



## The Relationship between Social Support and Coping Strategies on the Quality of Life of the Elderly in North Jakarta, Indonesia

Evi Syafrida Nasution<sup>1\*</sup>, Anizar Rahayu<sup>2</sup>, Erdina Indrawati<sup>3</sup>, Sri Sintawati<sup>4</sup>, Dewi Syukriah<sup>5</sup>,  
Andika Yulianto<sup>6</sup>

<sup>1,2,3,4,5,6</sup> Universitas Persada Indonesia Y.A.I, Indonesia

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### Abstract

One of the developmental stages known for diminishing social, psychological, and physical abilities is the elderly. It is decline in function may result in a worse quality of life for the elderly. To improve the quality of life for senior adults, social support and appropriate coping methods are necessary when confronting challenges. The aim of this study is to investigate the level of life quality and the factors—social support and coping mechanisms, in particular—that affect the quality of life of Indonesia's older population. This research employs a quantitative methodology. Correlational research, conducted in North Jakarta, Indonesia, included 136 participants who were at least 55 years old to determine the association between these factors. Purposive sampling was used to choose the research sample. Three aspects were assessed: quality of life, social support, and coping mechanisms. Pearson Product Moment was employed to analyze the data. It is revealed that more women than men made up the study's elderly responders, primarily between 55 and 69. The data analysis's findings indicate a connection between senior citizens' quality of life and social assistance. Furthermore, there is no connection between coping mechanisms and senior citizen's quality of life. The research's small sample size of 136 elderly respondents, comprising 100 women and 36 men, may limit its generalizability to the entire elderly population in North Jakarta, and its unequal gender distribution may impact its validity. This study explores the relationship between social support, coping strategies, and quality of life among older adults in North Jakarta, contributing to the literature on elderly well-being and serving as a foundation for effective interventions and future research.

**Keywords:** *Quality Of Life, Social Support, Coping Strategies, Older Adults*

### INTRODUCTION

Sustainable development has led to an increase in the elderly population, with improvements in health, education, employment, quality of life, and socio-economic aspects decreasing mortality rates and increasing life expectancy. Government policies about the aged population are generally governed by Law (UU) Number 13 of 1998 about aged Welfare and Government Regulation (PP) Number 43 of 2004 regarding the Implementation of Efforts to Improve the Social Welfare of the Elderly (Statistik, 2022).

It is projected that at least one in six people will be old by 2030. It is projected that there will be 2.1 billion adults over the age of 60 by 2050, up from 1.4 billion in 2020. Indonesia's aging population, comprising 1 in 10 people since 2021, can be both beneficial and challenging for development, as it contributes to the economy and increases unemployment (Statistik, 2022).

Data from the National Socio-Economic Survey, March 2022, shows that as many as 10.48% of the population are elderly with an elderly dependency ratio value of 16.09. This means that every elderly person is supported by around 6 people of productive age (aged 15-59 years). There are older people in urban regions than in rural ones (56.05% compared to 43.95%), and there are more senior women than men (51.81% versus 48.19%). Among the elderly, 26.76% are categorized as medium elderly (70-79 years old), 7.69% as old elderly (80 years old and above), and 65.56% as young elderly (60-69 years old).

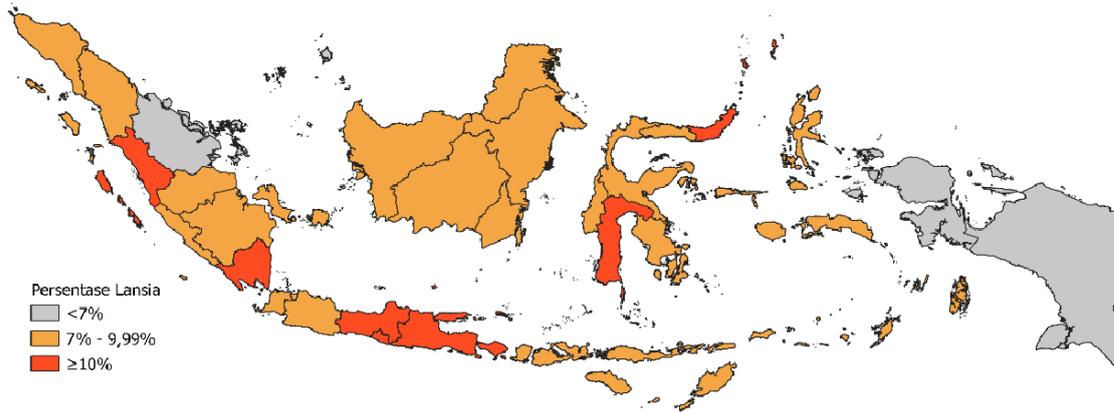
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Corresponding author's email: evi.syafrida.nasution@upi-yai.ac.id

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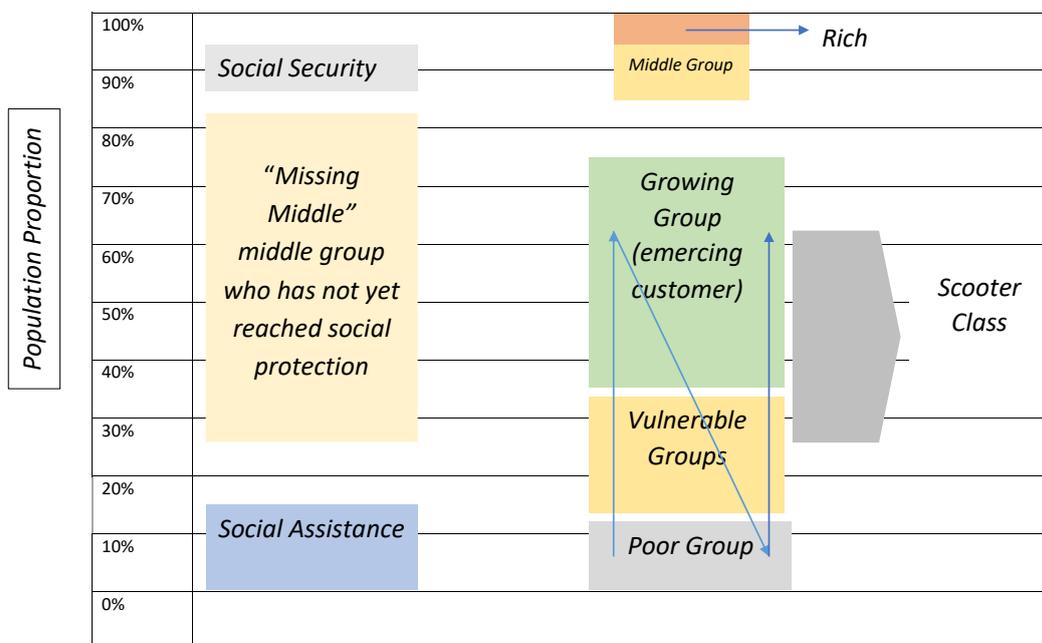




**Figure 1.** Percentage of the Elderly by Province

Source: BPS, Susenas March 2022

The results of research conducted by [Djamhari, et. al. \(2020\)](#) related to social protection for the elderly show that: 1) The scope of the elderly protection program is still limited, although it is prioritized for poor and neglected elderly. The program is not specifically intended for the elderly, but for poverty alleviation and is still dominated by central government programs; 2) The most common programs received by the elderly are PKH for the elderly and non-cash food assistance. The average value of social assistance received by the elderly is between Rp. 100,000 - Rp. 200,000 per month. This nominal has not been able to meet the standard cost of living needs of the Indonesian people per capita or per head on average, which is IDR 1,349,000 per month. It was recorded that 20 percent of the elderly used the assistance for themselves, while the other 80 percent stated that the social assistance, they received was used by family members who lived in the same house. The programs and assistance provided to the elderly have a positive impact, but their implementation still has many notes and challenges.



**Figure 2.** Recipient Class Groups of Social Protection Programs

(Source: TNP2K in [Djamhari, et. al., 2020](#))

TNP2K states that Indonesia has the largest scooter class in the proportion of the population that has not received social protection and security, which is almost 60 percent. This group is the middle group that is not in the bottom 35 percent so that eligibility for government programs does not apply to them. This group is also not in the top 20 percent so the ability of individuals to prepare a pension scheme is still limited (Djamhari, et. al. 2020).

Adioetomo et al. (2018) suggested that around three out of ten (30.79%) households contained elderly people, of which half of the elderly (56.73%) were heads of households. As many as 64.59% percent of the elderly are married and 32.38 percent are divorced. The proportion of female elderly who are divorced is much greater than male elderly, namely 49.71% compared to 13.76%. A total of 7.25% of the elderly live alone, 20.85% live with a partner, and the rest live with nuclear family, three generations, and other household members. The elderly need support and assistance from their closest family so that they can contribute as productive elderly (Statistik, 2022). According to Pratiwi (2015) research findings, social support has a 42.8% impact on senior citizens' quality of life. Santoso (2019) study emphasizes the critical significance that social assistance plays in the welfare of the elderly and how important it is to improve their quality of life (Mulyati et al., 2018).

Research conducted by Wahyudi and Herawati (2022) discusses the influence of social support and coping strategies on the quality of life of elderly people in Indonesia who are experiencing the aging population stage. Social support and coping strategies are considered important considering that physical health conditions tend to decline with age. This research involved 60 elderly respondents in Kebumen Regency, Central Java, using a cross-sectional study design. Data collection was carried out by filling out questionnaires with direct interviews. The research results show that social support and coping strategies have a very significant positive relationship with the quality of life of the elderly.

This research was conducted at RPTRA Nirmala, North Jakarta. The location was chosen purposively with the criteria of a high elderly population and an elderly school program that keeps the elderly active such as heart exercise, relaxation therapy, recitation, and so on. Based on the above criteria, research on the impact of coping mechanisms and social support on the quality of life of the elderly is very interesting. This study aims to examine the factors that influence the level of quality of life such as social support and coping mechanisms. Therefore, the authors conducted a study with the title "The Relationship between Social Support and Coping Strategies on the Quality of Life of the Elderly in North Jakarta, Indonesia".

## LITERATURE REVIEW

According to WHOQOL, quality of life is a comprehensive idea that includes one's physical and mental well-being, level of independence, social connections, personal convictions, and surroundings. Health, socioeconomic position, lifestyle choices, and sociodemographic traits are among the variables affecting perception that affect older individuals' perceived quality of life (Ferreira et al., 1981). The results of research conducted by Nurhayati (2012) identified problems experienced by the elderly, including muscle disorders, body instability, decreased sensory function, cataracts or nearsightedness, fatigue, lack of finances, difficulty managing money, and using the telephone.

The study found a significant relationship between family social support and the quality of life of the elderly with hypertension. The elderly's decreased physical function affects their ability to perceive and function, leading to decreased cardiovascular homeostatic mechanisms, including hypertension. The findings suggest that increasing family support can lead to a happier and healthier old age (Susianti et al., 2022). According to a study by Fiske et al. (2003), depressive symptoms in men and women tend to get slightly worse as they age, particularly in the senior

population. While there is a relationship between depression symptoms and health status, a new disease over the previous three years does not always signify a sustained rise in depressive symptoms. Negative life experiences during three years were predictive of depressed symptoms. It's interesting to note that depression symptoms also indicated unfavorable future results.

One of the main reasons for depression in the elderly is a physical incapacity to conduct daily tasks; however, depression itself can lead to a lack of independence and a loss of interest in daily activities. Depression in the elderly can be accurately predicted by their capacity to do activities of daily living and instrumental activities of daily living tasks. Health teams and senior family members can evaluate the well-being and capacity of older adults to carry out everyday tasks to prevent depression and developmental disabilities (Mohamadzadeh et al., 2020). The level of depression in the elderly is related to the support provided by the family. The results of research conducted by Khoiriyah et al. (2023) show that there is a significant relationship between family support and depression in the elderly. Based on the results above, families who have elderly people should continue to provide attention, affection, and other forms of support to the elderly so that they can live the rest of their lives happily.

The UN developed principles regarding the rights of older people, including: a) Independence. This includes the ability of older people to have access to adequate food, water sources, clothing, and health care. For this access to be fulfilled, there must be support for the elderly from the family and community. b) Participation. Older people must continue to participate, be integrated, and be actively involved in society as a form of implementing adequate policies for the welfare of older people. c) Care. The importance of access to Health care, social and legal services, and institutional care in providing a humane and safe protective environment for the elderly. d) Self-fulfillment. Access to educational, cultural, spiritual, and recreational resources for older persons allows for opportunities for the full development of older persons' potential. e) Dignity. Ensuring the elderly can live their lives, free from all exploitation and physical or mental abuse, dignified with a sense of security, and ensuring the elderly are not treated unfairly because of differences in age, gender, ethnic background, or disabilities (Djamhari, et. al., 2020).

The following are the goals for enhancing the quality of life for the elderly: a. Through formal and informal education and training institutions, give potential older people the chance to advance their knowledge and abilities for both future employment and the growth of their interests. b. Provide opportunities by empowering potential and productive elderly people to work according to their knowledge and experience. c. Increase and strengthen the faith and piety of the elderly according to their religion or belief in God Almighty and guide their implementation in daily life (Kenre & Fitriani, 2022).

Seniors' general health, overall quality of life, and environmental quality of life are significantly impacted by life satisfaction. By being aware of these characteristics, medical professionals can spot elderly people who are in danger and develop innovative intervention strategies to improve care for these priceless community members (Vinsalia & Handajani, 2021). Social support can be in the form of instrumental, material, informational, and social integration support (Adinugraha et al., 2016). This support can reduce the stress experienced by the elderly. Nevertheless, it still takes the right coping strategy to solve a problem faced.

## RESEARCH METHOD

This study uses a quantitative approach, which is used to see the relationship between social support and coping mechanisms on the quality of life of the elderly. Correlational research is research that wants to see the relationship between variables. Whether it has a relationship or not. If it is related, what is the strength of the relationship and the direction of the relationship? (Periantalo, 2016). The hypotheses in this study are: 1) there is a relationship between parental

support and the quality of life of the elderly. 2) there is a relationship between coping strategies and the quality of life of the elderly.

The quality of life, social support, and coping techniques scales used in data collection were developed by the researcher. The results of the validity and reliability test of the measuring instrument are as follows: the quality of life variable has 11 invalid items and 15 valid items (>0.5), with a Cronbach's Alpha value = 0.85 because the value is above 0.6 so it can be declared reliable. The social support variable has 3 invalid items and 9 valid items (>0.5), with a Cronbach's Alpha value = 0.72 because the value is above 0.6 so it can be declared reliable. The coping strategy variable contained 4 invalid items and 6 valid items (>0.5), with a Cronbach's Alpha value = 0.78 because the value is above 0.6 so it can be declared reliable. This study involved individuals aged 55 years or older, 136 elderly were selected using the purposive sample technique. The research location was held at RPTRA Nirmala, North Jakarta, Indonesia. The selection of the research location was carried out purposively. The location was chosen based on the criteria, namely the high elderly population and an elderly school program that keeps the elderly active. Data collection was carried out from November 11, 2023, to December 9, 2023. The data analysis used Pearson Product Moment (Gulo, 2002).

## FINDINGS AND DISCUSSION

A summary of the study's participants broken down by gender and age. The following table shows the respondents in this survey according to their age range:

**Table 1.** Respondents' Gender

No	Gender	Frequency	Presentation
1	Male	36	26,5
2	Female	100	73,5
<b>Total</b>		136	100

The 136 respondents that were studied for this study were distributed according to the following genders: There were 36 male respondents, making up 26.5% of the total, and 100 female respondents, making up 73.5% of the total. It is known that there are more female respondents than male respondents based on the total number of respondents. The age distribution of the study's respondents is shown in the following table:

**Table 2.** Respondents' Age

No	Age	Frequency	Presentation
1	55-69	77	56,6%
2	70-79	55	40,4%
3	80-90	4	2,9%
<b>Total</b>		136	100%

Based on the age results of the 136 respondents, it is known that of them, 77 have an age percentage of 56.6% between 66 and 69 years, 55 have an age percentage of 40.4% between 70 and 79 years, and 4 have an age percentage of 2.9% between 80 and 90 years. The following outcomes were attained as a result of the research findings' data being processed with SPSS 24 for Windows release:

**Table 3.** Correlation Coefficient Results

		<b>Social Support</b>	<b>Coping Strategy</b>	<b>Quality of Life</b>
<b>Social Support</b>	Pearson Correlation	1	-.045	.187*
	Sig. (2-tailed)		.600	.029
	N	136	136	136
<b>Coping Strategy</b>	Pearson Correlation	-.045	1	.067
	Sig. (2-tailed)	.600		.440
	N	136	136	136
<b>Quality of Life</b>	Pearson Correlation	.187*	.067	1
	Sig. (2-tailed)	.029	.440	
	N	136	136	136

\*. Correlation is significant at the 0.05 level (2-tailed)

The aforementioned finding indicates that there is a weak correlation (Pearson correlation value = 0.187) between quality of life and the social support component. It can be inferred from the significant result of 0.029 that there is a correlation between the quality of life of elderly individuals and social support. The results of this study align with [Adinugraha et al. \(2016\)](#) research, which showed a relationship between social support and the quality of life of the elderly residents of Cebongan Sleman Village ([Adinugraha et al., 2016](#)).

As can be seen from the result above, there is very little correlation (Pearson correlation value of 0.045) between the quality of life variable and the coping method variable. Due to the significant value of 0.440, it may be concluded that there is no connection between coping mechanisms and senior citizens' quality of life. The findings of this study conflict with those of [Wahyuni et al \(2022\)](#), who found a relationship between coping methods and senior people's quality of life, with better-coping strategies translating into higher quality of life ([Wahyuni & Krisnatuti, 2022](#)).

As the definition above indicates, there are situations in which multiple problems can affect an elderly person's quality of life. If seniors encounter stressful events or unfavorable changes in their circumstances, they can still maintain a higher quality of life if they are equipped with the knowledge and resources to manage and overcome these challenges.

## CONCLUSIONS

The data analysis and findings of the hypothesis testing lead to the following conclusions: (1) Social support and elderly people's quality of life are significantly correlated. (2) There is no discernible link between senior citizens' quality of life and coping mechanisms.

## LIMITATION & FURTHER RESEARCH

This research has limitations related to the relatively small sample size, where the total number of elderly respondents involved in this research was 136 people, with a sample of 100 women and 36 men. This limitation may affect the generalization of the results of this study to the elderly population in North Jakarta as a whole. In addition, unequal gender distribution can also affect the validity of results regarding the relationship between social support, coping strategies, and quality of life in the elderly. This study is original in providing a deeper understanding of the relationship between social support, coping strategies, and quality of life among older adults in North Jakarta. Despite limitations in sample size and gender distribution, this study makes an important contribution to the literature on elderly well-being, especially in the context of a

metropolitan city like North Jakarta. The results of this study can serve as a foundation for the development of more effective interventions in improving the quality of life of the elderly, as well as a reference for future research in the same field.

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