friends and family, authorities, institutions, organizations, and social groups. Social support takes on several forms that include emotional cues of positivity such as empathy, enthusiasm, and trust; tangible support through assistance; while official forms are counseling and information gathering (Chen et al., 2022). According to studies, it reduces stress, depression, and anxiety among older people while improving their coping strategies and resilience (Liu et al., 2023).

There are large social resources that serve as social support in assisting elderly people in overcoming the obstacles associated with aging, thereby improving the quality of life (Zhang et al., 2012). The elders are particularly affected by psychosocial well-being since it impacts their physical and mental health as well as life experiences and longevity. As a result, dealing with age-related changes, managing potential losses, and being engaged on social networks are all required components of psychosocial well-being, making this field vital to gerontology.

Everyone has a particularly significant decline in physical functioning around late adulthood. One of many examples is that diseases experienced by persons with extreme body conditions most times cause them not to move or touch for some seconds or minutes. One more side of this stage is cognitive impairment. There's dementia, one of its common disorders in the elderly. In this way, it leads to dependency on caregivers and the healthcare system (Grob et al., 2022). Although friends and complement holders from the community can also support elderly people, families are more appropriate for care because they understand individual's requirements better, and to meet the family's needs, the well-being of elder people and their caretakers improves (Wang et al., 2018).

As the world population is getting older rapidly, it is very important to determine the factors that affect their mental health. For several years, research has been focused on examining physical health issues for the elderly; however, little is known about the psychological effects of social support networks on the elderly. Some of the key elements of quality of life for the elderly are psychological health and psychosocial well-being (Pristavec, 2019).

These studies suggest building and improving policies and programs for elderly people related to career facilities. With enhanced awareness of the elderly in every nation, persons involved in policy formulation and practice might utilize the findings of this study to suggest methods that will be of considerable importance to all old people. As such, this line of thought suggests how healthy social ties should be implemented into a balanced, aged-friendly program to improve not just lifespan but also meaningful lives for the elderly (Djundeva et al., 2019).

The previous research found that the provision of care in such locations relies mostly on personnel qualifications and education, demonstrating a crucial requirement for integrative plans geared towards raising the life circumstances and cognitive wellness of the inhabitants (Bickenbach et al., 2023). Thus, it is widely recognized that psychosocial well-being is especially essential for older persons since it influences not only their physical and mental health but also their life experience and lifespan. As a result, dealing with age-related changes, managing

potential losses, and being engaged on social networks are all required components of psychosocial well-being, making this field vital to gerontology.

There are many types of social support in question that can help to meet the emotional and social needs of elders such as relatives, friends, power, organizations, and groups. Social support can be classified into affectionate or emotional, tangible or practical and directive or informational (Carter, 2023; Liang et al., 2024). These systems have therefore in the past served to improve the psychosocial functioning of older people by decreasing loneliness and increasing life fulfillment. Given this increasing population of older adults, knowledge of different types of social support is crucial for policymaking that will enhance the quality of life of the elderly (Kiani & Ehsan, 2024; Beard et al., 2016).

This indicates that social support has a role not only in decreasing the challenges associated with aging but also in giving the individual an important component of belonging to society, which is critical in the development of well-being in later life. As a result, there are large social resources that serve as social support in assisting elderly people in overcoming the obstacles associated with aging, improving the quality of life (Zhang et al., 2012). Previous research suggests the importance of these social networks in the daily lives of the elderly population.

It is important to consider the effect of social networks on the mental health of older people because today there are a higher number of older persons. This study aims to investigate the extent to which social support, as perceived by older people, affects their subjective well-being. This research contributes to an understanding of social capital and mental health that are relevant to both policy and community actions.

Methods and Procedures

Research Design

The self-reported psychological well-being of elderly citizens was evaluated by using descriptive research design. This design enabled examination of correlations between systems of support, particularly, financial and physical, and the psychological well-being of the elderly.

Study Area and Population

This research was carried out in Lamki Chuha Municipality, Kailali district, Nepal particularly Wards 1 and 4. These wards were targeted since they have diverse population, and many people, especially elders, with relatively less social support, and less social capital. These factors make it easier to get a sample of the elderly persons within the region. The number of elderly people recorded by census at ward level is 1540 in Ward 1 and 1035 in Ward 4.

Sample Size and Sampling Method

A sample of 249 elderly people was estimated to have proportional reporting from both wards by the use of systematic random sampling. In detail, 149 respondents were chosen from Ward 1 while 100 were from Ward 4. These wards were selected because the socio-economic and ethnic characteristics of the residents had to be compared and contrasted to determine their impact on social support and psychological health.

Data Collection

A structured questionnaire was used to collect data which comprised four major sections namely socio-demographic characteristics, social networks and resources, mental health status as well as life satisfaction with social functioning. The questionnaire aimed at gathering comprehensive information on the demographic profiles, support systems, and psychological well-being of respondents. It has also explored how they relate within their various social networks. Additionally, Likert scales were used to measure companionship preferences and emotional support levels hence giving a nuanced way of assessing experiences and perceptions among participants.

Data Analysis

The data was analyzed using SPSS (Version 20). This cross-sectional survey employed descriptive statistics to describe the demographic data of the respondents as well as the nature of the support received about companionship preferences for gender, frequency, intensity, duration and type of emotional support provided. The self-reported nature of perceived social support was measured using the usual five Likert scale items addressing the sufficiency and access to emotional support from family, friends, and community sources. In the present study, a statistical test that was used was the Analysis of Variance (ANOVA) to determine the mean difference between social support and psychological well-being and to identify groups that were significantly different. In addition, regression analyses tested the moderation of various types of support giving to mental health status. Coefficients of regression and their p-values offered rich insight about the roles of family and community assets in improving the quality of life of elderly people. The results obtained from the paper support the need to enhance proper care provisions and social structures that enhance the psychological well-being of people in their old age.

Results

The research results are based on a sample size of 249 participants. As indicated in Table 1, the respondents' age categories and social class have a crucial

role to play. The findings from this research show that most people involved in the sampling frame were aged either 71-75 years (38.2%) or between 76 - 84 years (23.7%); hence, it was focused on elderly people.

Table 1

Socio-Economic Profile of Respondents

Description	N	%
Age group		
60-65 years	10	4
66-70 years	43	17.3
71-75 years	95	38.2
76-84 years	59	23.7
85 years and above	42	16.9
Sex		
Male	92	36.9
Female	157	63.1
Religion		
Hindu	224	84.9
Non-Hindu	25	16.1
Marital Status		
Married	157	63.1
Unmarried/widowed/divorced	92	36.9
Caste and ethnicity		
Brahmin/Chhetri	125	50.2
Tharu	74	29.7
Dalit	35	14.1
Other	15	6
Current occupation		
Agriculture	123	49.4
Nonagricultural	90	36.1
No occupation	36	14.5
Total	**249**	**100**

The results indicated that females made up 63.1 percent of the sample, meaning probably more females than men took part in this research. Furthermore, the majority of respondents (63.1%) were married couples, with the Hindu religion

accounting for 84.9 percent of respondents. The Brahmin/Chhetri people comprised the largest ethnic group in the sample (50.2%).

In terms of occupational classification, 49.4 percent worked in agriculture, 36.1 percent were non-agricultural workers, and 14.5 percent were jobless. You should grasp the essence of these demographic characteristics to adequately satisfy the needs of old people and also encourage multi-generational equity through a consultation approach that incorporates their perspectives into policy creation. If not, the distributions will be skewed, with youth receiving large sums and seniors receiving none.

Table 2

Companionship Preferences and Experiences of Respondents

	SA		A		SD		D		Mean	F-cal	P-value
Statement	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**			
I love chatting with my friends at home.	45	18.1	86	34.5	47	18.90	71	28.5	2.58	64.821	0.001
I love staying with my children.	49	19.7	145	58.2	29	11.60	26	10.4	2.13	-	-
I love having group discussions with friends at home.	67	26.9	124	49.8	16	6.40	42	16.9	2.58	-	-
I wish I could still have my old friends.	65	26.2	88	35.3	18	7.20	78	31.4	2.13	-	-
I love going out to parties and meetings.	39	15.7	73	29.3	24	9.60	113	45.4	2.12	-	-
I love going on excursions.	59	23.8	130	52.2	59	23.80	1	0.40	2.43	-	-
I love meeting new friends.	124	49.8	51	20.5	29	11.60	45	18.1	1.97	-	-

Notes: SA: Strongly agree, A: agree, SD: strongly disagree, D: Disagree

Of the participants, a total of table 2 demonstrates how the friendship variable analysis provides insights into respondents' social preferences. 34.5 percent preferred to communicate with friends in their homes, while 28.5 percent did not. Even if other people favor their children, only 58.2 percent do so, with 49.8 percent participating in group talks. Although 35.3 percent hoped to see their childhood friends again, 45.4 percent disliked being in crowded areas. 52.2 percent went on excursions, and 49.8 percent established new acquaintances. The facts provided show that while it is

useful to reflect on past connections, developing new ones as one matures might be difficult.

The main finding of this study demonstrates the challenge that respondents confront as they strive to retain family relationships and previous friendships while finding it difficult to make new ones at a later age.

Table 3

Emotional Support among Respondents

Statement	SA		A		SD		D		Mean	f-cal	p-value
	N	%	N	%	N	%	N	%			
I am rejected and abandoned by family members.	106	42.6	57	22.9	14	5.6	72	28.9	2.21	128.058	0.001
I am uncomfortable with the home's condition.	49	19.7	37	14.9	33	13.3	130	52.2	2.98		
I feel unsafe in the home environment.	51	20.5	86	34.5	47	18.9	65	26.1	2.51		
I cannot discuss my problem with people in the home.	14	5.6	71	28.5	69	27.7	95	38.2	2.98		
I feel disturbed about children's welfare.	37	14.9	77	30.9	39	15.7	96	38.6	2.78		
I find it difficult to sleep conveniently in the home.	37	14.9	96	38.6	58	23.3	59	23.7	2.56		

Notes: SA: Strongly agree, A: agree, SD: strongly disagree, D: Disagree

According to emotional support studies, the concern tendencies are illustrated in Table 3. This means that family support is insufficient since 42.6 percent of people claimed to have felt abandoned and unloved by their family members. Also,

52.2 percent of respondents were dissatisfied with their living conditions, while 34.5 percent thought that some homes were dangerous. The reason behind poor communication between individuals is that, as a result, 38.2 percent of them had no one to whom they could talk about their issues. Although 30.9 percent of respondents expressed worries about children's welfare, 38.6 percent reported having difficulty sleeping well at night or being alert during the daytime hours.

The primary finding indicates that numerous elders perceive themselves to be deserted, are not content with their dwelling placements, and face troubles in conversations and slumbering conditions, which suggest they require amplified affection assistance.

Table 4

Analysis of Variance (ANOVA) for the Model

Source of Variation	Sum of Squares	df	Mean Square	F	P-value	Remark
Regression	249.335	4	62.334	21.234	<0.05	Significant
Residual	731.517	244	2.998			
Total	980.852	248				

Table 4 holds the ANOVA test result in relation to the model that estimated various social support variables to have impact on the psychological well-being outcomes. These were emotional support, financial help, company and information; to which the dependent variable included self-reported psychological well-being based on standard scales. The final model yield a total of 980.85 with regression sum to 249.3350 and residuals sum of 731.5170. For the regression analysis, the mean square value was obtained as 62.334 and the residual mean square value was obtained after evaluation as 2.998. With a conclusion to this series of examinations of the F-statistic that finally establishes the relevance of the regression analysis from the ratio of the regression mean square to the residual one, the criterion of an F-statistic that is significant at least at the 0.05 level affirms the result achieved.

Results from this investigation show that the model has statistical significance and is a good fit for the data, with predictors explaining a large proportion of variation in outcome variables.

Table 5

Regression Coefficients and Statistical Significance

Predictors	Unstandardized Coefficients (ß)	Standard Error	Standardized Coefficients (Beta)	t	P-value
(Constant)	13.853	1.023		13.537	0.002

Emotional Support	0.876	0.946	0.137	5.15	<0.05
Financial Support	0.21	0.613	0.239	2.3	<0.05
Companionship	0.289	0.997	0.798	8.685	<0.05
Information Access	0.402	0.592	0.609	6.788	<0.05

Note: Model Summary, R = 0.597, R Square = 0.356, Adjusted R Square = 0.334, Std. Error of the Estimate = 1.7332, Dependent variable = psychological well-being

The coefficient table depicts the regression analysis outcome for every independent and dependent variable. In doing so, the ß constant was identified as 13.853 (SE =1.023), statistically significant at t =13.537 (p =0.002). For emotional support, its coefficients included: 0.876 (SE =0.946, beta = 0.137, t =5.15, p<0.05), signifying that it has a moderate yet significant effect on the dependent variable. Financial assistance is 0.210 (SE =0.613, beta =0.239, t =2.30, p<0.05). This shows that it is less successful than emotional support and has a lower impact on people's lives.

Companionship was the most prominent predictor, with coefficients of 0.289 (SE = 0.997, beta = 0.798, t = 8.685, p<0.05). The correlation coefficient between information accessing it had a value of 0.402 (SE =0.592; Beta = 0.609; t= 6.788; p< 0.05), suggesting that this has some good influence compared to the influence of friendship.

The overall finding is that all causes of changes in psychological well-being are significant, and companionship and the availability of information are the foremost generators.

Discussion

The output raises the issue of absolutely minimal emotional and social support indicated for the respondents, which originated from the family members, as was seen in other aging population groups as well. This is evidenced by factors such as loneness, poor basic infrastructure and structural facilities in form of houses, language barrier among others; all these depict that; much more is socially afoot among the older people as far as isolation is concerned. The next segment examines associations of these issues outlined above with appropriate literature elaborating on the need for improved emotional supportive systems. The problems outlined would help in improving especially the mental health outcome along with welfare of elderly individuals; it is thus important to deal with them.

The present study shows the elderly population has definitively lack of love and affection along with social isolation that also involves disgraceful rejection of their families. An analysis of the field notes revealed that isolation among the elderly is sever especially due improper housing and lack of communication tools. This is in agreement with other research studies whereby the author notes that low social relations as well as low family contact have negative compulsory impacts on mental health (Savari & Naseri, 2023; Czaja et al., 2021). Majority of the respondents were aged between 71-84, majority of whom were women (63.1%) which is typical seen in most demographic areas around the world given women's higher life expectancy than men (WHO,2022). This justifies gender sensitive approaches as older women experience higher social and economic risks according to James and Buffel (2023).

Therefore, the results we presented on psychological well-being confirmed that companionship has a significant impact on quality of life dependency of elderly people. This is in conformity with reports that have suggested that inter and intra-personal communications can substantially lower levels of isolation and depression among elderly people. For example, Vahia et al. (2020) pointed that the higher frequency of companionship leads to the reduction of loneliness and increases of resilience. Likewise, Salerno et al. (2021) stressed on sustenance of social connection during aging transition era. In this regard, a number of components have received additional importance, including the component that helps overcome negative emotions in elderly people due to rejection and dissatisfaction. The literature reveals that people who enjoy high SS have better mental health status. Lu et al. (2021) it is salient to point out the gender presence in our study, as preponderantly female. Some studies published in the last decade suggest that older female may have different social support patterns than men. Wu et al. (2022) revealed that social support derived from friends exercised greater influence on the psychological fortunes of the older women than men implying that gender sensitive support systems should be implemented.

Psychological well-being was most significantly predicted by Companionship (beta = 0.798*p< 0.05). Emotional connection was important, and respondents chose relatives or close friends to help them cope in newly changed social environment. This supports what Vahia et al. (2020) and Fanning et al. (2021) have postulated that companionship time daily decreases loneliness and improves protective resilience. Besides, support regarding emotion alleviated the rejection feeling (M=42.6 %) and dissatisfaction (M=52.2 %); The feelings are supported by research showing that people with strong social networks have better mental health results (Hu et al., 2021; Thompson et al., 2024).

Although the figure of the caregivers is missing in the earlier parts, there are indications of how economies may attend to both the clients' emotions and their financial bottom line. Hence, the academic-logistic support constitutes being significant though not as influential as the emotional support standardized beta=0.239, P<0.05. Lee and Yu (2022) noted that the level of financial pressure minimizes, but financial security does not affect the overall mental well-being as favorably as relationships and emotional connections to other people as Valls et al. (2021) research mentioned.

Among them, access to information was found to have significant effect on self rated well being (beta = 0.609, t = 2.045, p < 0.05). Specifically, the older people who had knowledge of the healthcare services and social services showed higher levels of self-empowerment and control as life, which was in tandem with the study by Lee and Oh (2020). Expanding availability of information using CBP or through Information Technology may remove barriers in social emotional support system.

In this regard it becomes the prerogative of the policymakers as well as the social workers to support efforts that foster emotional and social relations. The upshot is that, there are a number of possibilities for making some massive improvement in the chief domains of gerontological attention: cohort-based treatments, financial literacy and inclusive information-focused interventions can bring a positive change in the ''quality of life of older people' and get the better of 'growing old' as defined by the UK Cabinet Office (Chun & Ryu, 2023).

Conclusion

This study underscores the importance of supporters to ensure the psychosocial well-being of the elderly persons in Lamki Chuha Municipality, Kailali District, Nepal. The results also suggest that the nature of the received support, and specifically, emotional support in the form of companionship is the strongest correlate of psychological well-being. A large number of elderly people said they lacked family care; more than half of those surveyed expressed the desire to be adopted by a family and rejected by their own family. Besides, perception of exclusion stemmed, in part, from communication breakdowns as well as dissatisfaction with the physical environment.

The findings of the study also underlined how structural intervention, especially in form of financial and information resources greatly influence elderly people. However, friendly and companionate support stands out most as the decision makers and significantly helps in overcoming loneliness and influencing an improved mental health. The analysis of variance showed that elderly people of both genders and of all age groups need emotional support and companionship; financial aid is not as important.

These results underscore the importance of targeting policy action on growing effective avenues that can boost not only supportive structures for the elderly. Programs aimed at enhancing social integration, enhancing access to health related information, and at asserting financial security are critical to enhancing the standard of living and mental well-being of elderly population. Future works could consider the utilization of longitudinal data to examine the impact of these support systems for a longer-term period.

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