FAMILY SOCIAL SUPPORT FOR THE ELDERLY IN SUGIHWARAS VILLAGE, PRAMBON DISTRICT, NGANJUK REGENCY

Hanasta Adiwidya Wicaksono
Politeknik Kesejahteraan Sosial Bandung, Nastaadi88.com@gmail.com
Ellya Susilowati
Politeknik Kesejahteraan Sosial Bandung, ellya.susilowati@poltekesos.ac.id
Wendy Pradytia
Politeknik Kesejahteraan Sosial Bandung, whendie.pradytia@gmail.com
Rosilawati
Politeknik Kesejahteraan Sosial Bandung, rosilawati@gmail.com

Abstract

This study examines the forms and intensity of family social support provided to elderly individuals in Sugihwaras Village, Prambon Subdistrict, Nganjuk Regency, through four key dimensions: emotional, esteem, instrumental, and informational support. In the context of rural communities, where institutional services are often limited, the family functions as the primary support system in ensuring the physical and psychosocial well-being of elderly individuals. Utilizing a descriptive quantitative research design, the study employed a census method involving 37 elderly individuals cohabiting with family members. Data were collected through structured questionnaires and document analysis. The results indicate that the overall level of family social support is high. Among the four dimensions, instrumental support scored the highest, reflecting substantial family engagement in fulfilling daily physical needs. In contrast, esteem support recorded the lowest score, highlighting a lack of symbolic acknowledgment and emotional affirmation. These findings emphasize the need for comprehensive strategies that strengthen not only functional caregiving but also the affective and symbolic aspects of support, in order to foster dignity, autonomy, and meaningful aging.

Keywords:
Social Support, Family, Elderly.

Abstrak

Penelitian ini mengkaji bentuk dan intensitas dukungan sosial keluarga yang diberikan kepada individu lanjut usia di Desa Sugihwaras, Kecamatan Prambon, Kabupaten Nganjuk, melalui empat dimensi utama: dukungan emosional, penghargaan, instrumental, dan informasional. Dalam konteks masyarakat pedesaan, di mana layanan institusional seringkali terbatas, keluarga berfungsi sebagai sistem dukungan utama dalam memastikan kesejahteraan fisik dan psikososial individu lanjut usia. Menggunakan desain penelitian kuantitatif deskriptif, penelitian ini menggunakan metode sensus yang melibatkan 37 individu lanjut usia yang tinggal bersama anggota keluarga. Data dikumpulkan melalui kuesioner terstruktur dan analisis dokumen. Hasil penelitian menunjukkan bahwa tingkat keseluruhan dukungan sosial keluarga adalah tinggi. Di antara keempat dimensi, dukungan instrumental memperoleh skor tertinggi, mencerminkan keterlibatan keluarga yang substansial dalam memenuhi kebutuhan fisik sehari-hari. Sebaliknya, dukungan penghargaan mencatatkan skor terendah, menyoroti kurangnya pengakuan simbolik dan afirmasi emosional. Temuan ini menekankan pentingnya strategi komprehensif yang memperkuat tidak

hanya perawatan fungsional, tetapi juga aspek afektif dan simbolik dari dukungan, guna mendorong martabat, otonomi, dan penuaan yang bermakna.

Kata Kunci:
Dukungan Sosial, Keluarga, Lanjut Usia

INTRODUCTION

Global demographic shifts demonstrate a continuous increase in the proportion of elderly individuals worldwide. According to the United Nations (2022), the global population aged 65 years and older is projected to increase from 761 million in 2021 to 1.6 billion by 2050, nearly doubling their share from 10% to 16%. Similarly, the World Health Organization (2021) estimates that by 2030, one in six people worldwide will be aged 60 years or older. In 2021, Indonesia officially entered the phase of an aging society, with projections from the Central Statistics Agency (BPS, 2024) estimating that individuals aged 60 years and above will represent 19.9 percent of the national population by 2045. In accordance with the World Health Organization and national legal frameworks, including Ministerial Regulation of Social Affairs Number 19 of 2012 and Law Number 13 of 1998, elderly individuals are defined as persons aged 60 or older who typically experience a gradual decline in physical, mental, social, and economic functioning. This demographic group is therefore considered highly vulnerable and in need of consistent, multidimensional support, primarily from their immediate family environment. This transition has been extensively examined in the literature, with scholars highlighting its implications for health systems, economic sustainability, and social protection (Bloom et al., 2015; Beard et al., 2016; Harper, 2014; Lutz et al., 2008).

Within this framework, the family serves as the primary support system responsible for meeting the complex needs of elderly individuals. These encompass emotional, esteem, instrumental, and informational support (House, 1981; Cohen & Syme, 1985). However, in practice, many families are unable to fulfill these responsibilities adequately. Challenges such as work obligations, financial difficulties, and poor communication frequently hinder the delivery of sufficient support. These factors often lead to emotional neglect, social isolation, and increased reliance on external social services, ultimately worsening the physical and psychological conditions of elderly individuals (Parida, 2022).

These challenges are particularly pronounced in Sugihwaras Village, located in Prambon Subdistrict, Nganjuk Regency, which has one of the highest concentrations of elderly residents living in poverty. While many elderly individuals in the village live with their families, the care and attention they receive are often inadequate. Insufficient access to health information, minimal involvement in daily household activities, and a lack of emotional support contribute significantly to the erosion of their overall well-being and independence.

A growing body of research underscores the importance of social support in enhancing the quality of life and psychological resilience of elderly populations (Shumaker & Brownell, 1984; Krause, 1997). Nevertheless, most previous research has primarily focused on

emotional and esteem-related support, with relatively less attention given to instrumental and informational dimensions. According to House (1981), these categories of social support are interconnected and equally critical in ensuring the independence, safety, and life satisfaction of elderly individuals.

In response to these research gaps, the present study seeks to examine the forms and functions of family-based social support, with a specific focus on the instrumental and informational aspects. Instrumental support refers to practical assistance provided in the performance of daily activities, while informational support involves offering relevant knowledge, advice, and direction to assist elderly individuals in making informed decisions (Cohen & Wills, 1985; Krause, 1997). These two dimensions are essential for promoting autonomy, improving access to services, and enhancing psychological health among elderly individuals (Antonucci & Ajrouch, 2007; Beard et al., 2016).

In the Indonesian context, however, most studies have emphasized emotional support or focused primarily on urban populations. For instance, Pratiwi (2015) examined social support and quality of life among elderly residents in Jakarta, while Setyowati (2016) investigated family support in Central Java with greater attention to companionship and emotional well-being. Similarly, Anggraeni and Hasanah (2013) explored family support from the perspective of health cadres but did not address the elderly as direct recipients of instrumental or informational support. Consequently, limited research has specifically examined how these forms of support are provided within rural communities, where structural barriers and limited service availability may amplify the importance of family-based assistance.

By addressing these gaps, this study contributes to the broader academic discourse on healthy, meaningful, and dignified aging, with a particular focus on the rural Indonesian context. The study was entitled “Family Social Support for the Elderly in Sugihwaras Village, Prambon Subdistrict, Nganjuk Regency.”

Literature Reviews

This study adopts a multidisciplinary perspective, positioning social support as a fundamental construct in sustaining and enhancing the quality of life among elderly individuals, particularly in rural community contexts. Social support theory emphasizes that interactions across emotional, instrumental, informational, and appraisal domains are vital in buffering stress and promoting well-being (House, 1981; Cohen & Syme, 1985). The conceptual framework further integrates psychosocial perspectives, such as Weiss’s (1974) provisions of social relationships, with social welfare paradigms that view families and communities as critical agents of care (Shumaker & Brownell, 1984; Germain & Gitterman, 1980). From a family systems perspective, families operate as the primary social unit responsible for transmitting values, maintaining health, and providing emotional and practical support throughout the life course (Friedman, Bowden, & Jones, 2010; Sarwono, 2003). Within this framework, family-based social support is understood not only as a mechanism for addressing physical and psychological needs but also as a culturally embedded process that sustains elderly individuals’ social identity, dignity, and spiritual well-being.

The Concept of Social Support

Social Social support is broadly defined as a form of positive interpersonal interaction extended by individuals or groups to someone facing stress or requiring assistance in various life domains. Friedman, Bowden, and Jones (2010) describe support as the provision of encouragement, motivation, and guidance that facilitates decision-making and fosters a sense of care and belonging within family and community contexts. Sarwono (2003) emphasizes that support encompasses both moral and material elements, consciously provided to motivate individuals in confronting life's challenges. From a health psychology perspective, Sarafino (2002) identifies social support as a critical protective factor against stress-related disorders, while Cohen and Syme (1985) underscore its role in promoting health outcomes through interpersonal networks. Gottlieb (1983) further conceptualizes social support as encompassing four principal components: emotional, instrumental, informational, and esteem-related forms.

These components are not merely symbolic but have substantial implications for improving adaptive capacity in the face of uncertainty and stress. For elderly populations in particular, social support plays a dual role: cultivating emotional security and buffering against functional, relational, and societal losses, while simultaneously enhancing resilience, affirming life meaning, and fostering sustained integration within their social environments. In rural contexts, where access to formal services is often limited, family-based support becomes especially vital for sustaining autonomy, dignity, and overall well-being.

Classification of Social Support Based on House's Theory

According to House (1981), social support consists of four principal dimensions that collectively sustain individual well-being:

1. Emotional support: expressions of empathy, affection, trust, and attentive presence, which provide psychological comfort and a sense of security.
2. Esteem support: the provision of praise, affirmation, and acknowledgment, reinforcing an individual's sense of value and affirming their role within the family or community.
3. Instrumental support: tangible forms of assistance in daily tasks, such as help with meal preparation, access to medication, financial aid, or mobility support.
4. Informational support: the delivery of advice, guidance, and relevant knowledge that helps individuals make informed decisions and cope with challenges effectively.

These dimensions are context-dependent, varying according to family dynamics, cultural norms, and the socio-economic status of households. For elderly individuals, the integration of all four forms of support is essential to maintaining autonomy, dignity, and quality of life, particularly in rural communities where access to institutional resources may be limited.

Components of Social Support: The Social Provisions Framework

Weiss (1982) identified six key components of social support through the Social Provisions Framework: emotional attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunities for nurturance (the capacity to provide support in return). This framework

emphasizes that social support is inherently reciprocal, involving both the receipt and the provision of care within interpersonal relationships.

For elderly individuals, sustaining these provisions is particularly critical. It is not only essential to receive attachment, guidance, and reassurance, but also to maintain opportunities to contribute actively—such as transmitting cultural values, offering advice, or participating in community life. Such reciprocity strengthens their sense of agency, reinforces social worth, and sustains existential meaning, thereby promoting resilience and dignity in later life.

The Benefits of Social Support for the Elderly

According to Shumaker and Brownell (1984), social support influences individual well-being across three domains. Direct effects involve the promotion of positive interpersonal relationships that enhance feelings of belonging and security. Indirect effects operate through stress reduction and improved decision-making processes, thereby strengthening coping capacity. Interactive effects protect individuals against social isolation and buffer the negative health consequences of chronic illness.

For elderly populations, these mechanisms are particularly salient. Social support has been consistently associated with enhanced life satisfaction, reduced levels of depression, and sustained psychological functioning in later life (Cohen & Wills, 1985; Krause, 1997). In rural contexts, where access to formal care may be limited, the protective role of family-based social support becomes even more vital for promoting dignity, autonomy, and resilience among older adults.

Sources of Social Support

Gottlieb (1983) identifies three primary sources of social support. Informal sources include family members, friends, and neighbors who provide consistent, emotionally grounded, and culturally embedded forms of care. Formal professional support is delivered by trained practitioners such as physicians, nurses, and social workers, typically within institutional or service-based settings. Structured support groups offer collective assistance through organized networks, often established to address specific health, social, or psychological needs.

Among these, the family is the most immediate and consistent provider of support for elderly individuals. Familial relationships, characterized by emotional bonding, physical proximity, and deeply rooted moral obligations, are pivotal in meeting not only physical and practical needs but also emotional and informational demands. In rural contexts, where access to formal services may be limited, this family-based support becomes indispensable for ensuring well-being, dignity, and resilience in old age.

The Role of Family in Elderly Life

Drawing from Friedman's family nursing framework (Friedman, Bowden, & Jones, 2010), the family is tasked with fulfilling five essential functions that shape elderly well-being: affective (providing emotional stability and support), socialization (transmitting values and cultural norms), economic (provision of financial and material necessities), reproductive, and health maintenance roles. Among elderly individuals, the affective, economic, and health maintenance functions become increasingly critical as aging brings greater dependence and vulnerability.

The family thus serves as the primary platform for preserving self-esteem, preventing social alienation, and sustaining the dignity of individuals who may be transitioning out of

productive roles. In rural Indonesian communities, these functions are deeply embedded in cultural values of filial piety and mutual responsibility, reinforcing the centrality of the family as both a caregiving unit and a source of psychosocial meaning for the elderly.

Characteristics, Needs, and Challenges of Elderly Individuals

From both demographic and psychosocial standpoints, elderly individuals encounter multifaceted challenges as outlined in the Ministerial Regulation of Social Affairs Number 19 of 2012 and Law Number 13 of 1998. Common concerns include age-related physical decline, psychological disruptions following retirement, diminished social and economic influence, and increased spiritual reflection as individuals contemplate mortality and legacy.

The needs of elderly individuals generally span four interrelated domains: biological (adequate nutrition, healthcare, and physical activity), psychological (emotional stability, resilience, and coping strategies), social (integration, recognition, and avoidance of isolation), and spiritual (faith, meaning, and preparation for life's final stage) (WHO, 2015; Friedman, Bowden, & Jones, 2010). Family-based support—manifested through emotional presence, active participation in caregiving, and consistent personal acknowledgment—remains crucial in addressing these needs, thereby reinforcing dignity, autonomy, and purpose in later life.

The Role of Social Workers in Elderly Services

Social workers play an instrumental role in facilitating elderly social functioning by delivering empowerment programs, intervention services, and advocacy efforts. Drawing on the framework of Pincus and Minahan (1973), social work practice integrates resources from informal, formal, and community systems to address the multidimensional needs of older adults. Zastrow (2017) further emphasizes that social workers support elderly individuals by strengthening interpersonal connections, promoting access to welfare and healthcare resources, and advocating for social policies responsive to the challenges of aging populations.

In practice, these roles are realized through both institutional and community-based initiatives. Educational programs that equip professionals with competencies in social protection analysis and gerontological practice are therefore essential for preparing practitioners capable of designing, implementing, and evaluating elderly care interventions. Such programs ensure that services are not only responsive to the biological, psychological, social, and spiritual needs of older adults but also aligned with broader principles of dignity, inclusion, and social justice.

METHOD

This study employed a quantitative research approach with a descriptive survey design. The purpose was to systematically describe the level of family social support received by elderly individuals in Sugihwaras Village, Prambon Subdistrict, Nganjuk Regency. The methodology was grounded in a positivist paradigm, applying standardized instruments for data collection and descriptive statistical techniques for data analysis.

Operational Definitions

To ensure clarity and avoid ambiguity, the core variables in this study are defined as follows:

1. Social support refers to the composite score derived from four dimensions of support provided by families to elderly individuals, namely emotional, esteem, instrumental, and informational support.
2. Family was defined as biologically related members who reside with the elderly and were actively involved in caregiving and support.
3. Elderly individuals are defined as persons aged 60 years or older who were economically dependent and live in Sugihwaras Village.

Data Sources and Collection Techniques

The study relied on two categories of data: (a) Primary data were collected directly from elderly respondents using structured questionnaires; (b) Secondary data were obtained from administrative records and relevant literature concerning social support for elderly individuals. Data collection involved the following methods: (a) Questionnaire administration, which captured quantitative data based on the perceptions of elderly individuals regarding the support received from their families; (b) Document analysis, used to provide contextual and administrative insights that complemented the primary data.

Population and Sample

The population consisted of all elderly individuals who were economically dependent and lived with their families in Sugihwaras Village. A total of 37 individuals met the inclusion criteria. Given the limited and homogenous nature of the population, a saturated sampling technique was employed, meaning that the entire population was included as research participants. The inclusion criteria were as follows: (a) Aged 60 years or older; (b) Economically dependent; (c) Residing with family members; (d) Capable of effective communication; and (e) Registered recipients of government social assistance.

Validity and Reliability Testing

The validity of the questionnaire was evaluated through face validity by academic experts, who assessed each item's relevance to the research objectives. The reliability of the instrument was tested using Cronbach's Alpha, which produced a coefficient of 0.978. This result indicates a very high level of internal consistency and confirms the instrument's reliability for this research.

Research Instrument

The research instrument was a four-point Likert scale with response categories ranging from "Always" to "Never." Positive statements were scored from 4 to 1, while negatively phrased items were reverse scored. The total score indicated the perceived level of social support received by each elderly respondent. The questionnaire items were constructed based on House's theory of social support and included both positively and negatively worded statements to reduce response bias.

Data Analysis Techniques

Descriptive statistics were used to analyze the data, presented in terms of frequencies and percentages. The analysis process included the following stages:

1. Editing, to verify the completeness and accuracy of the responses.
2. Tabulation, to arrange the data into organized frequency and percentage tables.
3. Visual representation, using pie charts to enhance the interpretability of the findings.
4. Conclusion drawing, based on the interpretation of the descriptive results for each dimension of social support.

RESULT

The This study aimed to explore the various forms of family social support received by elderly individuals residing in Sugihwaras Village, Prambon Subdistrict, Nganjuk Regency. The investigation was framed around four principal dimensions of support, namely emotional, esteem, instrumental, and informational support. Employing a descriptive quantitative approach, data were collected through structured questionnaires administered to 37 elderly respondents. Each item was scored using a continuum scale to facilitate the classification of support intensity. The resulting data provided a comprehensive depiction of family involvement in the welfare of the elderly.

Emotional Support

Emotional support constitutes a fundamental element in sustaining the psychological well-being and life satisfaction of elderly individuals. It encompasses expressions of empathy, affection, attentiveness, and tangible emotional care demonstrated through daily familial interactions. In this study, emotional support was assessed using eleven indicators that reflected the perceived affective quality of relationships between the elderly and their family members. The total score obtained was 1,300 out of a maximum of 1,628, positioning this dimension in the high category.

Several indicators received a high frequency of positive responses. Approximately 65% of respondents reported that their families consistently contacted them when they were outside the home, indicating a sense of care and protection. Around 59% noted that family members ensured they has eaten, reflecting attentiveness to basic daily needs. 57% were consistently accompanied when ill, which demonstrates a combination of emotional and instrumental engagement. Furthermore, 54% indicated that their families reminded them to pray, illustrating spiritual concern rooted in familial values. An equal proportion felt they were not ignored, signifying the existence of warm and respectful relational dynamics.

Nevertheless, areas requiring improvement were identified. For example, 35% of respondents reported they often has to raise their voices to be heard, while 32% admitted to experiencing discomfort when alone at home. Additionally, 19% stated they sometimes felt emotionally unsupported when facing sadness or stress, suggesting instances of emotional unavailability within some family contexts.

These findings affirm the cultural salience of emotional engagement in the familial structures of Sugihwaras Village, where traditional kinship values continue to play a significant role. However, evolving lifestyles, increased occupational demands, and digital distractions among younger generations may diminish the consistency of emotional support. To mitigate this, the implementation of targeted interventions such as intergenerational counseling and affective communication training within families was recommended.

Esteem Support

Esteem support refers to the provision of recognition, appreciation, and affirmation of the elderly's role, capacities, and opinions within the family environment. This form of support was critical in fostering self-worth, respect, and psychological integration. In this study, esteem support was measured using nine indicators and yielded a total score of 960 out of a possible 1,332, placing it in the moderate category. This score represented the lowest

among the four dimensions of support examined, suggesting a particular need for enhancement.

Key findings included the observation that 46% of respondents felt their suggestions and opinions were always respected by their families, while 43% felt acknowledged during family gatherings. However, only 11% consistently received verbal appreciation for completing small household tasks, and 27% reported that such acknowledgment occurred occasionally. Moreover, 22% frequently felt excluded from family decision-making processes, and verbal expressions of pride or admiration were generally infrequent.

These results imply that esteem-related communication was not yet fully embedded in the daily practices of many families. Several factors may contribute to this, including the transition from extended to nuclear family structures, the increasing demands placed on younger adults, and a limited understanding of the psychological importance of symbolic and verbal recognition. Drawing upon House's social support framework, esteem support holds comparable significance to emotional support, influencing both psychological resilience and social belonging. When elderly individuals were not accorded adequate recognition, their self-esteem and sense of purpose may be undermined. To address this, awareness campaigns and educational programs that emphasize verbal respect, inclusion, and symbolic appreciation within family systems should be prioritized.

Instrumental Support

Instrumental support involves the provision of tangible assistance to meet the practical and physical needs of elderly individuals. This includes caregiving, assistance with daily tasks, provision of household necessities, and financial support. In the context of Sugihwaras Village, instrumental support was deeply rooted in familial obligation and the cultural ethos of mutual assistance. The dimension received a total score of 1,252 out of 1,628, which corresponds to a high level of support.

Indicators with strong positive responses included accompaniment during illness, with 70% of respondents reporting they were always supported in this manner. Furthermore, 62% received massages when fatigued, 41% regularly received nutritious meals, and over half were provided with vitamins and basic communication tools such as mobile phones. The majority also reported having access to private sleeping spaces, clean bathrooms, and a generally safe living environment.

From a financial perspective, most families were reported to provide assistance during periods of economic hardship. Despite these strengths, certain challenges persist. Some elderly individuals continued to perform domestic tasks, motivated by a desire not to burden their families. Gender-based disparities were also noted, wherein older women were more frequently expected to contribute to household chores than men. Instrumental support was crucial in promoting autonomy, dignity, and a sense of security, particularly for elderly individuals with declining physical capacities or chronic health conditions.

These results reaffirm the central role of family in elder care within rural Indonesian communities. However, shifts in demographic composition and patterns of rural-urban migration may threaten the sustainability of this support system. Recommended strategies include the institution of regular home visits by community health workers, the mobilization of local organizations to assist elderly residents

living alone, and the provision of family education on caregiving, stress management, and financial planning related to elder care.

Informational Support

Informational support entails the transmission of relevant, timely, and comprehensible knowledge to elderly individuals to facilitate informed decision-making. In rural settings such as Sugihwaras Village, where access to digital media and formal information channels was limited, families often serve as the primary source of information. The total score for this dimension was 1,073 out of 1,332, categorizing it as high.

Notable indicators included the receipt of health service information by 65% of respondents, dietary and physical activity guidance by 57%, and social assistance program updates by 49%. Additionally, 43% of respondents were taught to use basic mobile technology, including calling and messaging applications. Nevertheless, some issues were identified. Communication styles were not always adjusted to accommodate the cognitive or auditory needs of elderly recipients. Moreover, 22% of respondents were reluctant to request information due to feelings of embarrassment or inconvenience, and elderly individuals living with busier family members tended to receive less frequent updates.

The findings suggest that while health-related information was disseminated effectively, other domains such as community engagement and sociocultural updates may be lacking. Effective informational support plays a vital role in empowering the elderly, reducing dependency, and fostering active aging as advocated by both the World Health Organization and the Indonesian Ministry of Social Affairs. To enhance this dimension, it was recommended to implement training on intergenerational communication, empower community health workers and local leaders as information facilitators, develop elderly-friendly media such as large-print brochures and audiovisual aids in local dialects, and establish structured information-sharing sessions specifically designed for the elderly population.

DISCUSSION

Discussion The findings derived from 37 elderly respondents in Sugihwaras Village indicate that the overall level of family social support was classified as high. Anchored in House's (1981) theoretical framework, this study explored four fundamental dimensions of support: emotional, esteem, instrumental, and informational. Each dimension plays a complementary and integral role in enhancing the overall quality of life and psychosocial well-being of the elderly. Emotional support fosters a sense of security and affection, esteem support affirms self-worth and societal relevance, instrumental support ensures the fulfillment of physical and practical needs, while informational support empowers the elderly through knowledge and guidance.

The data emphasize that the family unit continues to serve as the primary support system for elderly individuals in rural Indonesia. However, several deficits emerged that necessitate strategic interventions tailored to each support domain to ensure that elderly persons receive holistic and sustainable care.

Emotional Support

The emotional support dimension achieved a high classification, with a cumulative score of 1,300 out of 1,628. This suggests that the elderly in Sugihwaras Village generally experience considerable emotional attentiveness and care from their families. The

highest-rated statement, "My family usually calls me when I travel far from home" (score: 127), reflects proactive communication and concern. Conversely, the lowest-rated item, "When I feel sad, my family comforts me" (score: 111), indicates limitations in emotional responsiveness during distress.

These findings underscore the vital role of emotional connectivity in maintaining psychological equilibrium among elderly individuals. In the context of Javanese culture, symbolic gestures such as greetings and familial communication serve as essential expressions of intergenerational affection and respect. To enhance this dimension, structured interventions that cultivate emotional literacy and empathy across family members were necessary.

Esteem Support

Esteem support, with a total score of 1,037, although still within the high category, registered the lowest among the four dimensions assessed. The highest-rated item was "My family praises the way I take care of my grandchildren" (score: 124), indicating that recognition was primarily granted when elderly individuals contribute functionally to family life. The lowest-rated statement, "After returning from outside activities, family members go straight to their rooms without greeting or kissing my hand" (score: 108), reflects a decline in symbolic practices that once formed the bedrock of filial respect.

The erosion of such cultural ritual's points to a broader shift in generational behavior, where time constraints and modernization have reduced opportunities for symbolic reinforcement of elderly status. These patterns pose risks to elderly individuals' self-perception and dignity. Revitalization of local cultural values such as the practice of salim was critical to restoring mutual respect and reinforcing the psychosocial positioning of the elderly within family structures.

Instrumental Support

This dimension received the highest score, 1,335 out of 1,628, indicating robust material and caregiving support. The top-rated statement, "When I feel tired, my family was ready to massage me" (score: 127), illustrates immediate and direct caregiving involvement. The lowest-rated item, "My family provides a private room and a comfortable mattress for me" (score: 110), points to insufficient structural accommodation planning.

The results suggest a disparity between reactive caregiving responding to immediate needs and proactive caregiving, which anticipates and structures elder-friendly living arrangements. This distinction was essential in formulating comprehensive eldercare strategies, particularly in rural areas where infrastructure and financial limitations may impede optimal accommodation. Nevertheless, the high overall score reflects strong cultural norms of mutual aid and familial responsibility.

Informational Support

Informational support was scored at 1,073, placing it within the high category. The most positively received item, "My family provides information about Posbindu service schedules" (score: 129), reflects the prioritization of health-related communication. In contrast, "I feel I lack information about the latest news discussed in the community" (score: 110) reveals a deficiency in broader sociocultural engagement. This gap in information access was critical, as it can exacerbate social exclusion and isolation.

Informational support must therefore be inclusive, extending beyond medical guidance to incorporate social, civic, and technological

literacy. Promoting access to comprehensive and culturally sensitive information will assist the elderly remain integrated and autonomous in community life. Collectively, the findings affirm the resilience of familial social support networks in Sugihwaras Village, while also revealing specific areas that require strategic attention. Esteem support, in particular, demands revitalization through cultural reinforcement and targeted awareness efforts.

Each dimension requires distinct yet complementary interventions aimed at preserving dignity, promoting autonomy, and fostering intergenerational solidarity. This study contributes a culturally grounded understanding of eldercare in Indonesia and provides a foundation for family and community-based programs tailored to the psychosocial needs of aging populations.

Problem Analysis

Despite the overall positive classification of family social support, several critical gaps warrant strategic attention. Notably, esteem support emerged as the weakest domain. This reflects an insufficient internalization of symbolic and emotional recognition by family members. Common behaviors such as neglecting to greet or honor elderly individuals, disregarding their opinions, and excluding them from decision-making processes highlight a declining regard for their social identity and emotional presence.

In parallel, the low scoring on active emotional responsiveness, such as offering comfort during sadness, suggests a limited capacity among some families to provide consistent affective care. These trends point to two core issues: (1) a lack of awareness regarding the importance of symbolic respect and (2) deficiencies in interpersonal communication dynamics. These conditions place the elderly at risk of social marginalization, decreased self-worth, and the development of depressive symptoms. Without targeted improvements, elderly individuals may become increasingly isolated and psychologically disengaged within their familial environments.

Needs Analysis

Addressing the challenges identified above requires a multifaceted needs-based approach to strengthen family-based social support. Four principal needs were identified:

1. It was essential to implement educational programs targeting families to raise awareness of all forms of social support, with a particular emphasis on symbolic recognition practices such as greetings, verbal appreciation, and inclusion in daily activities. Such initiatives should utilize participatory and experiential training methods.
2. The development of intergenerational communication competencies was vital. Experiential learning methodologies can foster empathy, improve listening skills, and enhance mutual understanding between older and younger family members.
3. Broader community involvement was necessary to ensure collective responsibility. This can be achieved by establishing senior citizen forums, promoting intergenerational social groups, and initiating village-level programs that were inclusive of the elderly.
4. There was a pressing need to enhance information dissemination and literacy through the development of age-appropriate educational media, such as posters, illustrated leaflets, and audiovisual content. Dissemination

through local institutions such as community centers, PKK groups, and religious gatherings can facilitate broader reach and cultural resonance.

Resource System Analysis

Drawing on the framework proposed by Pincus and Minahan (1973), an effective strategy for enhancing social support integrates three primary resource systems.

1. The informal system encompasses the family as the core provider of emotional, esteem, instrumental, and informational support. Peer support structures such as arisan (social gatherings), religious activities, and group exercise programs further contribute to the emotional and social reinforcement of elderly individuals.
2. The formal system includes village governments and social institutions that facilitate the development of elderly-empowerment initiatives. Programs such as Elder-Friendly Villages and Family Schools can serve as platforms for intergenerational learning and collaboration. Community organizations like PKK and youth groups also hold strategic potential for implementing inclusive, community-based elderly engagement programs.
3. The community system involves the utilization of public infrastructure such as village halls, mosques, and elderly health centers to host educational and recreational activities. Partnerships with universities, research institutions, and NGOs can further strengthen these initiatives through evidence-based training and the development of context-specific intervention models.

The integrative perspective of Pincus and Minahan is supported and expanded by ecological and social support theories, which similarly emphasize the dynamic interplay between individual needs and multiple layers of social resources (Bronfenbrenner, 1979; Germain & Gitterman, 1980). Litwak (1985) further argues that informal and formal support systems play complementary roles in sustaining elderly well-being, while Silverstein and Bengtson (1997) highlight the enduring importance of intergenerational solidarity and community engagement. Payne (2014) also reinforces systems theory as a foundation for social work practice, affirming the necessity of integrating informal, formal, and community resources into holistic interventions.

Together, these frameworks underscore that sustainable support for older adults must emerge from coordinated interactions among informal, formal, and community systems. Integrating these three systems into a cohesive and collaborative framework is therefore essential for fostering an inclusive, participatory, and culturally grounded environment for elderly care. In rural Indonesian settings, community-based strategies that leverage local values, kinship ties, and collective capacities can significantly strengthen social support mechanisms and promote active, healthy, and dignified aging.

CONCLUSION

This study provides a comprehensive assessment of family social support for elderly individuals in Sugihwaras Village, revealing that the overall support was classified as high. The findings underscore the critical role families play in fostering the multidimensional well-being of elderly individuals. Utilizing House's theoretical model, which delineates four principal dimensions of social support:

emotional, esteem, instrumental, and informational, this research confirms that each dimension contributes uniquely to enhancing the quality of life of the elderly, although the intensity and effectiveness of each vary.

Instrumental support emerged as the most prominent form of assistance, demonstrating strong familial engagement in meeting the physical and caregiving needs of elderly members. These encompass assist with routine tasks, support during illness, and efforts to maintain a comfortable and safe living environment. Despite the effective implementation of practical assistance, further improvements were required in areas such as long-term physical accommodations and structural care provisions.

Emotional support was also rated highly, indicating positive interpersonal dynamics and affective bonding between elderly individuals and their family members. Acts such as frequent communication and symbolic gestures of concern affirm the presence of psychosocial support. Nevertheless, deeper expressions of empathy, including providing comfort during emotional distress, were not consistently practiced, reflecting a need for more comprehensive emotional engagement.

Informational support, primarily focused on health-related knowledge such as updates on local healthcare services was found to be adequate. However, its scope remains limited, particularly in relation to broader information about social welfare programs, community initiatives, and civic engagement. This narrow dissemination pattern points to the need for families to adopt a more expansive role in facilitating informed decision-making among elderly individuals.

Esteem support, although still categorized as high, was the lowest scoring dimension in this study. This indicates a decline in symbolic acknowledgment and interpersonal respect for the elderly, such as greetings, expressions of appreciation, and traditional gestures like hand-kissing. The weakening of these practices was likely influenced by evolving family structures and diminished cultural awareness among younger generations regarding the importance of symbolic recognition in intergenerational relationships.

In conclusion, the study reaffirms the importance of family social support as a fundamental determinant of the psychosocial functioning of elderly individuals. Nonetheless, it highlights an imbalance between functional domains namely instrumental and informational support and affective-symbolic domains, including emotional and esteem support. Although most elderly individuals were not materially neglected, some continue to experience emotional detachment and a lack of symbolic affirmation from their family members.

Addressing this imbalance requires a multidimensional and culturally sensitive intervention strategy. Strengthening family-based support systems should not only focus on practical caregiving and access to health services but must also integrate affective, psychological, and cultural elements that affirm the dignity and societal value of elderly individuals.

A holistic approach should include educational initiatives for families, revitalization of local cultural norms of respect and empathy, and the incorporation of community-based programs tailored to the specific needs and aspirations of elderly individuals. Through coordinated efforts across families, local institutions, and community stakeholders, it was possible to create an

inclusive and supportive environment in which elderly individuals were not only cared for but were also recognized, respected, and meaningfully involved in family and community life.

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