

*Research Article*

# The Relationship between Family Support and Quality of Life among the Elderly in Malingping Hamlet, Sukahati Village, Bogor

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**Abstract** The elderly experience an aging process that causes physical, psychosocial, and spiritual changes. These changes affect the quality of life of the elderly. Family support is one of the most essential factors in improving the quality of life among the elderly. This study employed a correlational descriptive design with a cross-sectional approach. The population in this study consisted of all elderly patients in Sukahati Village, Bogor, totaling 56 individuals. The sampling technique used was purposive sampling. Two questionnaires were applied as research instruments: the Perceived Social Support Family Scale (PSS-Fa) to measure family support, and the WHOQOL-BREF questionnaire to assess quality of life. Statistical analysis was performed using the chi-square test. The results of this study show that the chi-square test revealed 87.5% of respondents received good family support, and 53.58% had a good quality of life. The chi-square test yielded a p-value of 0.00, which is less than the  $\alpha$  level of 0.05. A significant relationship was found between family support and the quality of life of the elderly in Sukahati Village, Bogor.

**Keywords :** Family support, Quality of life, Elderly

## 1. Introduction

Aging is a natural condition marked by predictable physical and behavioral changes that occur in every individual when they reach a certain stage of chronological development (Stanley & Beare, 2007). The aging process is a natural progression experienced by humans. In this process, the most crucial phase is the elderly stage, in which individuals naturally experience a decline or changes in physical, psychological, and social conditions that interact with one

another. These conditions tend to increase the risk of physical and mental health problems, especially among the elderly. This indicates that elderly individuals undergo various changes in physical and psychosocial aspects due to increasing age and the emergence of risk factors. Therefore, it is essential to pay close attention to the health issues of the elderly, which should be anticipated early to maintain their quality of life (Ratnawati, 2017).

According to data from Statistics Indonesia (BPS) in 2024, Indonesia ranks second in Asia after India in terms of the elderly population, with a total of 32.18 million elderly individuals. Global population growth, including in Indonesia, is currently entering an aging phase marked by an increasing number and proportion of elderly individuals. It is projected that by 2030, at least one in six people worldwide will be aged 60 or older. The current proportion of people aged 60 years and above has increased from 1 billion in 2020 to 1.4 billion in 2024 (WHO, 2024). Since 2021, Indonesia has entered the phase of an aging population, with approximately one in ten people classified as elderly. Over the past decade (2015–2024), the proportion of elderly individuals in Indonesia has increased by nearly 4%, reaching 12.00%. Life expectancy has also shown an upward trend, rising from 70.78 years in 2015 to 72.39 years in 2024. This figure indicates that individuals born in 2024 are expected to live up to 72 years.

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As age increases, elderly individuals naturally experience a decline in physiological and cognitive functions, making them more vulnerable to various health problems. These changes may reduce immune function, affecting the health status of the elderly. When health status declines, the elderly become less able to carry out daily activities. They may feel weak and eventually become socially withdrawn. If this condition persists over time, it can significantly impact their quality of life. Quality of life can be assessed by how far a person is able to experience and enjoy significant life events. A person achieves well-being when their quality of life is high; conversely, a low quality of life leads to a state of distress (Brown, 2024). The World Health Organization (WHO) defines quality of life as an individual's perception of their physical health, psychological state, level of independence, social relationships, personal beliefs, and role in society, as reflected in the WHOQOL-BREF instrument (Dewi, 2018).

The many challenges faced by the elderly require external support to help mitigate the decline in quality of life. One such crucial factor is family support. Elderly individuals highly depend on their families to meet their needs. The role of the family becomes essential, as it is the smallest unit of society. The decline in quality of life among the elderly is often hindered by limitations and inability to perform various activities. Therefore, to improve their quality of life, care involving the family's role is needed, considering the family's fundamental function in society (Demartoto, 2007).

Several studies have discussed quality of life and family support in the elderly. For instance, research by Imelda Pitaloka Puteri found a significant relationship between family support and quality of life in cancer patients, with a p-value of 0.021. Another study by Indriyani & Ronoatmodjo showed that family support is the most significant factor in determining the quality of life of the elderly, compared to other factors. This is due to the ability of family support to boost the elderly's confidence and motivation in carrying out daily activities. Adequate family support provides a sense of security and comfort for elderly individuals within the family. The Odds Ratio (OR) for family support in that study was 5.7, meaning that elderly individuals who did not receive adequate family support were 5.7 times more likely to have poor quality of life compared to those who did receive sufficient support.

A preliminary study conducted by the researchers showed that most elderly individuals live with their families. Regarding quality of life, some elderly participants experienced good quality of life, while others had poor quality of life, as seen through physical, psychological, social, and environmental aspects. In Sukahati Village, nearly all elderly individuals live with their children and in-laws, which causes some discomfort due to dependency. From a social perspective, a few elderly individuals are entrusted with caring for grandchildren, which adds pressure and hinders their ability to engage in daily activities such as farming and social interaction. From an environmental standpoint, most homes are not elderly-friendly, as some lack adequate sunlight, are damp, and are located near livestock pens, causing unpleasant odors to enter the house. In terms of physical health, almost all elderly individuals in Sukahati Village suffer from hypertension, diabetes mellitus, and gout arthritis. They also do not routinely visit community health centers or hospitals due to the long distance and lack of accompaniment from family members. This often results in symptoms such as headaches, body aches, and fatigue that interfere with daily activities.

## 2. Research Methods

This study employed a quantitative method using a correlational analytic study design with a cross-sectional approach. The respondents in this study consisted of all individuals aged 60 years and above residing in Sukahati Village, totaling 66 people. A purposive sampling technique was applied, resulting in 56 respondents who met the inclusion criteria. The inclusion criteria in this study were: willingness to participate as a respondent; being elderly individuals who still had family and lived in the same household with their nuclear family; being in good health (not bedridden and able to perform daily activities); and being able to communicate effectively. Conversely, the exclusion criteria included individuals who were unwilling to participate; elderly individuals who were willing but not present at home; and those with cognitive impairments (such as dementia or delirium).

The data collection technique used in this study was a questionnaire. Two questionnaires were applied: the Perceived Social Support Family Scale (PSS-Fa), used to measure family support, and the WHOQOL-BREF questionnaire, used to assess quality of life. The Perceived Social Support Family Scale (PSS-Fa), developed by Procidano & Heller, consists of 20 items, 15 positive and 5 negative statements. The maximum total score on this questionnaire is 60. Based on the total score obtained, family support was categorized as follows: 20–33 indicates poor

family support, 34–47 indicates moderate family support, and 48–60 indicates good family support.

The WHOQOL-BREF questionnaire, developed by the World Health Organization, consists of 26 items, including two general questions about overall quality of life and life satisfaction, and 24 items covering four quality of life domains: physical health, psychological health, social relationships, and environment. The total score of this questionnaire is 100, which is then classified into three categories: 0–33 indicates poor quality of life, 34–67 indicates moderate quality of life, and 68–100 indicates good quality of life.

Two types of data analysis were used: univariate and bivariate analysis. Univariate analysis was presented in the form of frequency distribution tables. Bivariate analysis was conducted using the Spearman Rho correlation test, due to the interval scale used in this study, even though the data were not normally distributed. The data collection process was carried out by adhering to research ethics, including anonymity, confidentiality, and informed consent.

### 3. Results and Discussion

Table 1. Demographic Characteristics of Elderly Respondents in Sukahati Village, Bogor

Characteristic	Frequency (f)	Percentage (%)
Age		
60–74 years	34	60.8
75–85 years	22	39.2
Gender		
Male	22	42.9
Female	32	57.1
Education Level		
Did not complete elementary school	28	50.0
Elementary school	17	30.4
Junior high school	7	12.5
Senior high school	4	7.13
Occupation		
Unemployed	32	57.1
Trader	18	32.1
Farmer	6	8.8
Living arrangement		
Living alone	8	14.3
With spouse	10	17.8
With children or in-laws	15	26.9
With spouse and children	23	41.0

Based on Table 1, most respondents in Sukahati Village were aged 60 to 74 years (60.8%), female (57.1%), did not complete elementary school (50%), and were unemployed (57.1%). The majority lived with their immediate family, specifically spouse and children (41.0%).

Table 2. Family Support Among the Elderly in Sukahati Village, Bogor (n = 56)

Family Support Level	Frequency (f)	Percentage (%)
Good	49	87.5
Moderate	7	12.5
Poor	0	0.0

Based on Table 2, 87.5% of respondents received good family support, while 12.5% received moderate support. No respondents were categorized as having poor family support.

Table 3. Quality of Life of the Elderly in Sukahati Village, Bogor (n = 56)

Quality of Life Level	Frequency (f)	Percentage (%)
Good	31	55.35
Moderate	25	44.64

Poor	0	0.0
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Table 3 shows that 55.35% of elderly individuals (31 people) had a good quality of life, while 44.64% (25 people) had a moderate quality of life.

Table 4. Relationship Between Family Support and Quality of Life of the Elderly in Sukahati Village

Variable	Quality of Life		Total	p-value
	Good	Moderate		
Family Support	Good	29 (51.8%)	11 (19.6%)	0.00
	Moderate	2 (3.6%)	14 (25.0%)	
	Total	31 (55.35%)	25 (44.65%)	
			56 (100%)	

Based on Table 4, the chi-square test results indicate a significant relationship between family support and the quality of life of the elderly in Sukahati Village, Bogor. Among those who received good family support, the majority had a good quality of life (51.8%), while 19.6% had a moderate quality of life. On the other hand, among those who received moderate family support, 25.0% had a moderate quality of life, and only 3.6% had a good quality of life. The statistical test showed a p-value of 0.00, indicating a significant association between family support and the quality of life of the elderly.

#### 4. Discussion

The results of the bivariate analysis showed a significant relationship between family support and the quality of life of the elderly in Sukahati Village, Bogor Regency, with a p-value of 0.00, which is smaller than the  $\alpha$  level of 0.05. This indicates that family support has a substantial impact on the quality of life of the elderly. Out of 56 respondents, the majority of those who received good family support were in the good quality of life category, totaling 29 individuals (51.8%).

Referring to the definition provided by Indriyani and Ronoatmodjo (2018), family support is defined as the attitudes and behaviors received from family members in the form of appreciation support, instrumental support, informational support, and emotional support. This aligns with the study conducted by Tsai et al. (2013), which confirmed that family support can improve the quality of life of the elderly, particularly in terms of mental health. These findings are consistent with those of Wati (2017), who also reported a relationship between family support and the quality of life of the elderly. According to Friedman (2018), family support refers to the acceptance shown by family members through informational, evaluative, instrumental, and emotional support.

Furthermore, Wang et al. (2020) found that elderly individuals who live with family tend to have better quality of life compared to those who live alone or in nursing homes. This highlights how the presence of family members and positive social interactions can contribute to maintaining the physical and mental health of the elderly.

Research by Prabasari et al. revealed two main barriers that hinder families from providing adequate support to elderly members: internal barriers, such as physical and psychological burdens, and external barriers, including the behavior of the elderly and the dual roles that family members must manage. Additionally, a low level of knowledge among family members may reduce their ability to provide support, particularly in terms of informational support.

The quality of life of the elderly is subjective and can be influenced by their perception of the support they receive. Yulianti (2015) stated that quality of life can be evaluated through various dimensions, including psychological, social, and environmental aspects. Therefore, good family support can improve these aspects, enabling elderly individuals to feel more satisfied and happy with their lives (Nurziah, 2017). Elderly individuals require support from family, spouses, and the community to enhance their quality of life (Karimi and Brazier, 2016).

Research by Kadarwati et al. (2019) demonstrated that family support has a direct effect on the quality of life of the elderly and showed a statistically significant positive relationship between family support and quality of life. This indicates that the quality of life of the elderly is a complex construct encompassing life expectancy, life satisfaction, mental and psychological health, cognitive function, physical health, income, living conditions, and social support and networks. In Indonesia, elderly individuals typically live with their children, particularly those who no longer have a source of income (Panjaitan et al., 2020).

All forms of support provided by the family are expected to improve the health status and well-being of the elderly, thereby enhancing their quality of life. For elderly individuals, dealing with the various changes that occur in the final stages of life is not easy. The presence of the family plays a crucial role in the developmental, physiological, and psychosocial transitions experienced

by the elderly. Elderly individuals can experience improved quality of life when they actively participate in social life and maintain close relationships with others.

## 6. Conclusion

Based on the findings of this study, it can be concluded that strong family support significantly contributes to improving the quality of life of the elderly. This underscores the crucial role of the family in the lives of elderly individuals, as they serve not only as providers of support but also as sources of motivation. Elderly individuals who receive good family support tend to experience an improvement in their quality of life, whereas those who receive inadequate family support are more likely to experience a decline. Therefore, families must recognize the importance of providing support to the elderly so that they feel valued and loved, and are able to live a more meaningful life.

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