The Role of Social Support Networks in Enhancing the Well-being of Elderly People

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Abstract

This paper explores the relationships between age, social support, marital status, subjective well-being, and perceptions of general health among elderly people. The data were collected using the convenience sampling, and a survey was conducted among 138 respondents, predominantly women 78.3 percent, with 40 percent single and 56.9 percent aged between 61- 91 years. Correlation analysis showed significant relationships between age and overall perceived health ($r=0.23$), self-esteem ($r=0.19$), and life satisfaction ($r=0.22$). Furthermore, there was a favorable correlation ($r=0.19$) between self-esteem, social support, and well-being. The elderly reported higher amounts of social support, particularly emotional ($r=0.26$) and private ($r=0.19$). A mean well being rating for the elderly was 67.03 and indication of good attitude. Social support was found to have only an indirect effect, mainly decreased with age while life happiness and age were identified as the most significant predictors of how people felt about their overall health. The results indicated that age and other aspects of well-being, including self-perceived health, self-esteem, and life satisfaction were moderate and associated with those of older female respondents. It was also confirmed by the results that there was a positive correlation between the social support and wellbeing.

Keywords: Elderly people, satisfaction, social support, self-esteem, well-being

Introduction

Social support networks are important in societies that offer emotional, practical, and social support to elderly people, as it helps in boosting their general quality of life. These networks help to overcome the difficulties associated with aging as they diminish feelings of isolation and provide the people concerned with a sense of continuous membership in society. In the Nepalese context, the percentage of people aged 60 years and above has risen slightly over the last decade. According to the CBS (2023), the elderly population constitutes 10.21 percent of the total population of Nepal. This trend correlates with demographic changes around the world; people are living longer than ever before which equates to aging populations. According to the assessment by the World Health Organization, the number of people of this age will reach over

1.5 billion by the middle of the current century comprising more than one fifth of the global population (WHO, 2022).

Maintaining the health and happiness of seniors stands as a crucial goal for healthcare and social service providers (Rongli & Haoyan, 2023). The robustness and caliber of elderly individuals' social ties shape their overall wellness (Oluwagbemiga, 2016). Social circles have a profound impact on the mental and social well-being of older adults in long-term care facilities. Studies indicate that senior participation in social events yields numerous health benefits. It can ease the aging process by enhancing physical and mental health, while also lessening the strain on social services and family caregivers (Muarifah et al., 2024).

What's more, looking at how big someone's social circle is and how often they hang out with others shows a clear link to their overall health and how much they use healthcare services (Gallo, 1984). This means helping older folks keep and grow their social ties can be a good way to improve their well-being and make their lives better (Shi et al., 2023).

This demographic change whereby individuals are living longer, having fewer children, and the aged baby boomers pose many difficulties to societies across the globe. Although the increased life expectancy is a success story of improvement in health and medical provisions, it comes with a range of socio-economic issues such as increase in health care cost, burden on pension and social security, and increased demands for long-term care services (Misaghian et al., 2024). These are major challenges in Nepal due to the scarcity and insufficient capital leading to poor healthcare facilities. If not addressed these issues may not only erode the physical, psychological, and economic autonomy of older populations but also hamper efforts toward the achievement of sustainable development goals.

Historically, literature concerning aging entailed more emphasis on the undesirable effects of aging including the physical and financial implications of aging (Estebsari, 2020) However, current literature stresses knowing factors that lead to healthy and resilient aging (Pressman et al., 2020). This includes determining the correlation between social support, perceived health, and well-being of the elderly. Prior research has explored one or another aspect of social roles, family relationships, and their influence on the quality of life of elderly people: some findings were rather inconclusive (Johnson et al., 2021; Kim & Yoon, 2022).). Thus, there is a need for research about how these factors are related and a study about the approaches used in a country like Nepal which has a growing aging population.

Well-being tends to be defined as a more comprehensive construct that looks at social relations, environment, finances, and satisfaction from various life domains (Sinha, 2019). These are determinants of health and well-being and affect both physical and mental dimensions. Subjective health, which is a critical domain of quality of life measurement, describes the state of an individual's body and mind but correlates with many aspects, including satisfaction with life and self-esteem (Jongenelis et al., 2022). Furthermore, self-rated health has been correlated with lower mortality risks and lower healthcare expenses (Gutierrez, 2023).

Indirect self-evaluation of a person, including the appreciation of oneself and feelings of satisfaction, is also a relevant indicator when assessing quality and standards of living (Muris & Otgaar, 2023). It has been established that happiness in life is positively correlated with regard for oneself (Tam, 2021). Most importantly, the elder individuals' understanding of having enough other people in their environment is very crucial in enhancing their emotional well-being and being nurtured which promotes overall well-being (Choi, et al., 2020). Studies indicate, however, that social support tends to be lower with advancing age and more so, among older adults who live alone placing them at risk of isolation (Hoang, 2022).

On the other hand, educational efforts focusing on health promotion have also been acknowledged as effective in improving the quality of life, especially the well-being of aged people (Marquez et al., 2020). Many have acknowledged these factors, yet, there is no sufficiently developed understanding of how perceived social support, perceived well-being, and socio-demographic variables relate to each other, especially about older people in Nepal.

In this regard, the main goal of the current study is to carry out path analysis to examine the relationships between the variables of perceived social support, general health perceptions, life satisfaction, and self-esteem among elderly people.

This study also intends to elaborate on how these disparities which are fundamental protective attributes in health aging cut across various socio-demographic factors including age and marital status. It is hoped that this will assist in filling such a knowledge gap in the existing literature, develop awareness and effective policies, and better interventions to improve the health status of elderly people in the communities.

Method and Materials

Research Design

This study used a cross-sectional descriptive research design to survey senior women in the Kailali district's Lamki-Chuha Municipality. This municipality was selected due to its diverse population and high proportion of senior women who fit the study's goals.

Sample size

The study included individuals aged 60 or older without serious illnesses. The final sample are convenience sampling method consisting of 138 participants from ward number one of Lamki Chuha municipality in Kailali district, with 108 (78.3%) being female. Further details about the sample composition can be found in the findings section.

Measurement tools

Socio-demographic information was gathered using a specially designed questionnaire that included questions on participants' age, gender, country of origin, place of residence, and marital status.

Perceived social support

The study measured the daily perceived social support of older individuals using a questionnaire with 11 elements separated into two subscales: confidential (7 items) and emotional social support (4 items) (Nazari, 2020). The confidential support subscale assesses the perception of having individuals available to assist in challenging situations, while the affective subscale evaluates how easily individuals believe they can interact with others and communicate emotionally.

Life satisfaction

To measure one aspect, utilize the five-item Satisfaction with Life Scale. "So far, I have gotten the important things I want in life" is one of the items. Participants responded using a seven-point Likert-type scale, with 1 indicating strong disagreement and 7 indicating strong agreement. Previous studies with adult groups have confirmed the measure's validity and reliability (Fabian, 2022).

Self-esteem and Perceived Overall Health

The one-dimensional scale has ten items, five of which are positive statements like "I can accomplish tasks just as well as others" and five of which are negative comments like "I wish I had more self-esteem. Participants use a 4-point Likert-type scale, with 1 representing major

disagreement and 4 representing strong agreement, to indicate how much they agree or disagree with each statement. For perceived overall health assessment, participants are asked to rank their level of health on a range from 0 (worst) to 100 (best). Previous research including the elderly has shown the validity and reliability of this scale.

Method

Convenience sampling was used in this study as a cross-sectional empirical-observational approach. The requirements for participation were self-sufficiency, 60 years of age or older, and free from any illnesses that might limit their ability to work. Additionally, after informing study participants of the objectives of the research, they had to obtain their informed consent.

Using the bivariate correlations feature of the SPSS Statistics V23 program, we looked at the associations between the variables. We employed multivariate analysis to elucidate the broad notion of health.

Results

The demographic information about the respondent's age groups, gender, sex of the household head, and caste/ethnicity is displayed in the table. The greatest age group is 65–69 (34.3%), and the proportion decreases with age, peaking at 3.2 percent for those 85 years of age and above. Of those surveyed, men make up the majority (52.7%), with women making up 47.3 percent. In comparison to female heads (10.7%), male heads make up the majority of families (89.3%). Caste and ethnicity distribution is balanced, with the largest groups being Brahman and Kshetri, followed by Tharu and Dalit. In terms of age, gender, caste/ethnicity, and the makeup of household heads, the data represents a diversified sample.

Table 1. *Demographic characteristic of respondents*

Characteristics N	Male %	Female %	Total %
Age group			
60-64	21.7	16.3	19.2
65-69	33.5	35.3	34.3
70-74	25.5	30.0	27.6
75-79	9.0	10.5	9.7
80-84	7.1	4.7	6.0
85 and above	3.3	3.2	3.2

Gender			
Male	52.7	-	-
Female	47.3	-	-
Sex of household head			
Male	89.3	-	-
Female	10.7	-	-
Caste and ethnicity			
Bharaman	33.5	31.1	32.3
Kshetri	33.0	37.9	35.3
Tharu	24.1	21.6	22.9
Dalit	8.0	7.9	8.0

Elderly people by social support

The study included 138 participants, 78.3 percent of whom were women, from 11 locations in the Kailali district of Nepal. The participants ranged in age from 61 to 91 years, with a mean age of 73.11 and a standard deviation of 6.22. The reported mean ratings of the individuals about social assistance varied significantly, ranging from 0.73 to 3.92. Social support appears to have strong internal consistency dependability, with a Cronbach's alpha of 0.81. The mean of the individuals' stated degrees of secrecy was 3.77, with a significantly smaller standard deviation of 0.81.

Respondents reported life satisfaction varied significantly, with an average of 4.98 and a standard deviation of 1.26. Life happiness appears to be internally consistent, with a Cronbach's alpha of 0.81. The self-esteem score fluctuates less, with a mean of 3.13 and a standard deviation of 0.50. With Cronbach's alpha of 0.71, self-esteem's internal consistency is deemed satisfactory. The mean score for perceived general health is 67.03, and the standard deviation should be corrected for accurate interpretation. The Cronbach's alpha is not provided for this variable, possibly because it's a single-item measure. These descriptive statistics generally demonstrate the central tendency, variability, and dependability of the variables.

Table 2. *Descriptive statistics for elderly people by social support*

	Range	N	Mean	standard deviation (SD)	Cronbach's alpha
Confidential	1-5	138	3.77	0.81	0.77
Social support	1-5	138	3.92	0.73	0.81
Affective	1-5	138	4.20	0.78	0.70
Life satisfaction	1-5	138	4.98	1.26	0.81
Self-esteem	1-5	138	3.13	0.50	0.71
Perceived general health	1 to 5	138	67.03	18.9.3	-

The correlation analysis (Table 3) shows a significant connection between age ($r = 0.23$) and overall perceived health, as well as the well-being markers of self-esteem ($r = 0.19$) and life satisfaction ($r = 0.22$). The last set of variables, except the affective support subscale and self-esteem, likewise have a strong correlation ($r = 0.19$) with social support and one another. There is a significant correlation between age and social support ($r = 0.23$), indicating that older adults report higher levels of social support in both the emotional ($r = 0.26$) and confidential ($r = 0.19$) aspects. The mean score is 67.03. Show better-perceived general of the elderly.

Table 3. *Correlation of Different Variables*

	1	2	3	4	5	6	7	8
1. Age	-	-						
2. Social support	0.22**	-0.16	-					
3. Marital status	0.34**	-						
4. Social support effective	0.25**	-0.15	0.83**	0.62**	-			
5. Social support confidential	0.18*	-0.15	0.95**	-				
6. Life satisfaction	0.03	0.05	0.34**	0.34**	0.23**	-		
7. General health	-0.22**	0.08	0.08	0.12	-0.01	0.22*	0.18*	-
8. Self-esteem	-0.07	0.11	0.21*	0.23**	0.11	0.18*	-	

Note: Marital status was divided into two categories: 1= without a partner, such as widowers and singles, and another for people who were married or had a relationship.

Discussion

The study's findings shed light on the health and social support systems of the elderly in the Kailali area of Nepal. The focus of the demographic statistics is on a broad age range and predominantly female participation group, which accentuates the variety of the older population. With an average age of 73.11 years, the research covers a broad range of needs and experiences of older population.

The results demonstrate that aging has a substantial detrimental effect on overall health status, which is consistent with the natural decline in health that comes with growing older. This impact is also indirectly caused by a drop in social support (Clouston et al., 2020).

Importantly, this study revealed that advanced age has a significant positive relationship with perceived social support, which predicts the well-being and general health perceptions of older adults. However, published studies suggest that advancing age often leads to a lesser availability of social support networks (Hoang et al., 2022). More about these associations can be done in the future to further clarify the aspects regulating their dynamics.

As the research studies reveal, marital status does not have any apparent effects on people's assessment of their general health. This result contradicts with other studies that reported that marital support leads to more social networks which oftentimes improve one's quality of life (Nakamura et al., 2022). This gap may be related to statistics as our study found some marginally statistically significant relationships between the married status of the participants and support from the society in that study. It can either be that there are or are not caretaking figures in the environment or there are or is a partner.

The minimum score obtained for social support was 0.73 while the maximum score obtained was 3.92 implying that individuals received different levels of support. This could be due to many factors such as the availability of Social Aid, participation in the community, and family relations. These results suggest that the social support measures are reliable and appropriate to capture the participants' experiences of their internal consistency.

Self-rated health of the individuals may be assumed through perceived general health where the overall mean percentage is 67.0 percent. However the necessity of changing the standard deviation to be able to understand the results is explanative of how crucial accurate data is in understanding the ramifications on health. The absence of Cronbach's alpha shows that this variable works under a single-item structure hence there may be restricted data on the participants ' perceived health.

The optimum level of perceived social support influences the happiness of adults of 60 years and above and influences their perception of their general health. According to previous research, social support specifically makes a substantial contribution to life satisfaction and self-esteem among the senior participants in our study (Lee & Song, 2022).). Both findings highlight the need to promote social support and subjective well-being among older individuals, as these factors are interconnected and affect overall health perception. Remarkably, private support that is, having someone to turn to when issues arise or disputes arise seems to have a greater impact on wellbeing, especially on life satisfaction. On the other hand, the elderly sense of general health and well-being may be less affected by affective assistance, which deals with meeting emotional needs, on the other hand, encouraging understanding, and confidential assistance indirectly satisfies emotional needs.

Finally, life satisfaction predicts judgments of overall health; lending credence to the notion that subjective well-being has a substantial impact on how older individuals perceive their

overall health. This is consistent with earlier research that has found greater levels of self-esteem and better evaluations of general health among older persons who are satisfied with their lives. Interestingly, even though our study found that self-esteem did not significantly predict how a person felt about their health, further research on these attributes is needed in the future.

It is important to note before drawing any conclusions that this study's most of participants were female, which indicates that the findings may not be representative of all the elderly. There is a significant correlation between age and social support (r =0.23), indicating that the elderly report higher levels of social support in both the emotional (r =0.26) and confidential (r =0.19) aspects. The mean score is 67.03. Show better-perceived general of the elderly. Such as adult education programs, retirement residences, or senior groups. These older persons may have greater social support, better overall health, and personal happiness compared to those who do not use these programs. The study did not find a direct link between self-esteem and overall health.

Conclusion

The findings of this study are consistent with previous research demonstrating that social support has a major influence on the quality of life in the elderly, but marital status does not affect social support. Strong social support networks are critical for older adults because they are associated with improved general well-being and greater degrees of life satisfaction. Even though the study did not reveal a clear association between general health and self-esteem, further research is required to completely grasp the relevance to overall health among this particular population. Respondents were chosen based on their availability and desire to participate, perhaps overestimating their social support and well-being levels. The study's geographic focus limits the findings' application to other areas or demographic groupings. Concerns should be addressed when extending the findings to larger groups of the elderly.

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