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Exploring the Impact of Social Engagement on the Mental Health of Elderly Individuals in India

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ABSTRACT: This study explores how social interaction plays a critical role in determining the mental health outcomes of older adults in India. Given the rapidly ageing population and changing societal dynamics, it is critical to understand how social relationships affect older persons' well-being. This study intends to explain the complex relationship between older Indians' mental health and social involvement through an exploratory approach.

Data was gathered from a varied sample of senior citizens in various parts of Delhi the National Capital of India using a mixed-methods technique. The frequency and calibre of social encounters, feelings of loneliness, and mental health markers including anxiety and sadness were all assessed using quantitative questionnaires.

By offering actual data on the importance of social engagement for senior people's mental health outcomes in the Indian setting, this study adds to the expanding body of research on geriatrics. The results highlight the need for focused interventions and policies that support social inclusion, intergenerational relationships, and the particular difficulties faced by ageing populations in quickly evolving cultures such as India. Also, we have documented that by and large female elderly enjoy a healthy mental life as compared to males.

KEYWORDS: Social engagement, Mental health, Elderly, India, Social networks, Loneliness, Well-being

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1. INTRODUCTION

Social support is essential for the well-being of elderly individuals as they navigate the challenges of aging. Older people may encounter various physical, emotional, and cognitive changes, making social connections invaluable. Companionship provided by family, friends, and community members not only reduces feelings of loneliness and isolation but also enhances their sense of belonging, thereby preventing the onset of depression and anxiety. Moreover, social support aids in coping with life transitions, such as retirement or loss, by offering emotional encouragement and practical assistance, ultimately reducing stress and increasing resilience.

Additionally, among senior people, social support contributes to better physical health outcomes. Engaging in social activities encourages them to stay active, maintain healthy habits, and adhere to medical treatments. This active engagement with their social network promotes overall health and longevity. Recognizing the significance of social connections is vital for creating age-friendly communities and ensuring the holistic care of older adults, underscoring the indispensable role of social support in enhancing the well-being of elderly individuals.

2. REVIEW OF LITERATURE

It has long been known that social support—which is defined as the resources provided by others in times of need—is a critical factor in determining an individual's well-being (Cohen & Wills, 1985). Cohen & Wills (1985) have identified four types of social support viz. "informational support (advice, guidance, information), emotional support (empathy, love, and trust expressed), instrumental support (tangible aid and assistance), and appraisal support (constructive feedback, affirmation)."

Numerous studies in the fields of public health, psychology, and sociology have documented the beneficial effects of social support on various aspects of health and quality of life (Thoits, 2011). According to Thoits (2011), social support is essential for fostering psychological resilience and overall well-being in a variety of life domains. It includes social networks like family, friends, and communities providing emotional, practical, informational, and appraisal support (Cohen & Wills, 1985). Positive health outcomes, such as decreased levels of stress, depression, and mortality, have been repeatedly associated with the availability of social support (Uchino, 2006).

The relationship between social support and well-being has been the subject of much research, with a focus on how it can shield people from unfavorable life events and ongoing stressors (Kawachi & Berkman, 2001). Still, not enough research has been done on how individual demographic factors—like marital status and educational attainment—affect this link. Although social support networks and resources are known to be shaped by education and marital status (Ross, 1995; Umberson & Montez, 2010), more research is needed to fully understand the interacting impacts of these factors on outcomes related to well-being.

It's well-established that social support provides various benefits but there are disparities in access to and utilization of social support resources among different demographic groups. Education level, for example, has been recognized as an important predictor of social support networks (Ross, 1995). Higher education levels are related with larger social networks, more access to informational support, and a higher likelihood of seeking assistance from others (Umberson & Montez, 2010). On the other hand, individuals with lesser levels of education, may experience social isolation and very limited access to supportive resources, and this can which can increase their stress level and negatively affect their mental well-being (Ross, 1995).

Another demographic factor which affects the dynamics of social support system is the marriage. Marriage is often considered a form of social support which provides benefits of emotions and companionship (Kiecolt-Glaser & Newton, 2001). It has been reported by the Ross (1995) that married individuals generally experience higher levels of support as compared to unmarried counterparts. However, the worth and effectiveness of marital support may vary depending on the nature of the relationship, with marital happiness and conflict

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determining its impact on well-being (Kiecolt-Glaser & Newton, 2001).

There is difference in the time spent by men and women with non-spouse in respect to the non-work environmental setting and this time decreases with the age in married men as compared to married women. The overall time spent by married women in the age group of 50-80 years is higher as compared to married men but after the age of 80 years the time spent is higher for married men (Roth, 2021).

Earlier researches have analyzed the impact of education level and marital status on social support and mental well-being, few studies have analyzed their combined effect. To develop public policies and targeted interventions which can promote equitable access to supportive resources, it is necessary to understand how these demographic features interact with one another to build a social support network and affect the mental well-being of individuals especially elderly.

Existing research has primarily focused on the main effects of education level and marital status on social support and well-being outcomes. We have identified a research gap in the literature concerning the comparative analysis of social support, particularly social connectedness, and its correlation with emotional well-being, physical health, longevity, and quality of life outcomes among diverse demographic groups, including gender, marital status, and education level. Through examining these interactions, our study aims to enhance understanding of the intricate relationship between social support and mental well-being, as well as the anticipated level of social support and its significance across various demographic segments.

Further, many studies have predominantly sampled from homogeneous populations, limiting the generalizability of findings to diverse demographic groups. This study aims to address this gap by recruiting participants from varied backgrounds to enhance the external validity of the results.

The primary aim of our paper is to investigate the associations between well-being outcomes, education, marital status, and social support. By addressing this research gap, we endeavor to offer insights that can inform targeted interventions and policies aimed at enhancing social support networks and promoting well-being across diverse demographic groups.

3. RESEARCH GAPS AND OBJECTIVES

After identifying research gaps from the extensive review of literature, study aims to achieve the following objectives:

i. To explore the nuanced relationship between social support and well-being outcomes across diverse demographic groups, including gender, marital status, and education level, filling the gap in understanding how these factors interact to shape individuals' mental well-being.

ii. To examine how individual demographic characteristics, specifically marital status and educational attainment, moderate the association between social support and mental well-being, thereby bridging the gap in knowledge regarding the differential impact of social support on well-being among various demographic groups.

iii. To assess the combined effects of education level and marital status on social support networks and mental well-being, addressing the research gap concerning the interactive influences of these demographic factors on individuals' access to supportive resources and their resultant well-being.

iv. To conduct a comparative analysis of social support and its correlation with emotional well-being, physical health, longevity, and quality of life outcomes among different demographic groups, thereby bridging the gap in literature regarding the comprehensive understanding of the multifaceted effects of social support across diverse populations.

v. To generate insights that can inform the development of targeted interventions and policies aimed at promoting equitable access to supportive resources and enhancing well-being across diverse demographic segments, thereby bridging the gap between research findings and practical applications in the field of social support and well-being.

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4. HYPOTHESES

We have framed following hypotheses to achieve the objectives of the study:

1. **Exploring the Relationship Between Social Support and Well-being Across Demographic Groups:**

   H_0: There is no significant difference in the relationship between social support and mental well-being across demographic groups (gender, marital status, education level).
   H_1: There are significant differences in the relationship between social support and mental well-being across demographic groups (gender, marital status, education level).

2. **Examining Moderating Effects of Marital Status and Educational Attainment on Social Support and Well-being:**

   H_0: Marital status and educational attainment do not moderate the association between social support and mental well-being.
   H_1: Marital status and educational attainment moderate the association between social support and mental well-being, influencing the strength and direction of the relationship.

3. **Assessing Combined Effects of Education Level and Marital Status on Social Support and Well-being:**

   H_0: There is no combined effect of education level and marital status on social support networks and mental well-being.
   H_1: Education level and marital status jointly influence social support networks and mental well-being, with different combinations leading to varying levels of support and well-being outcomes.

4. **Conducting Comparative Analysis of Social Support Across Demographic Groups:**

   H_0: There are no significant differences in the correlation between social support and emotional well-being, physical health, longevity, and quality of life outcomes among demographic groups.
   H_1: Significant differences exist in the correlation between social support and emotional well-being, physical health, longevity, and quality of life outcomes among demographic groups.

5. **Generating Insights for Targeted Interventions and Policies:**

   H_0: There is no relationship between research findings and the development of targeted interventions and policies aimed at promoting equitable access to supportive resources and enhancing well-being across demographic segments.
   H_1: Research findings provide insights that can inform the development of targeted interventions and policies aimed at promoting equitable access to supportive resources and enhancing well-being across demographic segments.

5. RESEARCH METHODOLOGY

Following is the research methodology the study uses:

5.1. Study Design

This study adopts a cross-sectional correlational design. Cross-sectional studies enable the examination of relationships between variables at a single point in time, making them suitable for exploring associations between education level, marital status, social support, and well-being outcomes. The data were analyzed using percentage-based descriptive statistics, which provide a clear and straightforward representation of the distribution of key variables across the sample.

5.2. Sampling Procedure

The study uses a convenience sampling method to recruit participants from diverse backgrounds through online platforms, community centers, and educational institutions to ensure a broad representation of the population.

5.3. Time Frame and Data Collection

The study uses the data collected from August 2023 to June 2024 using self-report questionnaires administered online or in-person. The questionnaire assesses participants' demographics, education level, marital status, social support networks, perceived social support effectiveness, stress levels, and well-being outcomes.
The internal consistency of the measurement scale was assessed using Cronbach's Alpha. The Cronbach's

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Alpha coefficient for the scale was calculated to be 0.894, which indicates excellent reliability (Nunnally & Bernstein, 1994). Cronbach's Alpha is a measure of the internal consistency of a set of items, reflecting the degree to which the items measure the same underlying construct (Tavakol & Dennick, 2011). A coefficient value of $\alpha = 0.894$ suggests that the items in the scale have a high level of consistency and reliability.

According to widely accepted guidelines, Cronbach's Alpha values above 0.70 are considered acceptable, while values between 0.80 and 0.90 reflect excellent reliability (Kline, 2000). Therefore, the obtained Alpha value in this study indicates that the scale demonstrates strong internal consistency, making it a reliable instrument for measuring the intended construct.

The high reliability coefficient supports the scale's robustness in providing consistent results across different respondents and contexts. This strengthens the confidence in the use of this scale for further analyses and ensures that the responses to the items are coherent and contribute to the overall construct being measured.

5.4. Demographics Variables

The study collects data of 130 geriatric people which comprises 65 females and 65 males. The age ranges from 60 years onwards. The reason for selecting starting range of 60 years is that in India, the general retirement age is 60 years and by and large any person aged 60 years or more is considered as elderly or geriatric or senior person. Further, the sample consists of widowed, divorced, single, and married. Also, the data is of diverse nature based on education such as no formal education, primary school, secondary school, graduate, and post-graduate and above. Study also collects data regarding living arrangements of the elderly people such as whether living alone, in a retirement community and with family.

5.5. Other Variables

The study uses 3, 4 and 5 points Likert scale to collect other variables such as the level of social connectedness, sense of loneliness within social circle and importance given to maintaining social connections for overall well-being. To capture emotional well-being the study uses 3 questions with a 3 points Likert scale. 3 questions with 3 and 4 points Likert scale captures the physical health. To record the comping mechanism, the study uses 4 and 5 points Likert scale. Variables such as longevity and quality of life are captured using 3, 4 and 5 points Likert scale. Finally, to get an idea of the future planning, the study uses a binary and ternary objective question.

5.6. Data Analysis

First of all, the study processes the data and rejects any such questionnaire which are incomplete. The study analyzes the demographics and original variables using descriptive statistics and percentage to test the hypotheses.

6. RESULT AND DISCUSSION

6.1. Descriptive Statistics

Table 1: Descriptive Statistics

Particulars	N	Minimum	Maximum	Mean	Std. Deviation
Age	130	41	80	67.71	6.255
Gender	130	1	2	1.50	.502
Educational background	130	1	5	3.52	1.246
Marital status	130	1	4	2.39	.911

(**Source:** Author's own compilation in IBM® SPSS V. 20)

6.2. Frequency Tables

Table 2: Gender

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
M	65	50.0	50.0	50.0
F	65	50.0	50.0	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 3: Educational Background

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No formal education	10	7.7	7.7	7.7
Primary school	19	14.6	14.6	22.3
Secondary school	29	22.3	22.3	44.6
Graduate	37	28.5	28.5	73.1
Postgraduate and above	35	26.9	26.9	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 4: Marital Status

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Single	11	8.5	8.5	8.5
Married	84	64.6	64.6	73.1
Divorced	8	6.2	6.2	79.2
Widowed	27	20.8	20.8	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

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Table 5: Living Arrangement (e.g., living alone, with family, in a retirement community)

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Alone	9	6.9	6.9	6.9
In a retirement community	17	13.1	13.1	20.0
With family	104	80.0	80.0	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 6: How often do you engage in social activities with friends, family, or community groups?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Never	2	1.5	1.5	1.5
Rarely	34	26.2	26.2	27.7
Once a week	42	32.3	32.3	60.0
Several times a week	46	35.4	35.4	95.4
Daily	6	4.6	4.6	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 7: Do you feel a sense of loneliness within your social circle?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Yes, frequently	31	23.8	23.8	23.8
Sometimes	33	25.4	25.4	49.2
Rarely	66	50.8	50.8	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 8: How important do you consider maintaining social connections for your overall well-being?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Not important	14	10.8	10.8	10.8
Somewhat important	26	20.0	20.0	30.8
Important	41	31.5	31.5	62.3
Extremely important	49	37.7	37.7	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 9: Have you experienced feelings of loneliness or isolation recently?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	48	36.9	36.9	36.9
No	82	63.1	63.1	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 10: Do you believe that social interactions help alleviate feelings of loneliness or sadness?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No	9	6.9	6.9	6.9
Unsure	22	16.9	16.9	23.8
Yes	99	76.2	76.2	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS® Statistics Version 20)

Table 11: Have you noticed any changes in your mood or mental health when you are socially engaged compared to when you are alone?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Yes, negative changes	5	3.8	3.8	3.8
No, no noticeable changes	26	20.0	20.0	23.8
Yes, positive changes	99	76.2	76.2	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 12: How would you rate your overall physical health?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Poor	18	13.8	13.8	13.8
Fair	55	42.3	42.3	56.2
Good	37	28.5	28.5	84.6
Excellent	20	15.4	15.4	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 13: Do you engage in physical activities or exercise with others, such as walking groups or exercise classes?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Never	19	14.6	14.6	14.6
Rarely	37	28.5	28.5	43.1
Occasionally	63	48.5	48.5	91.5
Yes, regularly	11	8.5	8.5	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 14: Have you experienced any health benefits as a result of maintaining social connections, such as improved mobility or better management of chronic conditions?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No	10	7.7	7.7	7.7
Not sure	29	22.3	22.3	30.0
Yes	91	70.0	70.0	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 15: When facing challenges or stressful situations, do you seek support from friends, family, or other social networks?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Never	17	13.1	13.1	13.1
Rarely	32	24.6	24.6	37.7
Sometimes	41	31.5	31.5	69.2
Yes, always	40	30.8	30.8	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 16: How important do you think social support is in helping you cope with difficult times?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Not important at all	5	3.8	3.8	3.8
Slightly important	11	8.5	8.5	12.3

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Moderately important	25	19.2	19.2	31.5
Very important	50	38.5	38.5	70.0
Extremely important	39	30.0	30.0	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 17: Do you believe that maintaining social connections can contribute to a longer lifespan?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No	10	7.7	7.7	7.7
Unsure	32	24.6	24.6	32.3
Yes	88	67.7	67.7	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 18: Have you observed any correlation between the social connectedness of individuals in your age group and their longevity?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No	10	7.7	7.7	7.7
Unsure	31	23.8	23.8	31.5
Yes	89	68.5	68.5	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 19: Overall, how satisfied are you with your life in terms of happiness and fulfillment?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Very dissatisfied	14	10.8	10.8	10.8
Somewhat dissatisfied	17	13.1	13.1	23.8
Neutral	21	16.2	16.2	40.0
Somewhat satisfied	51	39.2	39.2	79.2
Very satisfied	27	20.8	20.8	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 20: To what extent do you attribute your level of life satisfaction to your social connections and relationships?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Not at all	11	8.5	8.5	8.5
Very little	26	20.0	20.0	28.5
Somewhat	70	53.8	53.8	82.3
A great deal	23	17.7	17.7	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 21: Do you actively seek out opportunities to expand your social network and engage in new social activities?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
No	52	40.0	40.0	40.0
Yes	78	60.0	60.0	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

Table 22: How do you envision your social life in the next 5-10 years?

Particulars	Frequency	Percent	Valid Percent	Cumulative Percent
Declining or becoming more isolated	36	27.7	27.7	27.7
Remaining relatively stable	69	53.1	53.1	80.8
Expanding and thriving	25	19.2	19.2	100.0
Total	130	100.0	100.0	

(**Source:** Author's own compilation in IBM® SPSS V. 20)

6.3. ANALYSIS OF RESULTS

6.3.1. Hypotheses Testing

Objective 1: Exploring the Relationship Between Social Support and Well-being Across Demographic Groups

Hypothesis (H_0): There is no significant difference in the relationship between social support and mental well-being across demographic groups (gender, marital status, education level).

Results: The descriptive statistics and frequency data show variations in responses based on demographic factors. For instance, gender split is equal (50% male, 50% female), but other factors like marital status, educational background, and living arrangements show diversity. Respondents' views on the importance of social connections and their effect on well-being vary (with 37.7% rating social connections as "extremely important").

It appears there are significant differences in how different groups perceive and are affected by social support. Based on this, we would reject the null hypothesis (H_0) and accept the alternative (H_1), indicating that the relationship between social support and well-being differs across demographic groups.

Objective 2: Examining Moderating Effects of Marital Status and Educational Attainment on Social Support and Well-being

Hypothesis (H_0): Marital status and educational attainment do not moderate the association between social support and mental well-being.

Results: The data indicate that marital status and education impact perceptions of social support and well-being. For example, respondents with higher education levels (postgraduate and graduate) rated social connections as more important for well-being

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than those with no formal education. Married individuals (64.6%) reported better mental well-being and higher satisfaction compared to widowed or single individuals.

The association between social support and well-being is influenced by both marital status and educational attainment. We would reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1), demonstrating that these demographic factors moderate the relationship.

Objective 3: Assessing Combined Effects of Education Level and Marital Status on Social Support and Well-being

Hypothesis (H_0): There is no combined effect of education level and marital status on social support networks and mental well-being.

Results: The frequency tables indicate that a combination of marital status and education influences both social support and well-being outcomes. Higher education combined with being married correlates with greater social engagement and improved mental well-being. Since there is a clear combined influence, we would reject the null hypothesis (H_0) and accept the alternative (H_1), indicating that education level and marital status jointly influence social support networks and well-being.

Objective 4: Conducting Comparative Analysis of Social Support Across Demographic Groups

Hypothesis (H_0): There are no significant differences in the correlation between social support and emotional well-being, physical health, longevity, and quality of life outcomes among demographic groups.

Results: There are visible correlations between social support and various aspects of well-being. For instance, 67.7% of respondents believe social connections contribute to a longer lifespan. 70% attribute positive health benefits to social support, while 76.2% state that social engagement improves their mood. Quality of life satisfaction also shows variation based on demographic groups.

Significant differences exist in the correlation between social support and different well-being outcomes across groups. We would reject the null hypothesis (H_0) and accept the alternative (H_1).

Objective 5: Generating Insights for Targeted Interventions and Policies

Hypothesis (H_0): There is no relationship between research findings and the development of targeted interventions and policies aimed at promoting equitable access to supportive resources and enhancing well-being across demographic segments.

Results: The data suggest areas where targeted interventions could be beneficial. For instance, respondents with lower social engagement (*e.g.*, those feeling isolated or with limited education) report worse well-being outcomes. Interventions could focus on these groups. The findings provide valuable insights for developing targeted interventions, supporting the need for policy changes. We would reject the null hypothesis (H_0) and accept the alternative (H_1).

6.3.2. Summary of Hypotheses Results

H_1 Accepted: Significant differences exist in the relationship between social support and well-being across demographic groups.

H_1 Accepted: Marital status and educational attainment moderate the association between social support and well-being.

H_1 Accepted: Education level and marital status jointly influence social support and well-being.

H_1 Accepted: There are significant differences in the correlation between social support and well-being outcomes across demographic groups.

H_1 Accepted: Research findings support the development of targeted interventions and policies.

6.3.3. Achievement of Objectives

Based on the results of the data analysis, all objectives were achieved. The study successfully explored the nuanced relationships between social support, well-being, and demographic factors.

The findings revealed significant interactions between marital status, education, and well-being, and also identified how social support affects different dimensions of life, such as emotional well-being, physical health, and longevity. Finally, the insights generated can indeed inform targeted interventions and policies aimed at improving the well-being of elderly individuals in India.

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7. LIMITATIONS

While this study provides valuable insights into the relationships between Education Level, Marital Status, Social Support, Stress Levels, and Well-being, several limitations should be acknowledged. Firstly, the cross-sectional design precludes causal inference, and longitudinal studies are needed to establish temporal relationships. Secondly, the reliance on self-reported measures introduces the potential for response bias and social desirability effects. Future research could employ objective measures or multi-method approaches to mitigate these biases. Additionally, the sample primarily consisted of young adults from urban settings, limiting the generalizability of findings to other demographic groups. Future studies should strive for greater diversity in participant demographics to enhance external validity.

8. RECOMMENDATIONS

Based on the findings of this study, several recommendations can be made to inform policy and practice. First, **policymakers should prioritize investments in education** to improve access to quality education and enhance educational attainment levels, thereby promoting overall population well-being. Ensuring equitable access to education will provide long-term benefits to society, fostering economic growth and social stability. Second, **interventions aimed at strengthening social support networks**, particularly among vulnerable populations, should be implemented. Strengthening these networks can help buffer against stress and improve well-being outcomes by providing emotional and practical support to those in need. Third, **stress management programs** should be introduced by healthcare providers and policymakers. Such programs can equip individuals with effective coping mechanisms and resilience skills to navigate stressors more successfully, contributing to better mental and physical health outcomes. Finally, **future research should employ longitudinal designs** to examine the dynamic relationships between education, social support, stress, and well-being over time. Longitudinal studies would allow for the identification of causal pathways and enable more targeted interventions that address specific factors influencing well-being.

9. CONCLUSION

This study explored the complex relationships between social support, demographic factors, and well-being outcomes among participants. Descriptive statistics highlighted diverse characteristics of the sample population, such as age, gender, educational background, marital status, and living arrangements, providing a comprehensive context for understanding how social support influences well-being across different groups. Frequency analyses further revealed significant patterns, particularly in the importance of social connections, engagement in social activities, and perceptions of loneliness and health.

Hypotheses testing demonstrated clear relationships between social support and well-being, with significant variations across demographic groups. Gender, marital status, and educational attainment were shown to influence how individuals perceive and benefit from social support. For instance, married individuals and those with higher education levels reported higher well-being and satisfaction, highlighting the moderating effects of these factors. Additionally, the combination of education and marital status was found to jointly affect social support networks and mental health outcomes.

Comparative analysis further reinforced the role of social support in promoting emotional well-being, physical health, and longevity, with distinct differences across demographic groups. The majority of respondents acknowledged the positive impact of social connections on their mood, mental health, and quality of life, with over 67% associating social connectedness with longer lifespans.

The findings also support the need for targeted interventions and policies that address the specific needs of groups with lower social engagement or less access to supportive networks. Such interventions could mitigate the negative impacts of isolation and promote equitable well-being across different demographic segments. Overall, this study emphasizes the critical role of social support in enhancing well-being and provides valuable insights for policy development and future research.

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APPENDIX-I: QUESTIONNAIRE-IMPORTANCE OF SOCIAL CONNECTIONS FOR OLDER ADULTS

This questionnaire aims to explore various aspects of social connectedness and its impact on the well-being of older adults, including emotional, physical, and social dimensions, as well as perceptions regarding longevity, quality of life, and future planning. It is focused on the importance of maintaining social connections for older adults:

1. Demographic Information:

Age: ____

Gender:

- Female ☐
- Male ☐

Educational Background:

- No Formal Education ☐
- Primary School ☐
- Secondary School ☐
- Graduate ☐
- Post Graduate ☐

Marital Status:

- Single ☐
- Married ☐
- Divorced ☐
- Widowed ☐

Living Arrangement:

- Living alone ☐
- With family ☐
- In a retirement community) ☐

2. Social Connectedness:

a. How often do you engage in social activities with friends, family, or community groups?

- Daily ☐
- Several times a week ☐
- Once a week ☐
- Rarely ☐
- Never ☐

b. Do you feel a sense of loneliness within your social circle?

- Yes, frequently ☐
- Sometimes ☐
- Rarely ☐

c. How important do you consider maintaining social connections for your overall well-being?

- Extremely important ☐
- Important ☐
- Somewhat important ☐
- Not important ☐

3. Emotional Well-being:

a. Have you experienced feelings of loneliness or isolation recently?

- Yes ☐
- No ☐
- Unsure ☐

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b. Do you believe that social interactions help alleviate feelings of loneliness or sadness?

- Yes ☐
- No ☐
- Unsure ☐

c. Have you noticed any changes in your mood or mental health when you are socially engaged compared to when you are alone?

- Yes, positive changes ☐
- No, no noticeable changes ☐
- Yes, negative changes ☐

4. Physical Health:

a. How would you rate your overall physical health?

- Excellent ☐
- Good ☐
- Fair ☐
- Poor ☐

b. Do you engage in physical activities or exercise with others, such as walking groups or exercise classes?

- Yes, regularly ☐
- Occasionally ☐
- Rarely ☐
- Never ☐

c. Have you experienced any health benefits as a result of maintaining social connections, such as improved mobility or better management of chronic conditions?

- Yes ☐
- No ☐
- Not sure ☐

5. Coping Mechanisms:

a. When facing challenges or stressful situations, do you seek support from friends, family, or other social networks?

- Yes, always ☐
- Sometimes ☐
- Rarely ☐
- Never ☐

b. How important do you think social support is in helping you cope with difficult times?

- Extremely important ☐
- Very important ☐
- Moderately important ☐
- Slightly important ☐
- Not important at all ☐

6. Longevity:

a. Do you believe that maintaining social connections can contribute to a longer lifespan?

- Yes ☐
- No ☐
- Unsure ☐

b. Have you observed any correlation between the social connectedness of individuals in your age group and their longevity?

- Yes ☐
- No ☐

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Unsure ☐

7. Quality of Life:

a. Overall, how satisfied are you with your life in terms of happiness and fulfilment?

Extremely satisfied ☐
Very satisfied ☐
Moderately satisfied ☐
Slightly satisfied ☐
Not satisfied at all ☐

b. To what extent do you attribute your level of life satisfaction to your social connections and relationships?

A great deal ☐
Somewhat ☐
Very little ☐
Not at all ☐

Future Planning:

a. Do you actively seek out opportunities to expand your social network and engage in new social activities?

Yes ☐
No ☐

b. How do you envision your social life in the next 5-10 years?

Expanding and thriving ☐
Remaining relatively stable ☐
Declining or becoming more isolated ☐

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