THE EFFECT OF SOCIAL SUPPORT ON ELDERLY RESILIENCE: A CASE STUDY IN SUKAMANAH VILLAGE, PANGALENGAN SUB-DISTRICT, BANDUNG REGENCY, WEST JAVA

Dayne Trikora Wardhani
Politeknik Kesejahteraan Sosial Bandung
daynetrikora@gmail.com

Abstract

Older adults constitute a population group that experiences various biological, psychological, and social changes as part of the aging process. These changes may affect their ability to maintain well-being and social functioning. One important factor believed to play a role in sustaining the psychosocial resilience of older adults is social support received from family members and the surrounding social environment. This study aims to analyze the effect of social support on the resilience of older adults in Sukamanah Village, Pangalengan Sub-district, Bandung Regency, West Java. This study employed a quantitative approach with descriptive and analytical designs. The respondents consisted of 57 older adults aged 60 years and above, selected using purposive sampling. Data were collected through structured questionnaires measuring social support and elderly resilience. Data analysis was conducted using descriptive statistics, Pearson and Spearman correlation tests, and simple linear regression analysis. The results show that the level of social support among older adults falls within the moderate to high category, with a mean score of 171.77, while the level of elderly resilience is categorized as high, with a mean score of 4.21. Correlation analysis indicates a positive and significant relationship between social support and elderly resilience. Furthermore, the simple linear regression analysis reveals that social support has a significant effect on elderly resilience, contributing 23.6% to the variance in resilience. These findings suggest that older adults who receive better social support tend to have higher adaptive capacity and psychological resilience in facing challenges in later life. This study concludes that social support is an important factor in strengthening elderly resilience. Therefore, strengthening family- and community-based social support should become a key priority in the planning of programs and policies for elderly welfare at the village level.

Keywords: Social Support; Elderly Resilience; Older Adults; Social Welfare; Sukamanah Village

A. Background

Older adults constitute a population group that experiences significant biological, psychological, and social changes as a result of the aging process. Old age is identified by the World Health Organization (2020) as the period of life after the age of 60, during which individuals face an increased risk of various chronic diseases, a decline in physical functioning, and a growing need for social and emotional support. According to data from Statistics Indonesia (BPS, 2023), the proportion of the elderly population in Indonesia has reached approximately 10.82% of the total population, or around 30 million people. In Bandung Regency, including the Pangalengan area, the upward trend in the elderly

population also indicates a growing demographic shift that needs to be addressed through social approaches and evidence-based policies.

According to Santrock (2011), aging is not merely a biological process but also involves psychosocial adaptation to changes such as the loss of a spouse, retirement from work, and a decline in social roles. In this context, older adults face pressures such as loneliness, social isolation, and a reduced quality of life, which, if not properly addressed, may accelerate deterioration in both mental and physical health. Contrary to the assumption that older adults inevitably become weak and dependent, contemporary research shows that many older adults are able to demonstrate remarkable endurance in facing life challenges. This capacity is referred to as resilience, namely the ability to recover from life stressors and to maintain social functioning and psychological well-being.

Elderly resilience has become a major concern in gerontology and social work studies. Grotberg (1995) defines resilience as an individual's capacity to utilize internal and external resources to cope with stressors and to return to a stable psychological condition. Meanwhile, Wagnild and Young (1993) developed the Resilience Scale, highlighting the importance of optimism, meaning in life, and independence as indicators of resilience in older adults. Their research shows that resilience is a key predictor of quality of life among older adults, particularly in coping with role changes and emotional as well as social losses.

One important factor that has been shown to enhance resilience among older adults is social support. Social support includes attention, practical assistance, and social recognition received by individuals from their environment—especially from family members, friends, neighbors, and the wider community. House (1981) classifies social support into four forms: emotional support (love and empathy), informational support (advice and guidance), instrumental support (tangible assistance), and appraisal support (recognition and respect). Research by Antonucci and Akiyama (1987) indicates that older adults with strong social networks tend to have a higher life expectancy and more stable mental health compared to those experiencing social isolation.

Empirical studies further reinforce the relationship between social support and resilience. A longitudinal study by Netuveli et al. (2008) in the United Kingdom found that the presence of social support was a major predictor in maintaining the quality of life of older adults aged over 65 years. Similarly, Ong et al. (2006), in their study of older adults in the United States, found that emotional support from spouses and children made a significant contribution to preventing depression and enhancing optimism in the face of physical limitations. Psychologically, older adults who feel supported tend to show a higher sense of internal control and a more positive outlook on life.

These conditions can be observed directly in rural areas, including Sukamanah Village in Pangalengan Sub-district, Bandung Regency. This village has unique social characteristics, with a community structure that still emphasizes family values and mutual cooperation. According to data from the Bandung Regency Social Affairs Office (2022), the number of older adults in Sukamanah Village was recorded at 163 individuals, or approximately 12.5% of the total village population. However, there is diversity in their

patterns of social interaction—most older adults still live with extended family, while others live alone or only with a spouse who is also elderly. The availability of social support in this village has great potential to enhance the quality of life of older adults, yet its influence on their resilience has not been comprehensively studied.

According to Walker and Lowenstein (2009), in societies undergoing modernization transitions such as Indonesia, family structures are also changing, including a decline in the availability of informal care for older adults. This situation places some older adults at risk of vulnerability and loneliness, even though they may live within densely populated communities. Therefore, it is important to understand the extent to which available social support is truly functional in strengthening their resilience.

Research on elderly resilience in local contexts is essential, given that effective social interventions must take into account cultural contexts and local social structures. Lazarus and Folkman (1984), in their theory of coping, emphasize that psychosocial stressors can be mitigated through adaptive strategies based on environmental resources. In the context of older adults, social support can serve as a strategic form of external coping to enhance adaptability and to slow psychological decline. Thus, social support should be viewed not merely as temporary assistance, but as a foundation for the sustainable well-being of older adults.

This study aims to examine the extent to which social support received by older adults in Sukamanah Village influences their level of resilience. Using a quantitative approach, this research seeks to address the need for empirical data that can be utilized by policymakers and social work practitioners in designing effective and participatory community-based interventions. The findings are also expected to contribute to the development of elderly protection policies at both local and national levels.

B. Research Method

This study was designed using an explanatory quantitative approach to empirically explain the causal relationship between social support and elderly resilience. A quantitative approach was chosen because it allows for objective hypothesis testing through numerical data and inferential statistical analysis. Creswell (2014) emphasizes that explanatory quantitative research is particularly relevant when the aim of a study is to test relationships among variables derived from well-established theoretical frameworks. In the context of social research, this approach provides a strong scientific foundation for policy formulation and evidence-based intervention planning.

An explanatory research design was employed to understand not only whether a relationship exists between variables, but also the extent to which social support influences elderly resilience. Sugiyono (2016) explains that explanatory research aims to test hypotheses formulated on the basis of theoretical reviews, enabling conclusions that are generalizable. Thus, this study does not merely describe the conditions of older adults, but seeks to explain the social mechanisms that influence their capacity to adapt to life stressors.

The research location, Sukamanah Village in Pangalengan Sub-district, Bandung Regency, was selected purposively by considering the heterogeneous social characteristics of the elderly population. According to Neuman (2014), purposive site selection in quantitative research is acceptable as long as it is based on the contextual relevance to the research objectives. Rural areas have distinctive dynamics of social support, where kinship relations, community closeness, and social norms often play a crucial role in sustaining the psychosocial well-being of older adults.

The study population comprised all older adults aged 60 years and above who permanently reside in the research area. The proportionate stratified random sampling technique was used to ensure the representativeness of respondents based on categories of living arrangements. Sekaran and Bougie (2017) state that stratified random sampling is effective when a population has diverse characteristics, as it reduces bias and increases the accuracy of population parameter estimates. By stratifying respondents according to living arrangements, this study aimed to capture variations in the social experiences of older adults proportionally.

Social support, as the independent variable, was operationalized based on the framework proposed by House (1981), which classifies social support into four main dimensions: emotional, informational, instrumental, and appraisal support. House emphasizes that social support is not merely the existence of social networks, but rather individuals' perceptions of the quality and meaning of the support they receive. These perceptions are crucial in determining the impact of social support on mental health and well-being, particularly among older adults.

Elderly resilience is conceptualized as a psychosocial capacity to endure, recover, and find meaning in life amid limitations and changes in physical functioning. Wagnild and Young (1993) define resilience as an internal strength that enables individuals to maintain personal integrity in difficult situations. In the context of older adults, resilience encompasses optimism, independence, perseverance, emotional balance, and a sense of meaning in life, all of which contribute to quality of life in later years.

Data collection was conducted using an adaptive and humanistic approach. Questionnaires were used as the primary instrument because they are effective in capturing respondents' subjective perceptions in a structured manner. However, considering the literacy limitations and physical conditions of older adults, the questionnaire administration was assisted by trained enumerators. According to Bowling (2014), assistance in surveys involving older adults is permissible as long as it is conducted neutrally and does not influence respondents' answers. This approach is also consistent with social work principles that prioritize clients' dignity and comfort.

The research instruments were tested for validity and reliability to ensure measurement accuracy. Nunnally and Bernstein (1994) emphasize that reliable instruments are a fundamental prerequisite for valid statistical analysis. Content validity ensures that the items correspond to the theoretical constructs, while internal reliability indicates the consistency of items in measuring the same variable.

Data analysis involved both descriptive and inferential statistics. According to Field (2018), the combination of these two types of analysis enables researchers to understand data patterns while also testing relationships among variables inferentially. Correlation analysis was used to examine the strength of linear relationships, while simple linear regression analysis was employed to measure the magnitude of the effect of social support on elderly resilience.

From an ethical perspective, this study adhered to the principles of social research ethics. Beauchamp and Childress (2019) emphasize that research involving vulnerable groups must uphold the principles of autonomy, beneficence, and non-maleficence. Accordingly, informed consent, data confidentiality, voluntary participation, and cultural sensitivity were consistently applied throughout the research process.

The methodological design of this study reflects an integrative effort to balance scientific rigor with social sensitivity. Supported by robust theoretical and methodological foundations, this research is expected to make a significant contribution to the development of community-based social interventions and policies aimed at empowering older adults.

C. Research Findings

This study aims to analyze the effect of social support on the level of resilience among older adults in Sukamanah Village. The selection of the research location was based on the area's agrarian characteristics, relatively strong social networks, and limited access to formal social services. Older adults in this village generally live within extended family settings and local communities that continue to uphold the value of mutual cooperation. At the same time, they face challenges such as declining physical conditions, economic constraints, and changes in social roles.

The research employed a descriptive and analytical quantitative approach, with data collected through closed-ended questionnaires. The research instrument was designed to measure two main variables: social support and elderly resilience. Social support was operationalized into four dimensions, namely emotional support, instrumental support, informational support, and appraisal support. Meanwhile, elderly resilience was measured using indicators of the ability to cope with stress, optimism, perseverance, and adaptive flexibility in response to life changes.

The study involved 57 older adult respondents aged 60 years and above, selected through purposive sampling. The respondent composition was dominated by women (45 respondents) compared to men (12 respondents). This predominance of older women is consistent with national demographic trends indicating that women have a higher life expectancy than men. This condition also has important implications for patterns of social support and resilience, given the differences in life experiences and social roles between older men and women.

The results of the descriptive analysis indicate that, in general, older adults in Sukamanah Village receive social support at a moderate to high level. The dimensions of

emotional support and appraisal support recorded the highest mean scores, indicating that older adults feel sufficiently cared for, loved, and appreciated by their families and social environment. Many respondents stated that their involvement in family conversations, participation in simple decision-making processes, and the attention they receive from children and grandchildren provide a strong sense of meaning in their lives.

In contrast, the informational support dimension showed the lowest mean score. This finding suggests that older adults' access to information related to health, social services, and government programs remains limited. Constraints in literacy, low access to digital media, and the lack of elderly-friendly information assistance were identified as contributing factors. This finding is significant, as accurate and easily understood information constitutes an important resource in enhancing older adults' independence and self-confidence.

Relationship Between Age and Elderly Resilience Scores
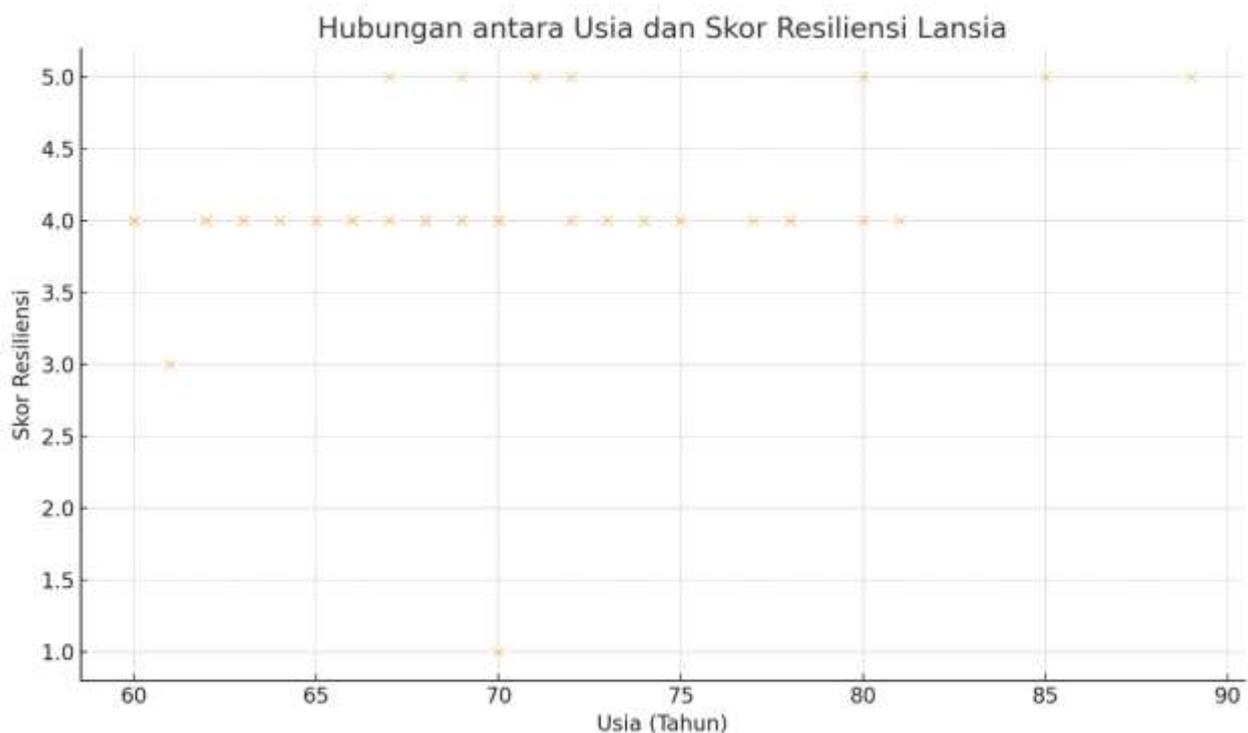
The following is a scatter plot illustrating the relationship between elderly age and resilience scores based on the tabulated research data from Sukamanah Village, Pangalengan Sub-district, Bandung Regency. The plot shows that there is no strong linear pattern between age and resilience, although several older individuals still exhibit high resilience scores. Variations in resilience are observed across all age ranges, indicating that age alone is not sufficient to explain differences in resilience levels.

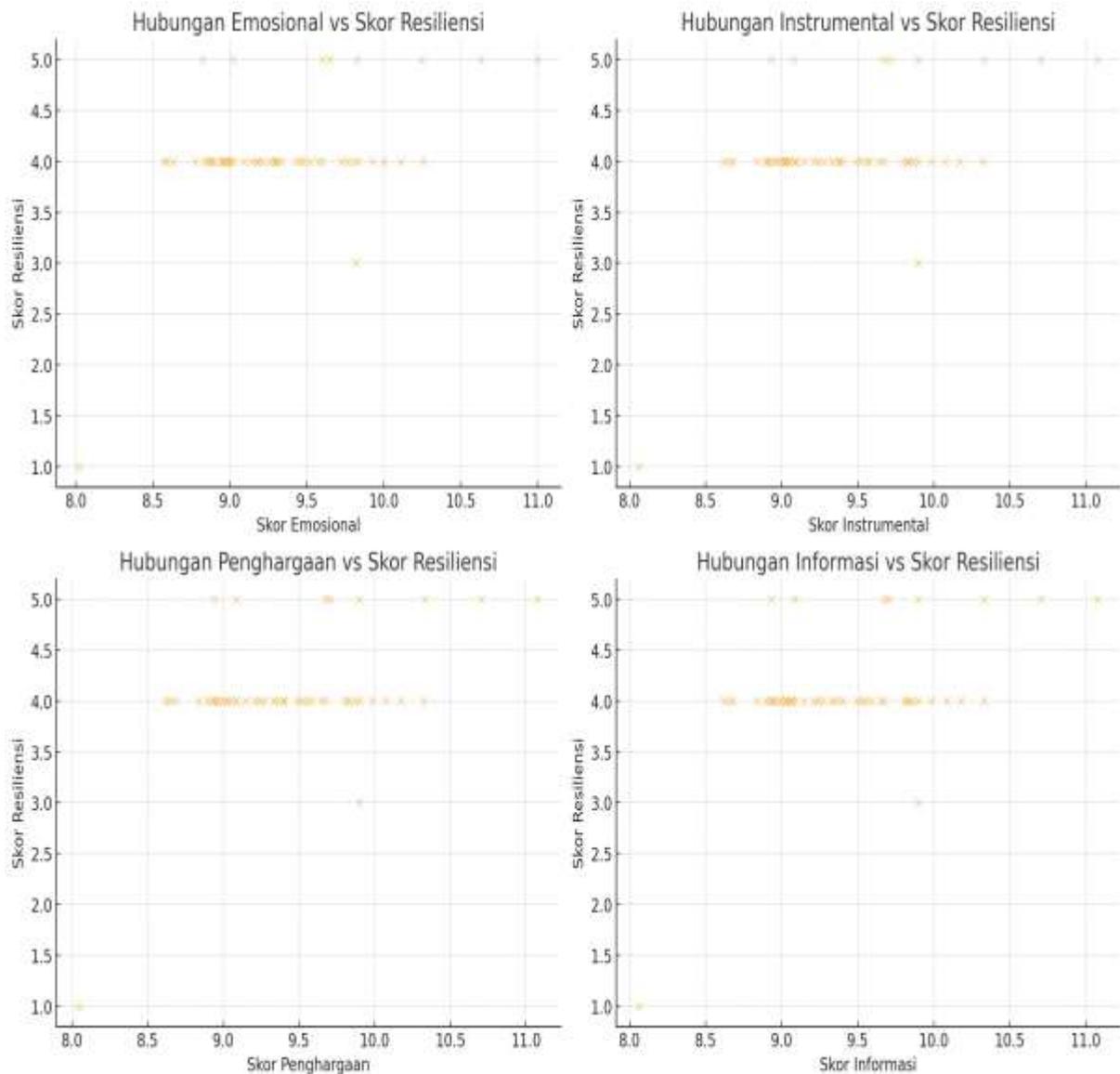**Relationship Between Social Support and Resilience Scores**

Diagram of the Relationship Between Each Dimension of Social Support and Elderly Resilience Scores, Visual Findings: Emotional Support: A positive relationship is evident; higher emotional support scores tend to be associated with higher levels of resilience. Instrumental Support: The relationship is also positive, although several outliers are observed. Appraisal Support: The correlation appears relatively strong, with many older adults who have high appraisal support scores also demonstrating high resilience. Informational Support: The relationship is comparatively weaker than that of the other dimensions.

Descriptive Statistics

Descriptive statistics in this study were used to portray the empirical conditions of the variables of social support and elderly resilience in a comprehensive manner. This analysis aims to present the research data systematically in order to provide an overall picture of central tendencies, data distribution, and variations among respondents. Through descriptive statistics, the researcher obtained an initial understanding of the characteristics of older adults in Sukamanah Village before proceeding to further analyses of relationships between variables.

Social support in this study reflects the extent to which older adults perceive attention, assistance, and involvement from their surrounding social environment. This support includes emotional care, tangible assistance in daily life, the provision of information, and forms of recognition of the existence and roles of older adults. All aspects of social support were measured using a questionnaire administered to 57 elderly respondents in Sukamanah Village.

The data analysis shows that social support scores ranged from a minimum of 148 to a maximum of 203. The mean social support score obtained by the respondents was 171.77, with a standard deviation of 9.98. This range indicates differences in the level of social support perceived by older adults, although the variation is not extreme. The mean score, which falls within the moderate to high category, indicates that older adults in Sukamanah Village generally perceive a fairly good level of social support from both their families and social environment.

The relatively moderate standard deviation indicates that variations in social support among respondents remain within reasonable limits. In other words, although not all older adults receive the same level of social support, the overall pattern of support tends to be fairly evenly distributed. However, the presence of a relatively low minimum score suggests that there are some older adults who receive lower levels of social support compared to others. This condition indicates the existence of a potentially more vulnerable group of older adults who may require greater attention in the context of social services and support.

In addition to social support, this study also describes the level of elderly resilience as an individual's ability to endure, adapt, and live positively amid the various changes and limitations that accompany the aging process. Resilience in this study was measured using an instrument that reflects older adults' attitudes and perceptions toward their lives, including their ability to accept personal conditions, carry out daily activities, and maintain an optimistic outlook.

The results of the descriptive statistical analysis indicate that elderly resilience scores ranged from a minimum of 4 to a maximum of 5. The mean resilience score was 4.21, with a standard deviation of 0.41. This relatively narrow range suggests that the level of resilience among older adults in Sukamanah Village is generally high. The mean score, which is close to the maximum value, indicates that most older adults demonstrate a good capacity for adaptation in dealing with the challenges of later life.

Correlation Analysis

Correlation analysis in this study was conducted to examine the relationship between social support and elderly resilience. The primary objective of this analysis was to determine whether variations in the level of social support received by older adults are associated with differences in their levels of resilience. Correlation analysis was not intended to establish a cause–effect relationship, but rather to identify the direction and strength of the association between variables based on empirical data obtained from the respondents.

In this study, correlation testing was carried out using two statistical approaches: Pearson correlation and Spearman correlation. The use of these two tests was intended to ensure the robustness of the analytical results, considering the different distribution characteristics of the variables. Pearson correlation was applied to examine relationships between variables that meet the assumptions of interval data and normal distribution, while Spearman correlation was used as an alternative test when the data did not fully satisfy normality assumptions.

The results of the Pearson correlation test show a correlation coefficient of 0.486 with a significance level of $p < 0.05$. This value indicates a positive relationship of moderate strength between social support and elderly resilience. A positive relationship means that an increase in social support scores tends to be followed by an increase in resilience scores. In other words, older adults who receive higher levels of social support tend to exhibit better resilience compared to those who receive lower levels of social support.

To confirm the consistency of these findings, a Spearman correlation test was also conducted. The analysis yielded a correlation coefficient of 0.450 with a significance value of $p < 0.05$. This result likewise indicates a significant positive relationship between social support and elderly resilience. The similarity in both the direction and strength of the relationships observed in the two correlation tests strengthens the conclusion that the association between social support and resilience is not the result of statistical coincidence, but rather reflects a meaningful pattern in the research data.

The positive relationship identified in this study suggests that social support plays an important role in the lives of older adults. Older individuals who perceive attention, assistance, and involvement from their families and social environment tend to have a greater capacity to cope with changes, stressors, and life challenges in later life. Social support contributes to a sense of security, enhances self-confidence, and strengthens older adults' ability to manage daily life in a more stable manner.

In the context of Sukamanah Village, this relationship reflects the social conditions of the community, which are still characterized by relatively strong social ties. Social activities at the family and community levels enable older adults to remain connected to their surroundings. However, the analysis also indicates that not all older adults experience the same conditions. Some older individuals receive lower levels of social support, which may potentially result in lower levels of resilience.

The findings of the correlation analysis indicate that variations in social support among older adults are associated with variations in their levels of resilience. Older adults who receive more adequate social support tend to adapt more effectively to life conditions, whereas those who receive insufficient social support are at greater risk of experiencing difficulties in maintaining psychological resilience. Therefore, strengthening social support is an important aspect of efforts to improve elderly welfare at the village level.

Simple Linear Regression Analysis

Simple linear regression analysis in this study was used to examine the extent to which social support can predict the level of elderly resilience. This analysis focuses on the relationship between one independent variable, namely social support, and one dependent variable, namely elderly resilience. The main objective of this analysis is to determine whether changes in the level of social support received by older adults are associated with changes in their level of resilience, as well as to measure the magnitude of the contribution of social support to resilience.

The results of the data analysis indicate that the relationship between social support and elderly resilience can be formulated in a simple linear regression model. The model yields a regression equation with a constant of 2.319 and a regression coefficient of 0.011. This equation indicates that elderly resilience is positively influenced by social support. In other words, each increase in the social support score is followed by an increase in the resilience score, although the magnitude of this increase is relatively small.

The constant value in the regression model represents the predicted level of resilience when the social support score is at its lowest point. Although such a condition is rarely encountered in practice, the inclusion of the constant is necessary to illustrate the baseline of the relationship between the two variables. Meanwhile, the regression coefficient indicates a positive direction of the relationship, meaning that higher levels of social support received by older adults are associated with higher levels of resilience.

The significance test of the regression model shows statistically meaningful results. The obtained F-test value indicates that the constructed regression model is able to significantly explain the relationship between social support and elderly resilience. This finding suggests that the relationship observed in the model is not the result of random variation, but rather reflects a real pattern in the research data. Thus, social support can be regarded as one of the factors contributing to the level of elderly resilience.

The coefficient of determination in the regression model indicates that 23.6% of the variation in elderly resilience can be explained by the social support variable. This percentage demonstrates that social support plays a meaningful role in shaping elderly resilience, although it is not the sole influencing factor. The majority of the variation in elderly resilience is still influenced by other factors beyond the variables examined in this study, such as health conditions, economic background, life experiences, and other individual factors.

The regression model used in this study also meets the basic assumptions of linear regression. The relationship between social support and resilience shows a linear pattern, indicating that changes in the social support variable are followed by proportional changes in the resilience variable. In addition, no violations of other key assumptions were identified, given that only one independent variable was included in the model.

D. Discussion

To examine the simultaneous relationship between the four dimensions of social support and the level of resilience, a multiple linear regression analysis was conducted. The results indicate that the regression model has an R-squared value of 0.456, meaning that 45.6% of the variation in resilience levels can be explained by variations in emotional, instrumental, appraisal, and informational support.

This finding reflects the importance of social support in shaping the psychological resilience of older adults. In a rural context such as Sukamanah Village, social interaction among family members and within the community forms an essential part of daily life, making the influence of social support on the psychological well-being of older adults highly relevant. Resilience—defined as an individual's capacity to cope with life stressors, adapt to change, and recover from adversity—is strongly influenced by the quality of social relationships surrounding older adults.

Among the four dimensions of social support examined, only two were found to have a statistically significant effect on resilience: appraisal support and informational support.

Appraisal support, with a p-value < 0.001, shows a very strong and significant positive effect. This indicates that older adults who feel valued, acknowledged, and treated with respect by people around them tend to have stronger psychological resilience. Forms of appraisal support may include involving older adults in household decision-making, expressing appreciation for their past contributions, or simply offering warm greetings from family members and neighbors. This type of support fosters feelings of worth and meaning, which within Erikson's developmental theory corresponds to the achievement of "ego integrity," a sense that life remains meaningful despite various limitations.

Research by Werner and Smith (2001) supports this finding, stating that perceived self-worth is a key component in building resilience, particularly among vulnerable populations such as older adults. In rural settings where social structures continue to uphold traditional family and communal values, social recognition can strongly reinforce older adults' identity and sense of dignity.

Meanwhile, the informational support dimension yielded an important and somewhat unexpected result. Although much of the literature suggests that information is a positive form of support, this study found the opposite direction. Informational support shows a significant negative effect on resilience ($p = 0.001$). In other words, the more information older adults receive, the lower their resilience tends to be.

This finding can be interpreted by considering the quality, relevance, and delivery of information provided to older adults. Information that is not tailored to older adults' level of understanding and cognitive condition may lead to confusion, anxiety, and reduced self-confidence. A study by Hildon et al. (2010) highlights that information conveyed without attention to older adults' psychosocial context may undermine autonomy and increase psychological burden.

In daily life, older adults often receive information from various sources television, social media, and their immediate environment yet may not always be able to filter and interpret it effectively. When the information absorbed does not match their lived reality or is difficult to act upon practically, it may become an additional burden that weakens psychological resilience. For example, information regarding BPJS procedures, vaccination, social assistance, and government policies is often delivered in complex language or without adequate guidance.

In contrast, the other two dimensions emotional support and instrumental support did not demonstrate statistical significance in the regression model, although both had positive coefficients. This means these forms of support still contribute to resilience, but they do not strongly differentiate resilience levels among individuals. Emotional support— such as affection, presence, attention, and empathy is generally an integral part of older adults' lives, especially in rural environments. Older adults tend to receive this support relatively evenly from family and neighbors. As a result, variation across respondents is limited, and its statistical effect on resilience does not stand out. Nevertheless, emotional support remains a crucial foundation for strengthening older adults' sense of safety and meaning in life.

Instrumental support, which includes tangible assistance such as transportation to health facilities, financial support, or help with daily needs, is also commonly provided to older adults. This assistance is often perceived as a social obligation of children toward their parents. In Indonesian culture, which highly values filial piety (devotion to one's parents), instrumental support tends to be seen as normal and does not necessarily reflect differences in social appreciation or relational closeness.

This interpretation is reinforced by informal interviews in the study, which indicated that many older adults do not perceive instrumental assistance as a special form of appreciation, but rather as something that should naturally be provided by family members. Therefore, although instrumental support is practically important, it does not emerge as a primary differentiating factor in shaping resilience.

Beyond the quantitative analysis, additional data suggest differences in resilience by gender and age. Older women tend to have higher resilience than older men. This may be because women are more active in community social networks such as religious study groups (*pengajian*), elderly integrated health posts (*posyandu lansia*), and other social activities. Women also tend to be more expressive in managing emotions, maintain stronger interpersonal relationships, and more frequently receive emotional support from fellow community members.

In terms of age, older adults aged 60–69 years tend to have higher resilience scores compared to those aged 70 years and above. Younger older adults generally have better physical and cognitive functioning, more active social participation, and stronger support from family. Conversely, older age groups are more likely to experience social isolation, functional decline, and spousal loss, all of which may contribute to decreasing resilience.

These findings align with Bronfenbrenner's ecological theory, which emphasizes that individual development is influenced by the micro-level environment (family and friends), the meso-level environment (community), and the macro-level environment (social policies and cultural values). In this context, older adults with stronger social support at the micro and meso levels tend to exhibit higher resilience.

The practical implications of these findings are important for the development of village-level interventions and national policies. To enhance elderly resilience, interventions should not only provide direct assistance but also create a social climate that meaningfully values older adults. For example, involving older adults in village deliberation forums (*musyawarah desa*), developing an "Inspirational Elderly" program, or providing symbolic recognition for active older adults can strengthen their perceived meaning in life.

Regarding information delivery, it is essential to design elderly-friendly communication approaches. Information should ideally be delivered face-to-face, using simple language and supported by easily understood visual materials. Involving health cadres, community leaders, or youth volunteers as companions in delivering information can also help older adults feel safer and more confident in receiving and understanding information.

Academically, this study contributes to the literature on gerontological social work by highlighting the importance of distinguishing between normative forms of social support (emotional and instrumental) and symbolic/cognitive forms of support (appraisal and informational). The study also underscores the need to adapt interventions to local and cultural contexts in order to produce more contextual and impactful outcomes.

Overall, this analysis confirms that elderly resilience is shaped not only by individual strengths but also by the surrounding social system. Meaningful and relevant social support particularly in the form of appraisal support and appropriately delivered information can strengthen older adults' psychological resilience. Therefore, building a sustainable, adaptive, and culturally grounded social support system is crucial in addressing the realities of an increasingly aging society.

In-Depth Analysis of Key Findings

Based on the findings presented earlier, several key results require deeper analysis to understand elderly resilience in Sukamanah Village within social, cultural, and psychological contexts. This discussion focuses on two primary aspects: differences in resilience by gender and by age group.

1) Differences in Resilience by Gender

The data show that older women are more dominant in the high-resilience category compared to older men. This finding is not merely statistical, but also carries deeper sociological and psychological meaning. In rural communities such as Sukamanah Village, women's social roles tend to be more active and closely tied to community and family activities. Older women are often involved in *pengajian*, rotating savings groups (*arisan*), elderly health posts (*posyandu lansia*), and other social activities that enable frequent social interaction.

This involvement contributes substantially to the formation of emotional and appraisal support from the surrounding environment. Older women receive more reinforcement of social identity and a greater sense of meaning because they continue to be included in collective activities. This strengthens their coping mechanisms in dealing with stressors—physical, social, and emotional. In line with social network theory, the broader and deeper a person's social network, the greater the likelihood they will receive the various forms of support needed to build resilience.

On the other hand, older men often experience a significant decline in social roles after retirement or when they are no longer working. Many of them were previously active in economic activities, but after stopping work, they may feel a loss of social meaning. Reduced social activities may make older men more vulnerable to social isolation, lower self-esteem, and ultimately lower resilience. In the context of a still-strong patriarchal culture within Sundanese communities, male identity is frequently associated with the role of breadwinner and decision-maker. When this role fades with age and is not replaced by new social roles, older men may experience an identity crisis that affects mental health and resilience. This underscores the importance of gender-inclusive empowerment programs that provide older men with adaptive opportunities for social participation aligned with their physical and psychological conditions.

2) Differences in Resilience by Age Group

The distribution of resilience across age groups also shows notable differences. The 60–69 age group tends to dominate the high-resilience category, while older adults aged 80 years and above are more frequently found in the low-resilience category. This phenomenon can be analyzed using the **Selection, Optimization, and Compensation (SOC) theory** developed by Baltes and Baltes (1990), which explains that individuals respond to aging by employing strategies of selection (choosing important activities), optimization (developing resources to maintain functioning), and compensation (using alternatives when functioning declines) to preserve quality of life.

Among those aged 60–69 years, many older adults are still in a transition phase from productive adulthood to old age. They generally still have sufficient physical energy, active social connections, and greater adaptability to change. Older adults in this group often remain involved in family roles, such as helping children and grandchildren, attending social activities, and even working informally. These activities create a sense of usefulness that positively contributes to their resilience.

In contrast, those aged 80 years and above tend to experience accumulated physical and cognitive limitations. Declining hearing, vision, mobility, and increasing dependence on others for basic daily activities become significant challenges that can weaken resilience. Without strong social support, older adults in this group are more likely to experience depression, anxiety, and feelings of helplessness.

From a developmental psychology perspective, very old adults enter Erikson's final developmental stage: "integrity versus despair." At this stage, individuals reflect on their past lives. If they view their lives as meaningful, they achieve integrity; if their reflections are dominated by regret and a sense of meaninglessness, despair may emerge. Older adults without adequate social support may find it more difficult to reach integrity.

Environmental factors also play an important role. Older adults aged 80 and above spend more time at home due to mobility limitations, reducing social interaction and limiting opportunities to receive emotional and appraisal support. Conversely, those aged 60–69 tend to have greater mobility and participate more in activities outside the home, giving them better access to social resources.

These differences in resilience across age groups indicate the need for interventions tailored to the specific phase of old age. For those aged 60–69, preventive strategies and strengthening social roles are crucial to sustain existing resilience. For those aged 80 and above, more supportive approaches are needed, focusing on long-term care, meeting basic needs, and creating environments that facilitate psychological and emotional comfort.

Structural and Systemic Issues Affecting Resilience

In addition to individual and interpersonal factors, structural factors also influence elderly resilience. These include uneven availability of services such as elderly health posts, limited numbers of trained social cadres, and a lack of government programs specifically targeting older adults through community-based approaches. Non–elderly-friendly infrastructure—such as damaged roads or inaccessible public facilities—also restricts mobility and social interaction among older adults.

Another issue is the presence of discriminatory perceptions toward older adults. Older adults are often viewed as passive and dependent, even though many still have the capacity to contribute socially. Such stigma can reduce older adults' motivation to participate in social activities and undermine their self-confidence.

The analysis indicates that elderly resilience cannot be understood in a linear or single-factor manner. It is the outcome of complex interactions between internal factors (such as age and gender) and external factors (such as the social environment, culture, and public policy). Women and those aged 60–69 tend to have higher resilience due to greater involvement in supportive social networks and continued meaningful social functioning. In contrast, men and those aged 80 and above are more vulnerable to lower resilience due to mobility limitations, shrinking social roles, and insufficient or inappropriate support. These findings call for special attention from policymakers and

social work practitioners to design programs that are not only general in nature but also sensitive to differences in age and gender.

Strategies to strengthen elderly resilience must address the diversity of older adults' conditions more comprehensively and involve all elements of the community in creating an environment that supports meaningful and dignified lives for older adults.

E. Conclusions and Recommendations
1. Conclusions

This study was conducted among 57 older adults residing in Sukamanah Village, Pangalengan Sub-district, Bandung Regency, using a quantitative approach and statistical analyses including descriptive statistics, correlation, and simple linear regression. Based on the entire sequence of analyses, it can be concluded that the conditions of social support and elderly resilience in the study area reflect a generally positive picture.

The descriptive statistical analysis indicates that the level of social support received by older adults falls within the moderate to high category. Social support scores ranged from 148 to 203, with a mean score of 171.77. This finding suggests that, in general, older adults in Sukamanah Village still receive attention, assistance, and social involvement from their families and surrounding environment. Nevertheless, the observed variation in scores indicates that some older adults experience lower levels of social support and therefore require special attention.

Regarding the resilience variable, the findings show that elderly resilience is categorized as high. The mean resilience score was 4.21 on a 1–5 scale, with most respondents scoring between 4 and 5. This indicates that the majority of older adults are able to adapt to various changes and challenges in later life and demonstrate relatively strong psychological resilience in managing daily life.

The analysis of the relationship between social support and resilience reveals a positive and significant association. The Pearson correlation test produced a correlation coefficient of 0.486 with a strong level of significance, indicating that increases in social support tend to be followed by increases in elderly resilience. This result was reinforced by the Spearman correlation test, which also demonstrated a positive and significant relationship between the two variables. These findings indicate that social support plays an important role in supporting older adults' capacity to remain psychologically resilient.

The simple linear regression analysis further shows that social support is not only related to, but also significantly influences elderly resilience. The regression model indicates that each increase in social support score is associated with an increase in resilience score. The coefficient of determination (R^2) of 0.236 indicates that social support explains 23.6% of the variance in elderly resilience, while the remaining variance is influenced by other factors outside the model. Although this contribution is partial, the finding confirms that social support is a key factor in shaping elderly resilience.

The visualization of the relationship through a scatter plot further strengthens the statistical findings. The graph displays a positive linear pattern between social support and

resilience, where the regression line confirms that higher social support is associated with higher resilience. The concentration of data points at high resilience scores indicates that most older adults exhibit strong resilience, although the level of social support they receive varies. Overall, the findings demonstrate that social support is a significant aspect in sustaining the psychosocial well-being of older adults, particularly in rural settings such as Sukamanah Village.

2. Recommendations

Based on the study conclusions, several recommendations can be directed to stakeholders who play roles in improving elderly welfare. The village government and policymakers are expected to formulate policies and programs oriented toward strengthening older adults' social networks. This can be implemented through the development and strengthening of *posyandu lansia* (elderly integrated health posts), religious groups, and home-visit programs involving health cadres and social service personnel. In addition, the village government may initiate innovative programs such as "elderly companions," "family caregivers for older adults," or "elderly learning communities" to create a supportive and meaningful social environment for older adults.

Families, as the closest environment for older adults, are encouraged to provide more consistent and higher-quality support. Education for family members regarding the importance of emotional support, appraisal support, and involving older adults in family activities is essential. Simple yet sustained forms of attention—such as engaging in conversation, accompanying older adults during worship activities, or offering warm greetings—can enhance feelings of being valued and strengthen elderly psychological resilience.

For social workers and health professionals, it is recommended to conduct routine assessments of older adults' psychosocial conditions, particularly related to resilience levels and the quality of social support received. Community-based social work interventions should be developed to reach older adults experiencing social isolation, using approaches that are humanistic, participatory, and contextually adapted to the needs of older adults in rural areas.

This study also provides opportunities for further research. Future researchers are encouraged to apply multivariate approaches by incorporating other variables such as physical health status, economic conditions, spirituality, and life experiences as factors influencing elderly resilience. In addition, longitudinal studies are important to understand the dynamics of elderly resilience over time and the long-term effects of changes in social support on their psychological well-being.

Finally, the wider community is expected to play an active role in building an elderly-friendly environment. This can be achieved by fostering respect for older adults, strengthening intergenerational interactions, and reducing stigma toward elderly dependency. Broad community involvement will strengthen the social support system and create more inclusive social conditions for older adults as they navigate later life.

Reference

Al-Kandari, Y. Y., & Al-Sejari, M. M. (2021). Health and wellbeing among older adults in Kuwait. *Journal of Aging and Health*, 33(7-8), 481-500.

Angel, R. J., & Angel, J. L. (2006). Diversity and aging in rural communities. In R. T. Coward & J. A. Krout (Eds.), *Aging in rural settings: Life circumstances and distinctive features* (pp. 23–41). Springer Publishing Company.

Antonucci, T. C. (1990). Social support and social relationships. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd ed., pp. 205-226). Academic Press.

Antonucci, T. C., & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex Roles*, 17(11-12), 737-749.

Badan Pusat Statistik (BPS). (2023). *Statistik Penduduk Lanjut Usia Indonesia 2023*. Jakarta: BPS.

Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51(6), 843-857.

Bhattacharyya, A., & Behera, P. (2022). Spirituality and resilience in older adults. *Journal of Religion and Health*, 61(3), 1765-1782.

Blazer, D. G. (2002). Self-efficacy and depression in late life: A primary prevention proposal. *Aging & Mental Health*, 6(4), 315-324.

Bowling, A., & Gabriel, Z. (2007). Lay theories of quality of life in older age. *Ageing & Society*, 27(6), 827-848.

Chambers, R. (2006). Rural poverty unperceived: Problems and remedies. *World Development*, 10(1), 1-19.

Charness, N., & Boot, W. R. (2009). Aging and information technology use: Potential and barriers. *Current Directions in Psychological Science*, 18(5), 253-258.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.

Cornwell, B., Schumm, L. P., & Laumann, E. O. (2008). The social connectedness of older adults: A national profile. *American Sociological Review*, 73(2), 185-203.

Erikson, E. H. (1950). *Childhood and society*. Norton & Company.

Gallant, M. P. (2003). The influence of social support on chronic illness self-management. *Health Education & Behavior*, 30(2), 170-195.

García-Collado, M., Jiménez-Moral, J. A., & Pérez, M. (2021). Existential loneliness and resilience in older adults. *Journal of Aging Studies*, 59, 100973.

Grotberg, E. H. (1995). *A guide to promoting resilience in children: Strengthening the human spirit*. Bernard van Leer Foundation.

Holstein, M., & Minkler, M. (2003). Self, society, and the "new gerontology". *The Gerontologist*, 43(6), 787-796.

House, J. S. (1981). *Work stress and social support*. Addison-Wesley.

Hsieh, C. M., & Wang, H. H. (2022). Social skills and resilience in older adults. *Psychology and Aging*, 37(1), 85-95.

Kalish, R. A. (1981). *The psychology of human behavior*. Brooks/Cole.

Kim, H. S., & Knight, B. G. (2008). Caregiving stress and resilience among older adults. *Aging & Mental Health*, 12(5), 640-647.

Kim, H. S., Lee, J. W., & Choi, S. (2023). Comprehensive interventions for resilience in older adults. *Aging & Mental Health*, 27(1), 1-10.

Krause, N. (2007). Social support and health: A review. *Journal of Aging and Health*, 19(4), 637-658.

Lee, Y., & Kim, Y. (2022). Holistic care model for older adults. *International Journal of Nursing Studies*, 128, 104202.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Litwin, H., & Shiovitz-Ezra, S. (2011). Social network type and subjective well-being in a national sample of older Americans. *The Gerontologist*, 51(3), 379-388.

Liu, J., & Guo, Q. (2007). Life satisfaction and its predictors in the elderly. *Chinese Journal of Clinical Psychology*, 15(5), 517-519.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.

Netuveli, G., Wiggins, R. D., Montgomery, S. M., Hildon, Z., & Blane, D. (2008). Mental health and resilience at older ages: Bouncing back after adversity in the British Household Panel Survey. *Journal of Epidemiology and Community Health*, 62(11), 987-991.

Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology*, 91(4), 730-749.

Papalia, D. E., & Feldman, R. D. (2012). *Experience human development* (12th ed.). McGraw-Hill.

Santrock, J. W. (2011). *Life-span development* (13th ed.). McGraw-Hill.

Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1983). Social support and psychological well-being. *Journal of Social and Clinical Psychology*, 2(3), 237-253.

Sugiyono. (2016). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta.

Wagnild, G., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165-178.

World Health Organization. (2020). *Decade of healthy ageing: Baseline report*. WHO Press.

Zhan, Y., Kim, S. Y., & Chen, H. (2024). Purpose in life and resilience among older adults. *Psychology and Aging*, 39(1), 50-61.

Zhao, X., & Feng, J. (2022). Ego integrity and resilience in older adults. *Journal of Aging and Mental Health*, 26(8), 1522-1530.