



The Relationship Between Social Support and Happiness Among Older Adults at Puskesmas Walenrang, South Sulawesi

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ABSTRACT

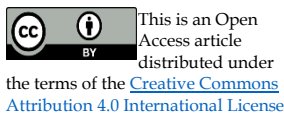
Background: Happiness is an important indicator of successful aging among older adults. However, many older adults experience decreased well-being due to loneliness, declining health, and reduced social interaction. Social support from family, peers, and the community plays a crucial role in maintaining psychological well-being and happiness in later life. In primary healthcare settings such as Puskesmas Walenrang, South Sulawesi, understanding the influence of social support is essential to improve elderly care services.

Purpose: This study aimed to analyze the relationship between social support and happiness among older adults at Puskesmas Walenrang, South Sulawesi.

Methods: A quantitative cross-sectional study was conducted involving 80 older adults aged ≥ 60 years selected using a purposive sampling technique. Data were collected using validated questionnaires measuring perceived social support and happiness levels. Statistical analyses included descriptive statistics, Spearman correlation to determine the relationship and influence between social support and happiness.

Results: The findings showed a significant positive relationship between social support and happiness among older adults ($r = 0.62$; $p = 0.001$). Participants who received higher levels of emotional, instrumental, and informational support reported higher happiness levels and better psychological well-being. Older adults with strong family and community support also experienced lower levels of loneliness and emotional distress. Social support was identified as a significant predictor of happiness.

Conclusion: Social support plays a vital role in enhancing happiness among older adults. Strengthening family involvement and community-based support programs through primary healthcare services is essential to improve the quality of life of older adults. These findings highlight the importance of nursing interventions focused on family engagement, psychosocial support, and community participation to promote healthy and successful aging among older adults.



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1. Background

Happiness is a fundamental indicator of successful aging and reflects the psychological well-being of older adults. As individuals age, they often experience physical, social, and emotional challenges, including declining health, reduced social interaction, and loss of social roles. These conditions may increase the risk of loneliness, depression, and decreased life satisfaction.

Therefore, identifying factors that contribute to happiness among older adults is essential, particularly in primary healthcare and community-based settings.[1]

Globally, population aging has become a significant demographic trend. The World Health Organization (WHO) reports a rapid increase in the proportion of individuals aged 60 years and older,

especially in developing countries. In Indonesia, the growing elderly population has raised concerns regarding quality of life and mental health among older adults. Inadequate social support systems have been associated with psychological distress, emphasizing the importance of strengthening community-based interventions to improve elderly well-being.[2]

Social support, including emotional, instrumental, informational, and appraisal support from family, peers, and communities, has been identified as an important determinant of happiness among older adults. Previous studies indicate that older adults with stronger social support tend to have better coping abilities, lower stress levels, and higher life satisfaction, whereas inadequate support is associated with loneliness, anxiety, and depression.[3]

The relationship between social support and happiness can be explained through the buffering hypothesis, which suggests that social support protects individuals from the negative effects of stress. In older adults, supportive relationships help maintain self-esteem, emotional stability, and positive adaptation to aging-related challenges such as retirement, bereavement, and declining physical function.[3]

Although previous studies have examined social support and happiness among older adults, limited evidence exists regarding community-based elderly populations in rural primary healthcare settings in Indonesia. Most previous studies were conducted in urban areas or institutional settings, with limited attention to elderly populations receiving services through community health centers. This gap highlights the need for further research in rural primary healthcare contexts.[4]

Puskesmas Walenrang is an important setting because it serves a large number of older adults in a rural area of South Sulawesi, where family and community interactions strongly influence elderly well-being. Preliminary observations at the health center indicate that some older adults experience limited social interaction and insufficient family support, potentially affecting their happiness and psychological health. However, comprehensive evidence regarding the relationship between social support and happiness among older adults in this setting remains limited.[5]

Previous studies have shown that interventions such as family involvement, peer

group activities, and community engagement programs can improve psychological well-being and reduce loneliness among older adults.[5] However, challenges in implementing effective support systems remain, particularly in rural communities with limited resources and health education access.

Therefore, this study aims to analyze the relationship between social support and happiness among older adults at Puskesmas Walenrang, South Sulawesi. The findings are expected to provide evidence-based insights for healthcare providers and policymakers in developing community-based interventions to improve the psychological well-being and quality of life of older adults.[6][7][8]

2. Methods

The methods follow the following structure:

2.1 Research design

This study employed a quantitative cross-sectional design to analyze the relationship between social support and happiness among older adults in community settings.

2.2 Setting and sample

The study was conducted at Puskesmas Walenrang, a primary healthcare facility serving a diverse community population. The participants included older adults aged ≥ 60 years who were registered at the health center. Inclusion criteria were older adults who were able to communicate effectively, willing to participate in the study, and capable of completing the questionnaire independently or with minimal assistance. Exclusion criteria included older adults with severe cognitive impairment, hearing or speech disorders that interfered with communication, severe physical illness, or incomplete questionnaire responses. A purposive sampling technique was used to ensure representation across age groups, genders, and health conditions. The final sample size was 80 participants, based on a priori calculations to ensure sufficient statistical power for correlation and regression analysis.

2.3 Instruments and data collection

A Social Support Questionnaire, adapted from a validated scale, consisting of 20 items measuring emotional, instrumental, informational, and appraisal support using a Likert scale. The reliability of the instrument was evaluated through a pilot test, yielding a Cronbach's alpha score of 0.87, indicating good internal consistency.

A Happiness Questionnaire, consisting of 18 items assessing subjective well-being, including life satisfaction, positive affect, and emotional condition. The reliability test showed a Cronbach's alpha value of 0.89, indicating high reliability.

The questionnaires were reviewed for linguistic appropriateness and cultural relevance by a panel of experts. Participants were guided on how to complete the questionnaires to minimize misunderstandings. A pre-test was conducted with 10 older adults outside the study sample to refine the instruments.

Participants were assisted during data collection to ensure accurate understanding of each item, especially for those with reading limitations. Recall bias was minimized by focusing on current perceptions rather than past events. Social desirability bias was addressed by ensuring anonymity and emphasizing that there were no "right" or "wrong" answers to the questionnaire.

2.4 Data analysis

Descriptive and inferential statistics were employed to analyze the data. Frequencies, percentages, means, and standard deviations were used to summarize demographic characteristics as well as levels of social support and happiness among older adults. Since the data were ordinal and did not meet the assumptions for parametric

analysis, the Spearman's rank correlation test was used to examine the relationship between social support and happiness. The strength and direction of the correlation were interpreted based on the correlation coefficient (r_s). Statistical significance was determined at $p < 0.05$. All analyses were conducted using SPSS software (version 26).

2.5 Research ethics

Ethical approval was obtained from the was obtained from the Health Research Ethics Committee of Universitas STRADA Indonesia (Reference Number: 113/Kep.Ka/2026). Participants were provided with detailed information about the study's objectives, procedures, and confidentiality measures. Written informed consent was obtained from all participants prior to data collection. Participation was voluntary, and participants could withdraw at any time without consequence. Data confidentiality and anonymity were strictly maintained throughout the study.

3. Results

A total of 80 older adults participated in the study. The findings reveal a significant association between social support and happiness levels among older adults in community settings at Puskesmas Walenrang.

Table 1. Demographic Characteristics of Respondents (n = 80)

Characteristics	Frequency	Percentage
Gender		
Male	38	47.5 %
Female	42	52.5 %
Age Group		
60-69 years	30	37.5 %
≥ 70 years	50	62.5 %
Living Arrangement		
Living with Family	55	68.8 %
Living Alone	25	31.2 %

The demographic data indicate that the majority of respondents were female (52.5%). Most participants (62.5%) were aged 70 years or older, reflecting an older elderly population. In terms of living arrangements, the majority (68.8%) lived with family, while 31.2% lived alone. This distribution highlights the diversity of social

environments among older adults, which may influence their perceived social support and happiness levels.

Table 2. Social Support and Happiness Levels

Variable	Frequency	Percentage
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Social Support		
High Social Support	45	56.3 %
Low Social Support	35	43.7 %
Happiness Level		
High Happiness	48	60.0 %
Low Happiness	32	40.0 %

The majority of participants (56.3%) reported receiving high levels of social support. Similarly, 60.0% of respondents experienced high levels of happiness. Older adults with higher social support tended to report higher happiness levels, suggesting that emotional, informational, and

instrumental support contribute positively to their well-being. Conversely, those with lower social support were more likely to experience lower happiness levels, indicating the importance of social connections in later life.

Table 3. Correlation between Social Support and Happiness

Variable	Spearman Correlation Coefficient (r_s)	p-Value	Significance
Social Support vs. Happiness	0.62	0.001	Significant

The Spearman rank-order correlation analysis revealed a statistically significant positive relationship between social support and happiness among older adults ($r_s = 0.62$, $p = 0.001$). This finding indicates that higher levels of social support are associated with higher levels of happiness among

older adults. Participants who received greater emotional, informational, and instrumental support tended to report better psychological well-being and lower levels of loneliness. The strength of the correlation suggests that social support is an important factor contributing to successful aging and emotional well-being in later life.

4. Discussion

The findings of this study demonstrate that social support plays a critical role in enhancing happiness among older adults. Older adults who reported higher levels of social support were more likely to experience greater happiness, emotional stability, and psychological well-being than those with lower levels of support. These findings are consistent with previous gerontological studies showing that strong social relationships contribute to higher life satisfaction and reduced emotional distress among older adults [1]. In later life, social support functions not only as companionship but also as a psychosocial resource that strengthens coping abilities, emotional regulation, and adaptation to age-related challenges such as declining health, bereavement, retirement, and functional limitations. Beygi et al. also reported that perceived social support significantly correlates with happiness among older adults, particularly emotional support, which plays an important role in improving well-being [13]. These findings reinforce the perspective that social connectedness is an essential component of successful aging.

The results further indicate that psychosocial factors are important determinants of elderly well-being. Older adults who receive adequate social support tend to feel valued, emotionally secure, and socially connected, which positively influences mental health outcomes. Conversely, inadequate support may increase loneliness, anxiety, depression, and reduced life satisfaction, ultimately affecting overall quality of life and participation in healthcare services. This finding supports the buffering hypothesis, which explains that social support can reduce the negative effects of stress and life transitions commonly experienced during aging [9]. Previous evidence also demonstrates that social support is strongly associated with lower psychological distress and improved life satisfaction among older adults [14]. Therefore, social support should be viewed as an important modifiable factor that can be strengthened through family, community, and healthcare interventions.

One possible explanation for this association is that social support influences emotional and behavioral coping mechanisms. Older adults who receive emotional and instrumental support from

family and community members are more likely to maintain positive perceptions, adaptive coping strategies, and stronger resilience. Participation in meaningful activities, including religious gatherings, community programs, volunteering, and social interactions, may further enhance a sense of belonging and purpose in life. In contrast, lack of support may contribute to social withdrawal, reduced motivation, and poorer psychological outcomes. Duque et al. reported that social support and resilience are both significant predictors of life satisfaction among older adults, suggesting that supportive relationships may strengthen psychological adaptation and emotional well-being [15].

The findings also highlight the important role of family and community participation in maintaining happiness among older adults. In Indonesia, family remains the primary source of emotional, instrumental, and social support for elderly individuals. Older adults who reported strong family involvement tended to experience higher happiness levels, possibly because they felt respected, cared for, and included in family activities. Community participation also contributes to psychological well-being by reducing social isolation and encouraging social interaction [10], [11]. A systematic review on social engagement among older adults further concluded that sustained participation in social activities is consistently associated with better well-being outcomes and emotional stability [16]. These findings indicate that active social participation is a protective factor that supports healthy aging.

From a gerontological nursing perspective, these findings emphasize the importance of integrating psychosocial assessment into nursing care for older adults. Gerontological nurses should assess not only physical health conditions but also social support systems, emotional well-being, loneliness risk, and social participation during routine healthcare visits. Early identification of inadequate social support may help nurses prevent psychological distress and social isolation among older adults. Nursing interventions should include family-centered education, emotional counseling, peer-support activities, and community engagement programs aimed at strengthening social connectedness and improving quality of life.

Gerontological nursing practice should also focus on promoting supportive environments for older adults through community-based interventions. Nurses and community health

workers can facilitate elderly support groups, home visits, recreational activities, and health-promotion programs that encourage meaningful interaction among older adults. Outreach services for homebound elderly individuals are particularly important in rural areas where transportation barriers and mobility limitations may reduce participation in social activities. These interventions may help older adults maintain emotional well-being, independence, and social engagement.

Primary healthcare facilities such as Puskesmas Walenrang provide strategic settings for implementing gerontological nursing interventions. Community health nurses can collaborate with families, local leaders, and healthcare providers to establish age-friendly programs that strengthen psychosocial support among older adults. Programs such as routine social gatherings, elderly exercise groups, counseling services, and family education initiatives may reduce loneliness and improve happiness among older adults. Nurses also play an important role in coordinating multidisciplinary care and advocating for elderly-friendly healthcare services within the community.

The findings additionally have implications for public health policy and healthy aging programs. Policies aimed at improving elderly well-being should incorporate community empowerment, social participation programs, and age-friendly environments. Collaboration among healthcare providers, families, and local communities is essential to create supportive systems that enhance older adults' quality of life. Social support should therefore be recognized not only as a personal resource but also as an important public health component that contributes to successful aging and community well-being.

Despite these important findings, this study has several limitations. The cross-sectional design limits causal interpretation, and self-reported questionnaires may introduce response bias. Future studies are recommended to employ longitudinal designs and larger sample sizes to better understand the long-term relationship between social support and happiness among older adults. Qualitative studies are also needed to explore older adults' perceptions of meaningful support and culturally relevant forms of social interaction.

5. Conclusion

This study demonstrates a significant relationship between social support and happiness

among older adults. Older adults who receive higher levels of emotional, informational, and instrumental support tend to experience greater happiness and better psychological well-being. In contrast, inadequate social support may increase loneliness, emotional distress, and reduced life satisfaction. These findings highlight the importance of psychosocial support and family involvement in promoting successful aging.

Primary healthcare facilities such as Puskesmas Walenrang play an important role in supporting elderly well-being through community-based programs, including social activities, elderly support groups, and family education initiatives. Nurses in primary healthcare settings should incorporate routine psychosocial screening, social support assessment, and family-centered interventions into elderly care programs. Community health providers are also encouraged to strengthen social participation and emotional support programs to reduce isolation and improve the quality of life of older adults.

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