



The Role of Family and Social Support in Maintaining the Health and Independence of Elderly People

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Abstract

This study explores the relationship between family and social support and the health and independence of older people. The research will focus on the analysis of the relationships between emotional support, instrumental help and social integration in the context of functional autonomy and well-being of older people. Using the mixed methods approach, the study combined both qualitative interviews and quantitative surveys with 150 elderly participants (60 years and older). Both quantitative and qualitative data were analyzed and used to explore the experiences of support and independence for the elderly, with descriptive statistics applied to quantitative data and thematic analysis applied to the qualitative data. The results indicate that instrumental support and social participation are important predictors of elderly independence, and emotional support is the most important. Older adults who were actively engaged in community activities and had high levels of familial support had higher functional independence, psychological well-being, and life satisfaction. The qualitative results also suggest that a balance of care, emotional support and purposeful social engagement can aid to enhance dignity and autonomy in elderly age. It is quite unique in its holistic approach to family support and social participation as linked factors influencing healthy ageing. The results have implications for policy makers, health professionals, and families in formulating family-oriented and community-based approaches to support the elderly to retain independence, minimize social isolation, and enhance the quality of life for elderly people.

INTRODUCTION

Population aging has become one of the most significant demographic transformations of the twenty-first century, creating substantial implications for health systems, social structures, and public policy worldwide. According to the United Nations, the proportion of individuals aged 60 years and above continues to increase rapidly due to declining fertility rates and advances in healthcare and life expectancy. This demographic transition has intensified concerns regarding the ability of older adults to maintain physical health, psychological well-being, and functional independence in later life (Fang et al., 2025; Jane Osareme et al., 2024).

Aging is frequently associated with chronic illness, reduced mobility, cognitive decline, and social vulnerability, all of which may compromise autonomy and quality of life. Consequently, maintaining elderly independence has emerged as a critical issue in gerontological and public health research because independent older adults tend to experience better health outcomes, lower hospitalization rates, and reduced dependency on long-term institutional care (Gentili et al., 2022; Boucaud-Maitre et al., 2023; Okoye et al., 2022; Aximu et al., 2025).

Recent gerontological studies increasingly emphasize that healthy aging cannot be understood solely through biomedical perspectives. Instead, aging is shaped by multidimensional interactions among physical, psychological, environmental, and social factors. Among these determinants, family and social support have been consistently identified as central mechanisms influencing elderly well-being and autonomy. Social support refers to emotional, instrumental, informational, and companionship assistance obtained through interpersonal relationships, while family support specifically reflects the role of relatives in providing care, emotional reassurance, and practical assistance (Salifu et al., 2025; Tuleassi et al., 2026; Gu et al., 2025). Existing evidence demonstrates that strong support networks contribute to improved mental health, reduced loneliness, better coping mechanisms, and enhanced resilience among older adults (Holt-Lunstad et al., 2015). Furthermore, elderly individuals with supportive family relationships are more likely to adhere to medical recommendations, maintain healthy lifestyles, and preserve functional abilities over time (Zheng et al., 2022; Busebaia et al., 2023; Hossen et al., 2023).

The growing importance of family and social support is closely related to the increasing prevalence of social isolation among elderly populations. Modern social changes, including urbanization, migration, declining household sizes, and increased labor participation among adult children, have altered traditional caregiving structures in many societies (Singh & Pandit, 2024; Abonor et al., 2024). As a result, many older adults experience limited interaction with family members and reduced participation in community activities. Social isolation and loneliness are now recognized as major public health concerns because they are associated with depression, cognitive decline, cardiovascular disease, and mortality risk (Usama et al., 2024; Cené et al., 2022; Wang et al., 2023). In many developing countries, including Indonesia and other Asian societies, elderly care remains highly dependent on informal family-based support systems. However, socioeconomic transitions have weakened these traditional mechanisms, creating challenges in sustaining elderly independence and emotional well-being. This phenomenon highlights the urgency of identifying effective strategies that integrate family involvement with broader social participation to support healthy aging (Hossen et al., 2023; Bongelli et al., 2025).

Previous studies have examined the influence of different dimensions of social support on elderly health outcomes. Research by Mose et al. (2024) demonstrated that social integration significantly contributes to cognitive functioning and physical health in later life. Similarly, Peeters et al. (2023) found that older adults with stronger social relationships tend to exhibit slower cognitive decline and greater psychological resilience. Emotional support has also been linked to reduced stress and improved self-efficacy, enabling older adults to maintain confidence in performing daily activities independently (Remm et al., 2023). Instrumental support, including assistance with transportation, medication management, and household tasks, has been shown to delay functional deterioration and improve Activities of Daily Living (ADL) performance (Thomas, 2025). These findings collectively indicate that elderly independence is strongly influenced by relational and social environments rather than by medical conditions alone.

Social participation, relating to community involvement, religious activities, volunteerism and peer relations, has also been identified as a protective factor against health deterioration in older age. Social engagement is associated with healthy aging through cognitive stimulation, emotional satisfaction and a sense of belonging (Koszalinski et al., 2025; Hossen et al., 2023). By engaging the community in the program, there is also a boost of physical activity and social interaction, which helps to offset some of the negative consequences of loneliness and inactivity. Recent research indicates that older people who are actively engaged in the community are more likely to be satisfied with their lives and are more independent in life than those who are less active in the community (Barbaccia et al., 2022; Granet et al., 2023). Results underscore the need to consider aging from a larger ecological and social context with an understanding of how family, peers, and community contexts are interwoven.

Although there is an increasing number of literature on elderly support systems, there are significant gaps that are not addressed. Previous studies have largely studied family support and social participation as separate constructs, either at the family level or community level, but not with a systematic approach to assessing the impact of both on the independence of the elderly. Thus, there are few empirical studies that explicitly examine the interactions among the three domains and examine the influence of these domains on functional autonomy and well-being together. Furthermore, most of the previous research used only quantitative methods, and sometimes these methods do not reflect the subjective perceptions of the older adults on the issues of support and independence in their lives. This constraint limits the capacity to understand the operation of support mechanisms in the context of daily life and how elderly people experience autonomy, dignity and dependency in their family and community relationships.

The other major one is the need for more comprehensive solutions, which are a combination of formal and informal support systems. While there are a number of interventions focusing on healthcare services and/or family care provision generally, there is only limited research focusing on social participation and community engagement as a means of reinforcing family support systems. In addition, most gerontological research has taken place within Western settings and thus findings are largely difficult to apply to collectivist societies where family unity and intergenerational relationships are more pronounced in the provision of care for elderly persons. Thus, a need for "context sensitive" research can be seen that looks at the joint effect of family and social support on the health and independence of the elderly in culturally situated social environments.

The novelty of this study is found in its integrative approach to the concept of elderly independence, through examining family support, social participation and their interaction effects on health and functional autonomy. In contrast to previous studies that were limited to single aspects of support, this one takes a mixed-methods approach to examining relationships between support systems and lived experiences of elderly individuals. The study assesses not only emotional, instrumental, and informational supports' direct effect on independence but also how community involvement magnifies the positive impacts of family involvement. The study advances the understanding of healthy aging as a multidimensional process influenced by interwoven networks of support, and as a process that is social in nature.

The purpose of this study is to examine the importance of family and social support for health and independence of seniors. More specifically, this study focuses on the relationships between the role of emotional support, instrumental assistance, social participation, functional autonomy and well-being among older adults. The study makes a theoretical contribution by adding to the body of knowledge regarding social

support and ecological aging by analyzing family and community-based interactions in an integrated fashion. In practice, the results will guide policy and decision makers, health care professionals, and families in creating elderly care strategies that foster social participation, family involvement, and autonomy-supportive environments.

METHODS

Research Design

This study employed a mixed-methods research design integrating quantitative and qualitative approaches to examine the role of family and social support in maintaining the health and independence of elderly individuals. The mixed-methods approach was selected because it enables a comprehensive understanding of complex social phenomena by combining statistical analysis with in-depth exploration of participants' lived experiences (Morrison, 2025). Quantitative methods were used to identify the relationships between dimensions of social support and functional independence, while qualitative methods explored how elderly individuals perceive and experience support within family and community contexts. The study adopted a convergent parallel design in which quantitative and qualitative data were collected simultaneously and integrated during interpretation to strengthen the validity and depth of findings.

Research Context and Participants

The research was conducted in community-based elderly settings involving older adults aged 60 years and above. Participants were selected using purposive sampling to ensure variation in socioeconomic background, family structure, and level of social participation. This sampling technique is appropriate in gerontological research because elderly experiences are strongly influenced by contextual and relational factors (Grenier, 2023). A total of 150 elderly participants were included in the quantitative phase, while a smaller subgroup of participants and family members participated in semi-structured interviews for the qualitative phase. Family caregivers were also involved to provide complementary perspectives regarding patterns of support and elderly autonomy. The inclusion criteria required participants to be physically and cognitively capable of participating in interviews and questionnaires, while elderly individuals with severe cognitive impairment were excluded to ensure reliability of responses.

Data Collection Techniques

Quantitative data were collected through structured questionnaires using standardized instruments widely applied in aging studies. Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Brugnoli et al. (2022), which evaluates emotional, instrumental, and social dimensions of support. Functional independence was assessed using the Activities of Daily Living (ADL) scale by Petrich et al. (2022) and the Instrumental Activities of Daily Living (IADL) scale by Buele and Palacios-Navarro (2023). These instruments were selected because they demonstrate strong reliability and validity in assessing elderly functional capacity.

Qualitative data were obtained through semi-structured interviews and direct observations. Interviews focused on participants' experiences of emotional support, caregiving practices, social participation, and perceptions of independence in everyday life. Interviews were audio-recorded and transcribed verbatim to ensure accuracy. Observational data were collected during visits to participants' homes and community environments to identify patterns of interaction, family involvement, and social engagement. Figure 1 presents the conceptual framework illustrating the relationship between family support, social participation, and elderly independence.

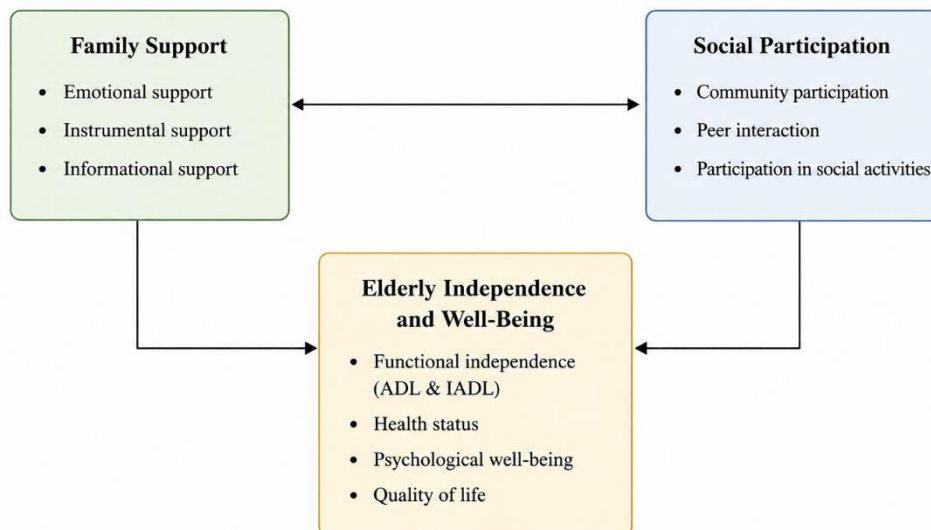


Figure 1. Conceptual Framework of Family and Social Support on Elderly Independence

Source: Adapted from House 1981 and developed by the authors.

The figure illustrates the interaction between emotional support, instrumental support, and social participation in influencing elderly health and functional independence.

Data Analysis

Quantitative data were analyzed using descriptive and inferential statistical techniques. Descriptive statistics summarized demographic characteristics, levels of support, and functional independence scores. Pearson correlation analysis was conducted to examine relationships between support variables and independence outcomes, while multiple regression analysis was used to determine the predictive contribution of emotional support, instrumental support, and social participation to elderly autonomy. Statistical assumptions, including normality and multicollinearity, were assessed prior to analysis following the recommendations of Kyriazos & Poga (2023).

Qualitative data were analyzed using thematic analysis procedures proposed by Christou (2022). Interview transcripts were coded inductively to identify recurring themes related to family dynamics, social participation, and autonomy. Themes were refined iteratively through repeated coding and comparison across participants. Integration of quantitative and qualitative findings was conducted during interpretation to generate a holistic understanding of how support systems influence elderly independence.

Validity and Reliability

Several procedures were implemented to ensure the trustworthiness of the study. Quantitative reliability was assessed using Cronbach's alpha coefficients, with all scales exceeding the acceptable threshold of 0.70, indicating satisfactory internal consistency. Qualitative credibility was strengthened through member checking, peer debriefing, and triangulation of interviews, questionnaires, and observational data. Ethical approval was obtained from the relevant institutional review board, and informed consent was secured from all participants prior to data collection. These procedures ensured methodological rigor, participant confidentiality, and the overall credibility of the research findings.

RESULTS AND DISCUSSION

This section presents the empirical findings regarding the role of family and social support in maintaining the health and independence of elderly individuals. The results are organized systematically into several sub-sections, including participant characteristics, levels of family support, functional independence outcomes, social participation patterns, regression analysis, and qualitative interview findings. Quantitative findings are presented through descriptive and inferential statistics, while qualitative findings provide contextual explanations of how elderly individuals experience emotional, instrumental, and social support in daily life. The integration of both forms of data allows for a comprehensive understanding of how support systems contribute to elderly autonomy and well-being.

Participant Characteristics

The study involved 150 elderly participants aged 60 years and above. Participants represented diverse demographic backgrounds in terms of age, gender, marital status, educational attainment, and living arrangements. Most participants were between 60–74 years old, while a smaller proportion belonged to the older age category above 75 years. Female participants slightly outnumbered males, reflecting demographic patterns commonly observed in aging populations. In terms of living arrangements, the majority lived with family members, while others lived independently or with spouses only. These characteristics indicate that the participants represented varying social and familial contexts relevant to elderly independence.

Table 1. Demographic Characteristics of Participants (n = 150)

Variable	Category	Frequency	Percentage
Age	60–74 years	102	68%
	≥75 years	48	32%
Gender	Male	68	45%
	Female	82	55%
Living Arrangement	With family	97	65%
	With spouse only	31	21%
	Alone	22	14%
Educational Level	Primary school	58	39%
	Secondary school	63	42%
	Higher education	29	19%

Source: Primary Data Processed by the Authors, 2026

Table 1 demonstrates that most participants remained connected to family environments, which may influence the availability of emotional and instrumental support. The relatively small proportion of elderly individuals living alone suggests that family-based caregiving structures continue to play an important role in elderly care within the study context.

Levels of Family Support

The analysis revealed that elderly participants perceived varying levels of family support across emotional, instrumental, informational, and social companionship dimensions. Emotional support emerged as the strongest dimension, indicating that many participants experienced empathy, care, and emotional reassurance from family members. Instrumental support, including assistance with household activities, transportation, and medication management, was also reported at moderate to high levels. Informational support showed comparatively lower scores,

suggesting that health guidance and informational assistance were less consistently provided.

Table 2. Distribution of Perceived Family Support Among Elderly Participants

Support Type	Low	Moderate	High
Emotional Support	15 (10%)	60 (40%)	75 (50%)
Instrumental Support	20 (13%)	70 (47%)	60 (40%)
Informational Support	30 (20%)	80 (53%)	40 (27%)
Social Companionship	25 (17%)	65 (43%)	60 (40%)

Source: MSPSS Questionnaire Results Processed by the Authors, 2026

The findings indicate that emotional support constituted the most dominant form of support among elderly participants. Half of the respondents reported high emotional support, reflecting the importance of interpersonal closeness and emotional reassurance within family relationships. Informational support demonstrated the lowest proportion of high responses, indicating that while families provide emotional and practical assistance, they may not consistently deliver health-related guidance or informational resources.

Functional Independence Among Elderly Participants

Functional independence was measured using the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales. Results demonstrate that higher levels of instrumental support were associated with better functional performance. Elderly individuals receiving strong family assistance tended to report greater autonomy in performing both basic and complex daily activities.

Table 3. Relationship Between Instrumental Support and Functional Independence

Instrumental Support Level	Mean ADL Score	Mean IADL Score
Low	15.2	18.5
Moderate	17.8	21.3
High	19.6	24.0

Source: ADL and IADL Assessment Results Processed by the Authors, 2026

As shown in Table 3, participants with high instrumental support achieved the highest ADL and IADL scores. The increase from low to high support categories indicates that practical assistance from family members contributes significantly to elderly autonomy. Instrumental support enabled elderly individuals to maintain mobility, manage medications, and perform routine activities more effectively. These findings suggest that family involvement functions not merely as caregiving assistance but as a mechanism supporting continued independence.

Social Participation and Elderly Independence

The study further examined the role of social participation in maintaining independence. Social participation included involvement in community organizations, religious gatherings, peer interaction, and recreational activities. Findings demonstrate a positive relationship between frequency of social engagement and self-reported independence.

Table 4. Frequency of Social Participation and Independence Levels

Social Participation Level	Independent	Moderately Independent	Dependent
Low	20%	45%	35%
Moderate	50%	38%	12%
High	80%	15%	5%

Source: Social Participation Survey Data Processed by the Authors, 2026

Participants with high social participation reported substantially greater independence compared to those with limited social interaction. Elderly individuals who regularly attended community activities and social gatherings demonstrated stronger confidence, mobility, and psychological well-being. Conversely, participants with low social participation showed higher levels of dependency and reduced autonomy. These findings reinforce the importance of social engagement as a protective factor against isolation and functional decline.

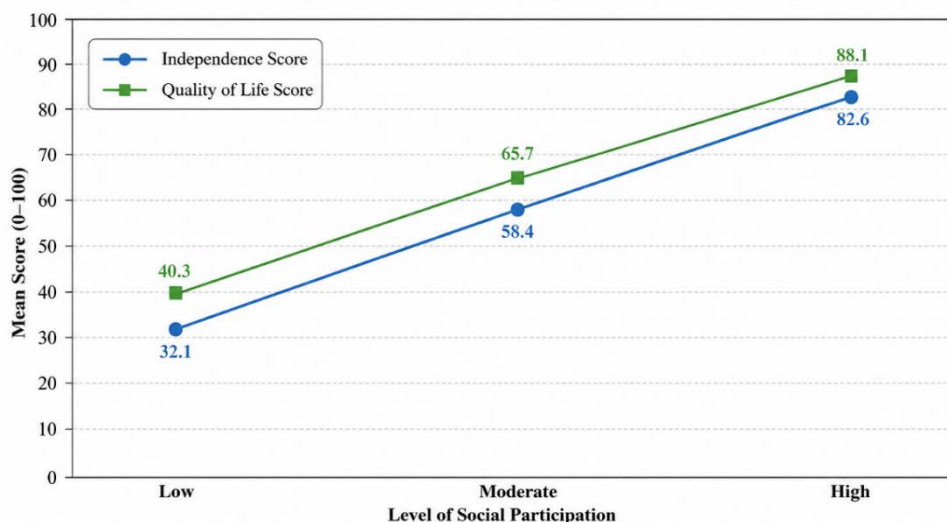


Figure 2. Relationship Between Social Participation and Elderly Independence

Source: Primary Survey Data Processed by the Authors, 2026

Figure 2 illustrates a clear positive trend between social participation and independence outcomes. Increased engagement in community activities corresponded with improved self-reported autonomy and quality of life. The visual pattern confirms that elderly individuals who remain socially active are more likely to sustain functional abilities and psychological resilience.

Regression Analysis of Family and Social Support

Multiple regression analysis was conducted to identify the predictive effects of family and social support variables on elderly independence while controlling for demographic factors. Emotional support emerged as the strongest predictor, followed by instrumental support and social participation.

Table 5. Regression Analysis of Support Variables on Functional Independence

Predictor Variable	Beta (β)	p-value
Emotional Support	0.42	<0.001
Instrumental Support	0.35	<0.001
Social Participation	0.28	0.005
Informational Support	0.14	0.082

Source: Regression Analysis Results Processed Using SPSS, 2026

The results indicate that emotional support had the strongest statistical influence on elderly independence. Elderly participants who experienced empathy, reassurance, and emotional closeness demonstrated higher levels of confidence and self-management in daily activities. Instrumental support also showed a significant contribution, suggesting that practical assistance directly facilitates functional autonomy. Social participation independently predicted elderly independence, indicating that broader community engagement complements family-based support

systems. Informational support demonstrated a weaker and statistically non-significant effect, suggesting that advice alone may not sufficiently influence independence without emotional and practical reinforcement.

Interaction Between Family Support and Community Participation

The study also explored the interaction between family support and social participation in influencing overall well-being. Findings revealed that elderly individuals who experienced both high family support and active social engagement achieved the highest well-being scores.

Table 6. Combined Effects of Family Support and Social Participation on Well-Being

Family Support	Social Participation	Mean Well-Being Score
Low	Low	58.4
Moderate	Moderate	71.2
High	High	88.6

Source: Integrated Quantitative Analysis Processed by the Authors, 2026

The findings demonstrate a synergistic relationship between family support and social participation. Elderly participants who maintained strong interpersonal relationships while actively participating in community activities reported greater life satisfaction, emotional stability, and functional independence. This suggests that elderly well-being is shaped by interconnected support systems rather than isolated forms of assistance.

Qualitative Findings

The qualitative interview findings provide a deeper understanding of how elderly individuals experience family and social support in maintaining their independence and well-being. The interviews revealed recurring themes related to emotional reassurance, balanced caregiving, social participation, and personal dignity. Participants consistently emphasized that support was most meaningful when it strengthened autonomy rather than creating dependency. The narratives below illustrate how emotional, instrumental, and social support are integrated into the daily experiences of older adults.

Emotional Support and Psychological Stability

The interview findings demonstrate that emotional support plays a central role in strengthening elderly confidence and psychological well-being. Participants explained that regular communication, empathy, and emotional closeness from family members reduced anxiety and loneliness while encouraging them to remain active in daily life. Emotional reassurance was perceived not only as affection but also as recognition of their continued value within the family structure.

One participant described how family attention contributed to emotional calmness and personal motivation:

“Every morning my children call me before they go to work. They ask whether I have eaten, whether I slept well, and whether I need anything. It may seem simple, but those conversations make me feel remembered and appreciated. When I know my family still cares about me, I feel stronger and more enthusiastic about doing activities by myself. Even when my body feels tired, my mind becomes calmer because I do not feel abandoned.”

This statement indicates that emotional support functions as psychological reinforcement that enhances self-confidence and emotional resilience among elderly individuals. Feelings of appreciation and connectedness appeared to reduce

emotional distress and encourage participants to maintain their independence despite physical limitations.

Another participant emphasized that emotional interaction reduced fear and social isolation associated with aging:

“At my age, loneliness is more painful than physical illness. When family members rarely speak to me, I feel useless and isolated. But when my grandchildren sit with me, listen to my stories, and involve me in conversations, I feel alive again. I become more motivated to take care of myself because I know I still have an important place in the family.”

This narrative demonstrates that emotional support strengthens elderly identity and social belonging. The participant associated family interaction with feelings of usefulness and dignity, suggesting that emotional connectedness contributes significantly to mental well-being and autonomy.

A third participant highlighted that emotional reassurance was particularly important during periods of illness and physical decline:

“Sometimes I cannot move as actively as before, and that makes me frustrated. But my family always encourages me and tells me that I am still capable of many things. They never make me feel like a burden. Because of that support, I continue trying to walk, cook, and manage my daily routines independently.”

The interview findings collectively confirm that emotional support serves as a protective factor against loneliness, anxiety, and loss of self-confidence. Elderly participants consistently viewed emotional closeness as an essential foundation for maintaining motivation, dignity, and functional independence in later life.

Instrumental Support and Functional Independence

Instrumental support emerged as another important theme in the interviews. Participants explained that practical assistance with transportation, medication management, and household activities enabled them to maintain independence more effectively. However, the interviews also revealed that elderly individuals preferred balanced support that facilitated autonomy rather than excessive caregiving that could increase dependence.

One participant explained how practical assistance from family members supported daily functioning while preserving self-confidence:

“My daughter helps me prepare meals and reminds me to take my medicine every day. She also accompanies me to the health center when necessary. But she still allows me to do small activities on my own, such as cleaning my room or watering the plants. That balance makes me feel independent instead of helpless.”

This statement suggests that instrumental support is most beneficial when it strengthens the elderly person’s remaining abilities rather than replacing them completely. Practical assistance was interpreted positively when it encouraged continued participation in daily routines.

Another participant expressed discomfort with excessive caregiving practices that reduced personal autonomy:

“Sometimes my family worries too much. They do not allow me to do simple tasks because they are afraid I will fall or become tired. I understand their concern, but when everything is done for me, I feel like I have lost control over my own life. I still want to contribute and take care of myself as much as possible.”

This narrative indicates that overprotective caregiving may unintentionally reduce elderly self-esteem and perceived competence. The participant viewed independence as closely connected to dignity and personal control, emphasizing the importance of autonomy-supportive caregiving approaches.

A third participant explained how practical support increased safety and confidence without diminishing independence:

“I can still manage many activities, but sometimes I need help carrying heavy things or going to distant places. My son helps me with transportation and shopping, but he encourages me to continue walking and staying active. Because of that, I feel safer while still being independent.”

The interview findings demonstrate that instrumental support contributes positively to elderly autonomy when it is provided in a respectful and balanced manner. Participants valued assistance that complemented their abilities while allowing them to maintain personal responsibility and daily involvement.

Social Participation and Sense of Purpose

Social participation was consistently described as an important source of happiness, motivation, and emotional well-being. Participants explained that involvement in community gatherings, religious activities, and social interactions reduced boredom and strengthened their sense of purpose in later life.

One participant described how participation in community activities improved emotional health and social connectedness:

“I regularly attend community meetings and religious gatherings in my neighborhood. Meeting people of my age makes me happy because we can share experiences and support each other. After joining these activities, I feel more energetic and less stressed. Staying active socially helps me forget my physical problems for a while.”

This statement illustrates that social participation provides emotional stimulation and social belonging that contribute positively to elderly well-being. Community interaction appeared to reduce feelings of isolation and increase psychological resilience.

Another participant emphasized that social activities encouraged physical movement and cognitive engagement:

“When I participate in social activities, I walk more, think more, and communicate more with other people. It keeps my body and mind active. If I stay at home all day without interaction, I quickly feel weak and unmotivated.”

This narrative demonstrates that social participation supports both physical and cognitive functioning. Elderly individuals associated social engagement with continued activity, mental alertness, and emotional vitality.

A third participant explained that social interaction strengthened self-worth and life satisfaction:

“At this age, we do not only need medicine or food. We also need friends and conversations. When people still invite me to activities and ask for my opinion, I feel respected and useful. That feeling gives me happiness and motivation to continue living actively.”

The findings confirm that social participation functions as more than recreational activity. Community involvement strengthens emotional fulfillment, social identity, and personal dignity, all of which contribute significantly to maintaining elderly independence and quality of life.

Family and Social Support as Integrated Determinants of Elderly Independence

This study's results corroborate the importance of family and social factors in explaining the health, autonomy and well-being of the elderly. Emotional support was the most powerful predictor of functional independence, demonstrating that psychological reassurance, empathy, and interpersonal closeness are important factors in the psychological resilience and self-efficacy of elderly people. This finding is congruent with previous research by Chan et al. (2023) and Cocchi (2025) that showed emotional connectedness decreased stress, increased coping, and promoted healthy aging. Holt-Lunstad (2024) also noted that positive social interactions have been shown to reduce the risk of dying and promote positive long-term health. This study, however, builds on previous studies by providing evidence that emotional support not only has a positive impact on psychological well-being, but it also has a direct impact on the confidence of elderly people with their ability to live independently in their everyday lives.

The high level of instrumental support's contribution to ADL and IADL results supports the earlier results of Berkman Wang et al. (2023), and Jafari-Koulaee et al. (2024), who found that practical support delayed functional decline among older adults. However, the qualitative results reported here highlight a key difference: older adults did not like being over-helped, but did like being cared for in an autonomy-supportive manner. Theoretically, this finding enhances the self-determination orientation in aging studies by highlighting the importance of a balance between caring and preserving a person's dignity and their personal agency in later life.

The study also shows that social involvement on its own is associated with elderly independence and is an enhancer of the benefits of family support. This finding agrees with the ecological theory suggested by Sixsmith (2023) and Lodi Rizzini (2023) that emphasize the role of community involvement in healthy aging. This study is novel in its holistic approach to understanding family support and social participation as two systems in one instead of separate factors. This research is unique in that it investigates the emotional, instrumental and community-based aspects of care and support in tandem, rather than as separate entities as is done in most other studies.

In practice, the results indicate a need for policies for elderly care that integrate family support measures with participation programs in the community to reinforce autonomy and quality of life. To prevent isolation and decline in function, family education, age-friendly environments, and inclusive social activities should be encouraged. The cross-sectional design of the study and the use of self-reported measures may limit the ability to make causal inferences despite these contributions. Research in the future should continue to use longitudinal and cross-cultural designs to explore the relationship between changing family structures, changing digital social support systems and the change in independent living among elderly people over time.

CONCLUSION

This study verifies that family and social support are important factors in the health, autonomy and overall welfare of elderly people. The most consistent factor associated with functional independence was emotional support, with instrumental assistance and active social participation being the other factors. Results suggest that older people with supportive family relationships and frequent involvement in community are more likely to have confidence, psychological strength and independence in everyday activities. The study also identifies that family support and social participation have a synergic effect, thus having more positive effects when combined, than when separated.

This research is theoretically significant in the growing literature on healthy aging by including a multi-faceted approach to social support and integrating with ecological aging concepts. The study emphasises the fact that physical health is not the only factor that influences the independence of the elderly but their relational and social environment has a significant influence as well. The results highlight the need for family-friendly care plans, age-friendly communities, and social inclusion policies that are designed to increase elderly engagement and decrease elderly isolation, in practice. The study suffers from certain limitations, however, including a cross-sectional study design and reliance on self-reported data, which may impact the causal interpretation. Longitudinal and comparative studies should be conducted to assess long-term effectiveness of interventions and cultural differences in maintaining healthy aging and independence among the elderly, and digital support systems for aging.

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