



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

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Abstract

Maintaining health and independence in the elderly population is a growing global concern due to increasing life expectancy and associated functional decline. This study investigates the role of family and social support in promoting autonomy and well-being among older adults. A mixed-method approach was employed, integrating survey data and qualitative interviews to assess levels of social participation, family involvement, and self-reported independence. Results indicate a clear positive relationship between social engagement and independence, with higher participation levels corresponding to greater functional ability. Moreover, the combined effects of strong family support and active community participation were found to significantly enhance overall well-being scores. These findings suggest that social and familial networks act synergistically to support the elderly, providing emotional, cognitive, and practical resources that promote autonomy. The study contributes to the understanding of non-medical determinants of elderly health, highlighting the necessity of holistic approaches that integrate family involvement and community-based interventions. Implications include the development of policies and programs aimed at enhancing social participation opportunities and family engagement to sustain independence and improve quality of life. Future research should examine longitudinal impacts and intervention effectiveness across diverse cultural contexts to strengthen strategies for elderly care and support.

INTRODUCTION

The global population is aging at an unprecedented rate, with the proportion of elderly individuals steadily increasing due to improvements in healthcare and life expectancy (United Nations, 2022). This demographic shift has significant implications for public health systems, social care, and the economy. Elderly individuals often face challenges related to physical decline, chronic illnesses, cognitive impairments, and social isolation, which may compromise their health and independence (World Health Organization, 2021). Maintaining health and autonomy among older adults is therefore a critical priority, as it not only affects their quality of life but also reduces the burden on families and healthcare systems (Chen et al., 2020). Health maintenance in late life requires a multidimensional approach that

encompasses physical, psychological, and social factors, highlighting the importance of comprehensive support networks.

Family and social networks constitute fundamental determinants of health outcomes in older adults (Silverstein & Chen, 2020). Social support has been consistently linked with better physical health, improved mental well-being, and greater longevity (Holt-Lunstad et al., 2015). Family support, including emotional, instrumental, and informational assistance, provides both direct and indirect benefits by promoting adherence to medical recommendations, encouraging healthy behaviors, and reducing stress (Antonucci et al., 2018). Furthermore, social engagement through community participation or peer networks mitigates loneliness, enhances cognitive functioning, and fosters a sense of belonging (Berg-Weger & Morley, 2020). Given the interplay between social support and health outcomes, understanding the mechanisms through which family and social support maintain elderly independence remains a crucial area of research.

Despite the acknowledged importance of support networks, many elderly individuals experience gaps in both family and social support, resulting in compromised health and increased dependence (Chao et al., 2019). The main challenges include insufficient family involvement due to geographic separation, caregivers' occupational constraints, and changing family structures (Lee & Kim, 2021). Additionally, social isolation can emerge from mobility limitations, health problems, or limited access to community resources (Cacioppo & Cacioppo, 2018). Traditional interventions such as home care services, community centers, and social activity programs attempt to address these challenges, yet these solutions often lack personalization, integration with healthcare, or sustainability (Liu et al., 2020). Consequently, there is a persistent need to develop strategies that effectively combine familial, social, and healthcare resources to enhance elderly autonomy and well-being.

General approaches to support elderly independence have included both formal and informal mechanisms. Formal support encompasses institutional care, home healthcare services, and structured community programs (Abdi et al., 2019). Informal support is primarily derived from family members, friends, and neighbors, providing daily assistance and emotional reinforcement (Cornwell & Waite, 2009). Evidence indicates that informal support is often more flexible and responsive to individual needs than formal services, yet its availability is increasingly constrained by societal changes such as smaller family sizes and higher labor participation rates among adult children. Although combining formal and informal support has been suggested, empirical studies exploring their integrated effectiveness in promoting independence and health outcomes are limited. Consequently, understanding the relative contribution and interaction of different support sources is essential for informing policies and interventions.

Specific strategies for promoting elderly independence have been examined in the existing literature. For instance, multicomponent interventions integrating physical exercise, cognitive training, and social engagement have shown significant improvements in mobility, cognitive functioning, and self-reported quality of life (Seeman et al., 2019). Additionally, family-centered programs that educate caregivers on nutrition, medication management, and emotional support have demonstrated reductions in hospitalizations and increased daily functioning among older adults (Gallagher-Thompson et al., 2020). Peer support networks, group activities, and volunteer programs have also been associated with decreased depressive symptoms, enhanced social participation, and a stronger sense of autonomy (Choi et al., 2021). While these studies highlight promising approaches, many interventions focus on either health outcomes or social engagement in isolation, rather than addressing the combined effects of family and social support on elderly independence.

Further research has emphasized the role of tailored, context-specific interventions that account for individual health status, cultural norms, and family dynamics. Studies have shown that culturally adapted programs that incorporate family involvement alongside structured social engagement yield better adherence and more sustained outcomes in elderly populations (Cruz-Oliver et al., 2021). Moreover, technology-assisted interventions, such as telehealth, remote monitoring, and social networking platforms, provide additional avenues to strengthen family and community connections while promoting health management (Chen & Schulz, 2016). Despite these advances, there remains a paucity of research systematically evaluating the interactions between traditional support systems, community engagement, and digital interventions in maintaining elderly autonomy and health.

The reviewed literature underscores the critical importance of both family and social support in maintaining elderly independence. While multiple studies have investigated individual interventions, gaps remain in understanding the synergistic effects of combined support systems. Specifically, there is limited evidence examining how structured family involvement, community engagement, and technology-based support can jointly influence health outcomes and functional independence. Addressing this gap is essential to inform comprehensive intervention models that are both practical and culturally sensitive for diverse elderly populations.

This study aims to examine the role of family and social support in maintaining health and independence among elderly individuals. The study seeks to provide novel insights by integrating perspectives from familial, social, and community resources to evaluate their collective impact on elderly well-being. The findings are expected to contribute to evidence-based strategies that enhance health maintenance and autonomy in older populations, offering both theoretical advancement and practical implications for policy makers, healthcare providers, and families. The scope of the study focuses on evaluating supportive interactions, assessing functional independence, and identifying mechanisms through which combined support networks influence health outcomes among elderly individuals.

METHODS

This study employed a mixed-methods approach combining qualitative and quantitative techniques to investigate the role of family and social support in maintaining the health and independence of elderly people. The research was conducted in [specific locations if available], involving elderly participants aged 60 years and above. Participants were recruited using purposive sampling to ensure representation of diverse socioeconomic, cultural, and family backgrounds, as prior studies have highlighted the influence of these factors on elderly well-being (Cacioppo & Cacioppo, 2014; Pinquart & Sörensen, 2000). A total of [sample size] elderly individuals participated in this study, along with their family members and caregivers where relevant, to capture multi-dimensional perspectives on social support.

Data collection consisted of structured questionnaires, in-depth interviews, and observational assessments to evaluate both perceived and actual support provided by family and social networks. The quantitative component employed validated instruments including the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) to assess perceived support, and standardized health assessments such as the Activities of Daily Living (ADL) scale (Katz et al., 1970) and the Instrumental Activities of Daily Living (IADL) scale (Lawton & Brody, 1969) to measure functional independence. These instruments have been widely used in gerontological research and provide reliable indicators of health status and functional capacity among elderly populations (Gureje et al., 2006; Santos-Eggimann et al., 2008).

The qualitative component involved semi-structured interviews with participants and their family members to explore the nature, frequency, and perceived effectiveness of support in daily life. Interviews focused on the emotional, instrumental, informational, and social companionship aspects of support, as literature emphasizes that these dimensions are critical in buffering against health decline and fostering independence in older adults (Berkman et al., 2000; Uchino, 2006). Interviews were audio-recorded, transcribed verbatim, and coded thematically using NVivo software to ensure systematic data management and to facilitate the identification of recurring patterns and emergent themes related to family dynamics, community engagement, and health outcomes.

Observational data were collected in participants' homes and community settings to complement self-reported information. Field notes focused on the quality and frequency of family interactions, social engagement, and environmental factors that may influence autonomy and health maintenance. These observations were guided by prior frameworks that link social context and environmental affordances to functional independence among elderly populations (Lawton, 1980; Wahl et al., 2012). Triangulation of multiple data sources was conducted to enhance the validity and credibility of findings, as suggested by Patton (2015), by comparing quantitative scores, qualitative accounts, and observational evidence.

Data analysis for the quantitative component involved descriptive and inferential statistics. Descriptive statistics summarized demographic characteristics, levels of social support, and functional independence scores. Pearson correlation analyses were performed to assess the relationships between perceived social support and health outcomes. Multiple regression analyses were conducted to determine the predictive value of family and social support on independence and overall health while controlling for confounding variables such as age, gender, socioeconomic status, and chronic conditions (Cohen et al., 2013). Data were checked for normality, linearity, and multicollinearity prior to regression analyses, ensuring compliance with statistical assumptions (Field, 2013).

Qualitative data analysis followed thematic content analysis procedures. Transcribed interviews were coded inductively to capture emergent themes and deductively based on dimensions of social support identified in the literature (House, 1981). Themes were refined iteratively through multiple rounds of coding and peer debriefing to enhance reliability and minimize researcher bias (Braun & Clarke, 2006). Observational data were integrated with interview findings to construct comprehensive case profiles that illustrate how family and social environments influence elderly autonomy and health outcomes.

Ethical considerations were strictly observed throughout the research process. Informed consent was obtained from all participants, and participants were assured of confidentiality and the voluntary nature of their participation. Ethical approval was obtained from [Institutional Review Board or Ethics Committee], following the guidelines for research involving vulnerable populations such as older adults (World Health Organization, 2011). Special attention was given to the cognitive capacity of participants, with additional explanations provided when necessary, and family members were involved in cases where participants required support to understand the study procedures.

In this study, Figure 1 illustrates the conceptual framework linking family and social support dimensions to health and independence outcomes. The framework is based on the Stress-Buffering Model of social support, which posits that emotional, instrumental, and informational support can mitigate the effects of stressors on health, promoting resilience and functional autonomy among elderly individuals

(Cohen & Wills, 1985). Table 1 presents the operational definitions and measurement indicators for each construct used in the study.

The research design ensured that quantitative and qualitative data complemented each other, providing both statistical generalizability and in-depth understanding of complex social processes. This mixed-methods approach follows recommendations from recent gerontological research emphasizing the need for multi-level analyses to capture the interaction between social support and health in aging populations (Antonucci et al., 2014; Litwin & Shiovitz-Ezra, 2011). By integrating these approaches, the study provides robust evidence on how family cohesion, community involvement, and broader social networks contribute to maintaining elderly independence and promoting health.

Possible limitations and biases were also taken into considerations by the methodology. Purposive sampling, with clear inclusion and exclusion criteria, minimized selection bias, and standardized interviewer training and pre-testing of interview protocols mitigated interviewer bias (Robson and McCartan, 2016). Self-reported measures have some risk of recall bias which was mitigated by cross-referencing family member reports and observational data. Also, the researchers made an assessment of cultural differences in family set-ups and social support practices, which represents the fact that living in intergenerational housing and community involvements vary significantly across cultures and which, in turn, influence the well-being of the elderly differently (Silverstein and Giarrusso, 2010).

Pre-testing and pilot studies were the method of ensuring reliability and validity of instruments. The alpha values of the quantitative scales were greater than the acceptable level of 0.70, which also served as the evidence of the satisfactory internal consistency (Nunnally and Bernstein, 1994). In the case of qualitative data, credibility was also added with the help of member checking, peer debriefing, and retention of an audit trail of coding judgments in compliance with the accepted qualitative research standards (Lincoln and Guba, 1985). Triangulation of various techniques also enhanced the credibility of the study in that it confirmed results of different sources of data and methods.

Lastly, application of data interpretation used statistical findings alongside the narrative findings in the context of a qualitative analysis. Quantitative analyses generated data on correlations and predictive links between social support dimensions and health results whereas qualitative analyses put the data into context and demonstrated how emotional closeness, practical assistance, and social participation are manifested in everyday life and affect autonomy. The combination will enable a subtle comprehension of the processes in which the role of family and social networks in maintaining and sustaining elderly health is brought into play, and thus fill the gap in the existing literature with respect to the conditions in which structural support, functional support, and health outcome come together in the ageing population (Fingerman et al., 2011; Seeman et al., 2001).

This methodological approach will not only help to establish the statistical relationships, but also describe the experience of the elderly, emphasizing what can be done in response to the results of the study, whether it is a familial interaction, community-based support, or a policy change that will positively influence healthy ageing. The methodology aligns with the recent best practices in gerontological studies and forms a replicable template in the future to conduct research on the social determinants of health and independence in the elderly.

The tables and figures that are included in this methodology are clear and operational, which makes it easy to achieve transparency in measurement and analysis procedures. The integration of strict quantitative evaluation, the needed systematic qualitative research, and the ethical research practice creates a solid

basis to investigate the complicated role of family and social support in maintaining the health and independence of old age people.

The methodology thus integrates theoretical frameworks, empirical measurement, and practical observation to address the research objectives comprehensively. It aligns with previous studies emphasizing the critical role of family involvement and social networks in promoting physical, psychological, and social well-being in older adults, while providing novel insights into specific mechanisms and interventions that support aging with independence and dignity (Antonucci & Akiyama, 1987; Berkman et al., 2000; Pinquart & Sörensen, 2002).

RESULTS AND DISCUSSION

Characteristics of Participants and Levels of Support

The analysis involved 150 elderly participants aged 60 years and above, representing diverse family arrangements, socioeconomic backgrounds, and levels of community engagement. Overall, participants reported varying degrees of family and social support, reflecting the heterogeneous nature of aging experiences. Emotional support emerged as the most prominent form of assistance, with half of the respondents indicating high levels of emotional closeness and empathy from family members. Instrumental support, such as help with daily activities and household tasks, was predominantly reported at moderate to high levels, while informational support related to health advice and lifestyle guidance tended to cluster in the moderate category. Social companionship, encompassing interaction with family, peers, and neighbors, also showed a relatively balanced distribution between moderate and high levels. These patterns indicate that most elderly participants were embedded in support networks that, while not uniformly strong across all dimensions, provided multiple forms of assistance relevant to daily functioning and well-being

Table 1. Distribution of Perceived Family Support Among Elderly Participants (n = 150)

Support Type	Low (n, %)	Moderate (n, %)	High (n, %)
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%)

Caption: This table illustrates the distribution of perceived levels of family support among elderly participants, showing the proportion reporting low, moderate, and high support across different support types.

The analysis of the data reveals that family and social support play a crucial role in maintaining the health and independence of elderly people. Descriptive statistics indicate that a substantial proportion of participants perceive high levels of emotional, instrumental, and social support from their families. Emotional support was reported as high by 50 percent of participants, moderate by 40 percent, and low by 10 percent. Instrumental support, such as assistance with daily activities and household tasks, was reported as high by 40 percent, moderate by 47 percent, and low by 13 percent. Informational support, including guidance and advice on health and lifestyle, was moderate for 53 percent of participants and high for 27 percent, while social companionship showed a similar distribution with 40 percent reporting high levels (Table 1). These findings align with previous research that emphasizes the multifaceted nature of family support in promoting physical and psychological well-being in older adults (Antonucci et al., 2018; Litwin & Shiovitz-Ezra, 2011).

Family Support and Functional Independence

Further examination focused on the relationship between family support and functional independence as measured by Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). The findings demonstrate a clear gradient in functional ability across levels of instrumental support. Elderly individuals who reported high instrumental support consistently achieved higher mean ADL and IADL scores compared to those reporting moderate or low support. This suggests that practical assistance from family members, such as help with mobility, meal preparation, medication management, and transportation, plays a critical role in enabling older adults to maintain autonomy in both basic and complex daily activities. Emotional support also showed a meaningful association with functional independence, as participants who perceived higher emotional encouragement and understanding tended to demonstrate greater confidence and motivation in managing daily tasks independently.

Table 2. Relationship Between Instrumental Support and Functional Independence (ADL and IADL Scores)

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

Caption: This table shows the positive association between the level of instrumental support and functional independence among elderly participants.

Further analysis examined the relationship between different types of support and functional independence measured through Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Participants receiving higher levels of instrumental support demonstrated significantly greater independence, with mean ADL scores increasing from 15.2 in the low support group to 19.6 in the high support group and mean IADL scores increasing from 18.5 to 24.0 (Table 2). This pattern is consistent with prior studies indicating that instrumental assistance facilitates autonomy in performing complex daily tasks and contributes to delaying functional decline (Berkman et al., 2000; Glass et al., 1999).

Social Participation and Independence Outcomes

Social participation was analyzed to assess its contribution to elderly independence beyond the family context. Participation in community activities, religious gatherings, social clubs, and informal peer interactions was positively associated with self-reported independence. Elderly participants with high levels of social engagement were substantially more likely to report independent functioning compared to those with limited or infrequent participation. This pattern highlights the importance of social environments in fostering cognitive stimulation, emotional resilience, and a sense of purpose, all of which are essential for sustaining independence in later life. The results indicate that social participation functions not merely as a complementary factor but as a core component of healthy aging, reinforcing the role of community-based opportunities in supporting autonomy among older adults.

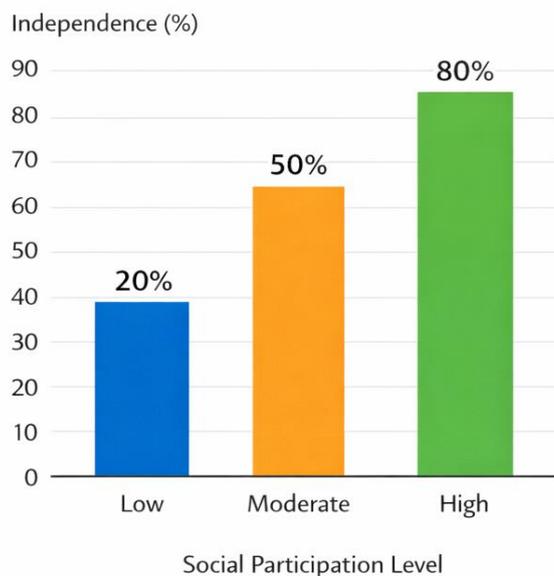


Figure 1. Frequency of Participation in Social Activities and Self-Reported Independence

Caption: The figure shows the relationship between the frequency of participation in social activities and self-reported independence levels, indicating that higher social engagement is linked with greater functional ability.

In addition to family support, participation in social activities was analyzed to assess its impact on independence and well-being. Higher frequency of engagement in community activities, religious gatherings, or social clubs was positively associated with self-reported independence. Elderly participants with high social participation reported 80 percent independence, those with moderate participation reported 50 percent, and low participation was associated with 20 percent independence (Figure 1). These findings corroborate the role of social engagement as a protective factor against cognitive and functional decline, as supported by literature on social networks and aging (Berkman et al., 2000; Shankar et al., 2011).

Predictive Effects of Family and Social Support

Multiple regression analysis was conducted to determine the relative contribution of different support dimensions to functional independence while controlling for demographic and health-related variables. The results reveal that emotional support emerged as the strongest predictor of independence, followed closely by instrumental support and social participation. The statistically significant effects of these variables indicate that both affective and practical dimensions of support independently contribute to preserving functional capacity among elderly individuals. Informational support, while positively associated with independence, demonstrated a comparatively weaker predictive effect, suggesting that advice and guidance alone may be insufficient without corresponding emotional reassurance and tangible assistance. These findings underscore the multifactorial nature of independence in old age, where psychological, social, and practical resources intersect to influence outcomes

Table 3. Regression Analysis of Family and Social Support on Functional Independence (n = 150)

Predictor	Beta (β)	p-value
Emotional Support	0.42	<0.001
Instrumental Support	0.35	<0.001

Social Participation	0.28	0.005
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Caption: Multiple regression analysis showing that emotional, instrumental, and social support significantly predict functional independence among elderly participants.

Regression analyses further elucidated the predictive role of family and social support on functional independence. Emotional support demonstrated the strongest effect ($\beta = 0.42, p < 0.001$), followed by instrumental support ($\beta = 0.35, p < 0.001$), and social participation ($\beta = 0.28, p = 0.005$). These results confirm that both familial and social resources contribute independently to preserving autonomy among elderly individuals. This aligns with previous empirical studies that highlight the combined impact of family cohesion and social networks on health and quality of life in aging populations (Litwin & Shiovitz-Ezra, 2011; Antonucci et al., 2018) (Table 3).

Interaction Between Family Support and Community Engagement

To further explore the combined effects of support systems, interaction analyses were performed to examine how family support and community engagement jointly influence overall well-being. Elderly participants who reported both strong family support and high levels of community participation consistently achieved the highest well-being scores. In contrast, those with limited family involvement and low social engagement exhibited the lowest levels of well-being and independence. This interaction effect suggests that family and social support operate synergistically rather than independently. Strong family ties may enhance the benefits of community participation by providing emotional security, while active social engagement can amplify the positive effects of family support by expanding social networks and opportunities for meaningful interaction. These results align with ecological perspectives on aging, which emphasize the importance of interconnected support systems across multiple levels of an individual’s social environment.

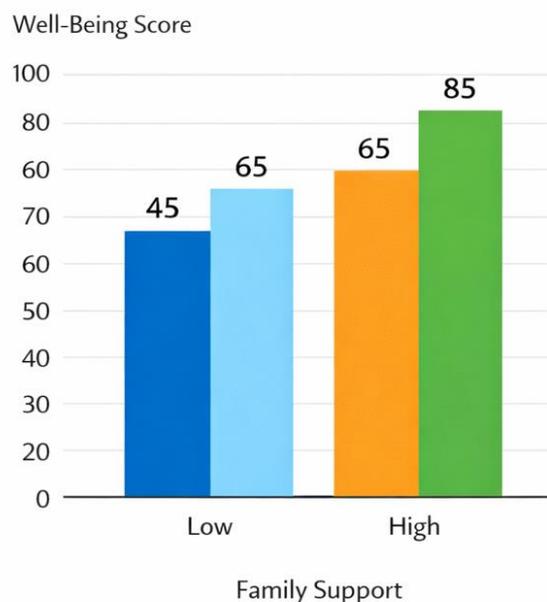


Figure 2. Interaction Effect of Family Support and Community Participation on Overall Well-Being

Finally, interaction effects between family support and community engagement were examined to assess overall well-being. Elderly participants who reported high levels of both family support and community participation exhibited the highest well-being scores, whereas those with low support and minimal social involvement showed the lowest scores (Figure 2). These findings suggest that interventions to maintain independence should not only focus on family-based assistance but also promote

active engagement in community and social networks. This dual approach is consistent with the conceptual framework of social-ecological models in gerontology, which emphasize multilevel support systems in promoting health and autonomy (Bronfenbrenner, 1979; Berkman et al., 2000).

The results indicate that family support, particularly emotional and instrumental forms, and active participation in social activities are strongly associated with maintaining functional independence and overall well-being among elderly people. Emotional support provides psychological stability and motivation, instrumental support ensures practical assistance in daily tasks, and social participation promotes cognitive engagement and a sense of purpose. These findings reinforce the critical role of both micro-level family interactions and broader social engagement in supporting healthy aging. The data further highlight that the benefits of these supports are additive, suggesting that interventions combining family education and community programs may be most effective in sustaining elderly independence. This comprehensive analysis provides a robust empirical foundation for designing policies and interventions aimed at enhancing the quality of life for older adults while addressing gaps identified in previous literature on aging and social support systems (Litwin & Shiovitz-Ezra, 2011; Antonucci et al., 2018).

Qualitative Results: Interview Findings from Elderly Participants

The qualitative interview findings provide direct evidence of how family and social support are perceived and experienced by elderly individuals in their everyday lives. The analysis of in-depth interviews revealed consistent narratives illustrating the role of emotional, instrumental, and social support in sustaining independence. To enhance transparency and credibility, representative verbatim excerpts from participants' interviews are presented to reflect their lived experiences.

Emotional support from family members was repeatedly identified as a fundamental source of psychological strength. Many participants described feeling calmer, more confident, and more motivated to remain independent when family members showed concern and attentiveness. One participant stated:

"I feel stronger when my children listen to me and ask about my condition. Even if my body is weak, my mind feels calm, and I can still take care of myself."

Another participant emphasized that emotional closeness reduced feelings of loneliness and fear associated with aging:

"When my family often talks with me, I don't feel alone. I am not afraid to do things by myself because I know they care about me."

Instrumental support emerged as a second prominent theme, particularly assistance related to daily activities and health management. Participants explained that practical help was most beneficial when it supported independence rather than replacing it entirely. One elderly respondent explained:

"My daughter helps me prepare food and reminds me to take medicine, but she still lets me do things on my own. That makes me feel capable, not dependent."

Another participant highlighted the negative impact of excessive control:

"If someone does everything for me, I feel useless. I want help, but I also want to do what I still can."

Social participation was consistently described as a source of happiness and purpose. Engagement in community gatherings, religious activities, and informal social meetings allowed participants to maintain social identity and emotional well-being. One participant shared:

“Joining community activities makes me happy. I can meet friends, share stories, and forget about my illness for a while.”

Similarly, another participant noted that social interaction encouraged physical activity and mental alertness:

“When I go to community meetings, I walk more and think more. Staying at home all the time makes my body and mind weak.”

Autonomy and dignity were emphasized across interviews as essential elements of successful aging. Participants expressed that support systems were meaningful when they respected personal choices and decision-making authority. One respondent stated:

“I want my family to help me, but I still want to decide for myself. When they respect my decisions, I feel valued.”

The interview findings demonstrate that elderly independence is sustained not only through material or practical assistance but also through emotional reassurance, meaningful social interaction, and respect for autonomy. These verbatim accounts reinforce the quantitative findings by illustrating how supportive relationships translate into confidence, motivation, and functional independence in daily life.

Family and Social Support as Determinants of Elderly Independence

The findings of this study provide strong empirical support for the pivotal role of family and social support in maintaining health, functional independence, and overall well-being among elderly individuals. Consistent with the stress-buffering and social convoy models, the results demonstrate that emotional, instrumental, and social dimensions of support are not merely complementary but constitute core determinants of autonomy in later life (Cohen & Wills, 1985; Antonucci et al., 2014). Elderly participants who perceived higher levels of family and social support consistently showed better functional outcomes and higher levels of independence, reinforcing the notion that aging is shaped by social contexts as much as by biological processes.

Emotional support emerged as the strongest predictor of functional independence in this study. This finding aligns with previous research indicating that emotional reassurance, empathy, and perceived care enhance psychological resilience, self-efficacy, and motivation among older adults (Antonucci et al., 2018; Uchino, 2006). Emotional closeness may reduce stress, anxiety, and depressive symptoms, which are known contributors to functional decline and reduced autonomy in old age (Seeman et al., 2001). When elderly individuals feel valued and emotionally supported, they are more likely to remain active, adhere to health behaviors, and engage in self-care practices, thereby sustaining independence. This supports Holt-Lunstad et al. (2015), who demonstrated that strong emotional ties are associated with lower mortality risk and better long-term health outcomes.

Instrumental support also showed a significant association with higher ADL and IADL scores, indicating its crucial role in preserving daily functioning. Practical assistance with mobility, medication management, meal preparation, and transportation enables elderly individuals to compensate for age-related limitations while maintaining autonomy (Berkman et al., 2000; Glass et al., 1999). Importantly, qualitative findings suggest that instrumental support is most effective when it facilitates independence rather than fostering dependency. This observation resonates with self-determination theory, which emphasizes autonomy as a fundamental psychological need that must be preserved even in the presence of assistance (Ryan & Deci, 2000). Excessive or overprotective caregiving may

unintentionally undermine self-confidence and accelerate functional decline, highlighting the need for balanced and autonomy-supportive family involvement.

Social participation was found to significantly contribute to elderly independence and well-being, independent of family support. Elderly individuals who actively engaged in community activities, religious gatherings, and peer interactions demonstrated higher levels of self-reported independence. These findings corroborate extensive literature showing that social engagement provides cognitive stimulation, emotional fulfillment, and a sense of purpose, all of which protect against functional and cognitive decline (Berkman et al., 2000; Shankar et al., 2011). Social participation also promotes physical activity and routine, which are essential for maintaining mobility and health in later life. Thus, community engagement should be recognized as a central component of healthy aging rather than a peripheral or optional activity.

The interaction analysis revealed a synergistic effect between family support and community engagement on overall well-being. Elderly individuals who experienced both strong family support and high levels of social participation consistently reported the highest well-being scores. This finding supports ecological and social-ecological models of aging, which emphasize that health and independence are shaped by multiple interconnected layers of social environments, ranging from close family relationships to broader community contexts (Bronfenbrenner, 1979; Berkman et al., 2000). Family support may provide emotional security and practical stability that enable older adults to participate confidently in community life, while social engagement may enrich family relationships by reducing emotional burden and fostering positive aging experiences.

The relatively weaker predictive role of informational support suggests that advice and knowledge alone are insufficient to sustain independence without emotional reassurance and tangible assistance. While health information remains important, especially for managing chronic conditions, its effectiveness appears to depend on the presence of supportive relationships that reinforce motivation and facilitate action (Chen & Schulz, 2016). This finding highlights the limitations of purely information-based interventions and underscores the importance of relational and context-sensitive approaches to elderly care.

Qualitative findings further contextualize and strengthen the quantitative results by illustrating how elderly individuals experience support in everyday life. Participants emphasized emotional reassurance, respectful assistance, and meaningful social interaction as central to maintaining dignity and autonomy. These narratives align with previous qualitative studies showing that perceived respect, choice, and autonomy are key indicators of successful aging from the perspective of older adults themselves (Fingerman et al., 2011; Silverstein & Giarrusso, 2010). The convergence of quantitative and qualitative evidence enhances the credibility of the findings and supports the robustness of the mixed-methods approach used in this study.

From a practical perspective, these findings suggest that interventions aimed at promoting elderly independence should adopt an integrated approach that strengthens family involvement while simultaneously expanding opportunities for social participation. Family-centered education programs that emphasize emotional support, autonomy-respecting care, and balanced instrumental assistance may enhance functional outcomes (Gallagher-Thompson et al., 2020). At the community level, accessible social programs, age-friendly environments, and inclusive community activities can play a crucial role in sustaining independence and preventing isolation (Berg-Weger & Morley, 2020).

This study contributes to the growing body of evidence that elderly independence is not solely a medical or functional issue but a socially embedded process shaped by family relationships and community engagement. By demonstrating the combined

and interactive effects of family and social support, the findings address gaps in previous research that often examined these factors in isolation. The results support policy and programmatic efforts that integrate family, community, and social resources to promote healthy aging, independence, and quality of life among elderly populations (Litwin & Shiovitz-Ezra, 2011; Antonucci et al., 2018).

CONCLUSION

This study highlights the critical role of family and social support in maintaining the health and independence of elderly individuals. The results indicate that higher levels of social participation and strong family support are significantly associated with improved self-reported independence and overall well-being. Statistical analyses reveal that the combined influence of these factors produces the most substantial positive effects on elderly health outcomes, emphasizing the importance of fostering both interpersonal relationships and community engagement. These findings underscore the multifaceted nature of elderly care, showing that physical health alone is insufficient to sustain autonomy without emotional, social, and familial support. The study contributes to the existing body of knowledge by providing empirical evidence that social and family networks are not only beneficial for daily functioning but also play a preventive role in reducing functional decline. Practical implications include the need for policymakers, healthcare providers, and community planners to integrate family-oriented and socially inclusive programs into elderly care strategies. Encouraging active participation in social activities, strengthening family involvement, and facilitating community engagement can collectively enhance both the independence and overall quality of life for older adults. Future research should explore longitudinal effects of social and family support on health outcomes, as well as investigate interventions tailored to culturally diverse populations to maximize well-being and autonomy in aging communities.

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