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Assessing Quality of Life and Social Support as Determinants of Life Satisfaction among Elderly in Kailali, Nepal

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Abstract

The purpose of the research is to determine the association between social support quality of life and life satisfaction among elderly people living in Lamki Chuha Municipality, Kailali, Nepal. 221 elderly people completed standard questionnaires utilizing a cross-sectional descriptive research method for data collection. The findings suggest that stronger social support perception causes better life satisfaction and quality of life results. In fact, concerned with perceived social support, it would seem that it played a significant role in the prediction of life quality and level of life satisfaction in the sample of older people which further underlines its importance for the quality of life. They have a very low level of education; they are mostly unemployed; and they have serious health complications. But even as they garner sufficient support, these issues can affect one's perceived level of happiness and well-being. In turn, perceived support was proved to have a positive relation with 'life satisfaction' and 'quality of life' among the elderly population. Education and employment also played a significant role in the socioeconomic perspectives which are one of the quality of life influential factors in elderly people. Socio-economic aspects focusing on the improvement of social support and other spheres, to improve elderly people's quality of life and life satisfaction, need to be also decentralized.

Keywords: ageing, quality of life, satisfaction, social support, well-being

Introduction

Ageing is a worldwide social issue and the age factor illustrated by Nepal has been rapidly growing. This rapid increase in the number of elderly persons reflects this demographic shift has both positive and negative impacts on all of life and for implications socio economic development in the country. Understanding the characteristics related to quality of life, happiness with life, and well-being in the elderly people.

With the expanding global population, it is crucial to articulate the quality of elderly life more than ever. People over 60 years old in 2023 suffer more social demographic, economic, and health setbacks (World Health Organization, 2023). Therefore, happiness, quality of life, and social support stand out as important factors for the elderly people.

The elderly population is defined as individuals aged 60 years and over and its burden has increased markedly in two decades. This demographic made up 6.5% of the total population in 2001, compared

to 8.1% in 2011. Its share increased to 10.21% as per the National Population and Housing Census, 2021 (National Statistics Office [NSO], 2023) and this is due to the increasing elderly population over the past two decades in Nepal.

Further more research has exposed that immigrants' perceived social support can relieve their total acculturation, thereby reducing the number of psychotic symptoms. One way that supportive communication could help bolster defenses against some forms of stress-induced mental illness. These findings have major implications for mental health interventions (Noh & Park, 2022).

The construct of quality of life encompasses three dimensions which are physical health and well-being as well as mental health and spiritual aspects. Social networks and human connections create vital roles in quality of life because they generate friendships that deliver emotional assistance (Addae & Ofosuhen-Mensah, 2021).

The quality of life concept remains ambiguous because it develops based on personal emotional perspectives and cultural values along with social customs of each person. How people view their wellbeing and satisfaction depends on their personal life experiences along with their society's requirements and the cultural structures of their environment.

The World Health Organization's perspective on the quality of life is thus the ability of an individual to appreciate the quality of his/her life concerning the social/ethical values of the society within which he/she lives and about the purposes, objectives, norms and priorities of that society (Seghers, 2024).

The term quality of life encapsulates several aspects as regards human well-being and happiness. It may be categorized as opportunities for a good life and consequences of existence, endogenous and exogenous characteristics. It is a fact that external characterizations refer to social states while internal features pertain to an individual. These differences are important because they assist scholars who deal with public health (Veenhoven, 2024).

The latest empirical research focus has shifted to the importance of the perceived quality of life for identifying what matters for successful aging. Therefore, the perception of quality of life is significant for the global assessment of elderly well-being because it establishes a correlation between how a person perceives and what is surrounding them (Kublanov, 2023).

Studies that have been done in the past have identified social support as one of the factors that influence the well-being of an individual as well as being relevant for maintaining mental health. Others, conversely, are more interested in the role of social support for defining elderly people's quality of life and their health. Therefore, the research gaps are in understanding the correlation between these factors in cases of Nepal. Loneliness is likely to be experienced by senior people who have fewer social contacts; thus, the study examines the impact of relationships on happiness in life.

Psychosocial well-being, including interactions, perceived social support, and relationship satisfaction has been linked to greater satisfaction with life and health. While having the support of a spouse might have a critical role in improving life pleasure and health, children appear to be irrelevant (Kim, 2022).

As a result, a thorough life evaluation must include the dichotomy of one's qualitative experiences concerning objective standards for determining the value of one's life.

The focus of subjective metrics rests on personal perceptions of well-being which includes emotions as well as satisfaction and mood measurements. Tangible life indicators serve as objective

measures to evaluate income level and healthcare opportunities and residential standards alongside work aspects.

In the current synthesis, both qualitative and quantitative aspects of life have been stressed to get a comprehensive approach to aging and the notion of the sense of satisfaction with one's own life, explaining how other factors for a successful old age are not merely socioeconomic, but also a matter of consciousness or self-contentment (Cegarra et al., 2023).

Thus, the interpersonal relationships and social support variables for testing the level of satisfaction with life may vary in elderly persons living alone by age group. According to the study, age groups; educational background, number of children, economic activity, and average monthly income were different in some way because of which interpersonal relationship aspects, social support factors, and life satisfaction were also different (Jang et al., 2024).

Social support functions as an essential determinant for how happy elderly individuals feel about their lives. Older adults experience life satisfaction according to the strength and quality of their professional care-giving services and government assistance as well as their home-based relationships including family members and friends and community members. The quality and quantity of social connections between elderly members directly affect what they feel about life and their general well-being.

In the same element, social contacts also have it that relationships and supports are protective factors against some of the negative effects of physical and mental health disorders, and hence improve the quality of life of individuals (Holt-Lunstad, 2022).

More recent research has built from this and has stressed the role of life satisfaction in predicting mental and physical health among aged populations especially. For example, in the research domain, life satisfaction is positively associated with life expectancy and immunity to aging (Fancourt & Steptoe, 2024). Also, present data shows that life satisfaction is a forward- and backward-looking construct that affects future life conditions, including economic security and social interactions (Jebb, Morrison, Tay, & Diener, 2020).

Several studies have suggested that the levels of social support have a positive influence on the life satisfaction of the older population. For instance, the social support from friends and families for instance, emotional and practical support enhances mental health, well-being, and life satisfaction. In this context, the regularity of communication with kids and the caliber of interpersonal connections are very helpful (Shen et al., 2022; Park, 2024)

Perceived social support strengthens resilience against stress. In this study, resilience and the ability to skillfully manage stress, on the one hand, and social support, on the other hand, as possible factors that influence mental wellness status (Siswadi, Shabrina, Djunaidi, & Iskandarsyah, 2023).

The association between life happiness and resilience is partially mediated by perceived social support. This research suggests that good affect and self-esteem, which are critical for mental health resilience, may be boosted by bigger levels of perceived social support (Sharam, 2024). The study established that there was an enhancement in improved life satisfaction among older people with extensive perceived social support than their counterparts with low perceived support.

The research bases its foundation on the social support theory that demonstrates personal well-being depends mostly on how people perceive others' help and their connection with others. The

theory demonstrates that emotional, informational and instrumental support strengthens physical and mental health state and decreases stress while improving life satisfaction. Social connections represent essential components for overall health according to health professionals because they create belonging and security particularly important for elderly people who are vulnerable. Throughout this study, our key dependent variable is subjective well-being, which includes life satisfaction and good feelings.

Several scholars have established that interpersonal support as perceived has a positive relationship with quality of life whereas feared worry over work has a negative correlation. From this, it can be deduced that perceived social support plays a critical role in enhancing psychological well-being and health-related quality of life.

According to Eid Abd et al., (2023) based on research, people with supportive social relationships have enhanced and better quality of happy lives compared to those with negative social relationships. Additionally, the study will investigate on whether health status and the socio-demographic variables moderate the relationship between social support and general well-being.

Researchers investigated how Nepalese elderly adults perceive social support as it relates to their quality of life and satisfaction with life. The study implemented a cross-sectional survey method to determine how demographic characteristics affect together with quality of life indicators and social support networks the satisfaction levels of elderly adults. This research investigated the pathway of perceived social support on quality of life measures and the interconnection between these areas as well as the modification of these relationships through demographic factors. The research results stressed the positive effect that social support and quality of life have on life satisfaction together indicating ways to deliver targeted interventions for elderly well-being improvement.

Method and Materials

Research Design

This research adopted a cross-sectional design to collect instantaneous information for evaluating the relations between social support perceptions and life satisfaction and quality of life experiences of Nepalese seniors above 60 years old in Lamki Chuha Municipality. The data collection process relied on structured questionnaires with validated scales that reinforced the reliability of gathered information.

Sampling Method

The researchers used random sampling techniques to improve research representativeness through the inclusion of participants from various socio-economic groups and different ethnicities who were all at least 60 years old. The standard formula was applied to calculate the suitable sample size despite variances in sampling uncertainty. The study made use of Cochran's formula for sample size estimation ($n = Z^2pq / e^2$) which establishes the required sample size by defining Z as the z-score related to confidence level while p reflects the predicted percentage of population with the characteristic of interest and $q = 1 - p$ and e determines the margin of error. According to the calculation and selected population values the needed sample size turned out to be 221.

Data collection procedure

Questionnaires were filled out during the interview. Identifying demographic information, perceived amount of social support in their lives, quality of life indicators, and assessment of life

satisfaction are among the factors that were measured in the survey. Instruments In regarding the questionnaire instruments; correctness and dependability have been established.

Method of Data analysis

The investigators utilized Statistical Package for Social Sciences (SPSS version 25) for data analysis. The research analysis took a defined methodology which initiated with univariate methods to generate descriptive statistics for individual variables. The analysis included bivariate methods utilizing correlation analysis together with variance analysis for the evaluation of important variables such as quality of life, perceived life satisfaction and social support. In the conclusion of their research investigators conducted multiple regression analysis alongside multivariate analysis to explore numerous variables alongside socioeconomic and demographic controls. The study utilized this method to gain full understanding about variable interrelationships while developing happiness and well-being predictions.

Ethical Considerations

Before the study commenced each of the participants signed a consent form after explaining the purpose of the study. We concealed the identity of the participants and informed them that they could withdraw from the study at any time.

Data Cleaning and Quality Control

We validate that they indicated the acquired information was correct and free from mistakes, based on e.g., respondent validation, data verification procedures, or consistency checks.

Results and discussions

Results

The socio-demographic data of the respondents of this study showed that the total number of respondents for this study was 221 and in terms of gender distribution; 52. 5% of respondents were male while 47. 5% of the respondents were female. The respondents' literacy level is 72. The rest 4% of the respondents had no literacy at all and only 5. 4 percent of the respondents had SLC or above.

Table 1: *Socio-demographic profile of the respondents*

Variable	N	%
Gender		
Male	116	52.5
Female	105	47.5
Education Level		
No education	160	72.4
Primary level	27	12.2
Some secondary	22	10
SLC and above	12	5.4
Marital status		
Married	186	84.2
Single/divorce/widow	35	15.8
Occupation		

Agriculture	110	49.7
Business	21	9.5
Service	8	3.6
Labour	60	27.1
Other	22	10.0
Chronic disease status		
Yes	126	57.0
No	95	43.0
Do you use continuous medicine?		
Yes	160	72.4
No	61	27.6
Visits per year to health institutions		
Never	15	6.8
1 - 2 times	50	22.6
3 - 5 times	75	34.0
6 -10 times	41	18.6
11 or more times	40	18.1

The largest portion of the participants is married (84.2%) and others are single/divorce/widows; and a significant number of the participants are involved in agricultural activities, 49.7%. Several respondents (57.0%) said that they have at least one chronic disease and 72.4% of them regularly take medication. regarding healthcare-seeking behavior, 34.0% of them attend health facilities 3-5 times a year while 6.8% never attend any health facility. Based on these studies, the population is mainly composed of educated individuals, married persons, and the population involved in agricultural activities; high prevalence of health problems and frequent users of health care services.

Table 2: *Descriptive statistic and inter-correlations*

Variable	Mean	SD	1	2	3
(1) Satisfaction with life	3.88	1.29	1		
(2) Quality of life	3.27	0.63	.512**	1	
(3) Perceived social support	3.68	0.72	.354**	.468**	1

N = 221 SD = standard deviation $p < 0.01$

Table 2 reveals a significant positive correlation between all respondents' perceived social support, quality of life, and life satisfaction. This shows got positive, moderate significant correlation ($r = .354, p < 0.01$) between perceived social support and quality of life ($M = 3.86, SD = 0.98$); yet a strong significant correlation ($r = .512, p < 0.01$) between satisfaction with life ($M = 3.88, SD = 1.29$) and actual life. Quality of Life had a moderate to high positive correlation with Perceived Social Support, with a mean score of 3.27, standard deviation of 0.63, and a coefficient of 0.468 at $p < 0.01$. These findings paint a picture of how cherished social support is in improves quality of life from the study, those with a high level of social support, in terms of quantity a high level of life satisfaction and quality of life.

Table 3: Results of Regression Analysis

Dependent Variable	Independent Variable	B	Std. Error	β	t	p	VIF	95.0% Confidence Interval
Satisfaction with Life (Model 1)	(Constant)	1.592	0.288		5.528	<0.001		1.027/ 2.156
	Perceived Social Support	0.715	0.075	0.388	9.549	<0.001	1.000	0.568/ 0.862
Quality of Life (Model 2)	(Constant)	1.840	0.101		18.216	<0.001		1.642/ 2.038
	Perceived Social Support	0.281	0.027	0.468	10.393	<0.001	1.000	0.229/ 0.333
Satisfaction With Life (model 3)	(Constant)	-0.212	0.305		-0.694	0.488		-0.811/ 0.387
	Quality of Life	1.306	0.089	0.526	14.646	<0.001	1.000	1.130/ 1.482
Satisfaction With Life (model 4)	(Constant)	-0.679	0.331		-2.050	0.041		-1.334/-0.025
	Perceived Social Support	0.231	0.082	0.122	2.822	0.005	1.351	0.068/ 0.394
	Quality of Life	1.208	0.107	0.470	11.296	<0.001	1.351	0.999/ 1.417

Note: VIF = Variance Inflation Factor $R^2 = R$ Square

Life satisfaction levels of elderly individuals heavily depend on their perceived social support and their quality of life according to a regression analysis. The research data demonstrates that perceived social support acts as a vital predictor of life satisfaction ($B=0.715$ $B = 0.715$ $B=0.715$, $p<0.001$ $p < 0.001$ $p<0.001$) producing a moderate effect size ($\beta=0.388$ $\beta = 0.388$ $\beta=0.388$). People who recognize higher levels of social support usually express stronger satisfaction about their life. The statistical data in Model 2 shows that perceived social support exercises a significant influence on quality of life through its standardized coefficient ($\beta=0.468$ $\beta = 0.468$ $\beta=0.468$) and ($p<0.001$ $p < 0.001$ $p<0.001$) significance level. Study indicates that individuals who get social assistance enjoy enhanced subjective well-being and superior quality of life outcomes.

The results in Model 3 demonstrate that quality of life directly affects life satisfaction at a very strong level ($B=1.306$ $B = 1.306$ $B=1.306$, $p<0.001$ $p < 0.001$ $p<0.001$) with a standardized coefficient ($\beta=0.526$ $\beta = 0.526$ $\beta=0.526$). The findings show an insignificant correlation between quality of life and life satisfaction because the regression constant is negative and non-statistically significant ($B=-0.212$, $p=0.488$). When Models 4 analyzes quality of life and perceived social support simultaneously quality of life proves to be the more dominant predictor ($B=1.208$, $p<0.001$) with a standardized effect of $\beta=0.470$ yet perceived social support maintains its significance with $B=0.231$, $p=0.005$ and $\beta=0.122$. Results from regressions stay valid due to a non-severe multi-co linearity presence (as shown by VIF = 1.351).

Social support perception acts as an important contributor to satisfaction in life but its relationship passes primarily through assessments of quality of life. The dominant relationship between quality of life and life satisfaction demonstrates that elderly well-being enhancement should combine living condition improvements with supportive social support development. The gained understanding of psychosocial well-being determines helps policy-makers develop measures to enhance the lives of senior citizens.

Discussion

The socio-demographic data of the respondents in this study indicates their current situation, which corresponds to the features of rural and economically disadvantaged population groups. The percentage of male respondents stood at 52.5% while 72.4% did not pursue formal education. The low level of education indicates that just 5.4% of people have SLC and above. Low educational attainment has been connected to several detrimental health outcomes in some of the world's poorest countries, including poor health, a high mortality rate, limited access to helpful resources, and an absence of health knowledge.

The presence of such research the finding also highlights how important a solid family dynamic is for influencing social care service performance and accessibility. Thus, promoting stable marital partnerships may be helpful to improve social support, and connectivity, in communities (Kornblith, 2016).

Because most people live in rural areas means that the highest of respondents with farm jobs (49.7%) comes from rural areas. Incorporating the importance of the rural economy and sustenance on the agricultural sector is evident from different studies about rural area employment; its citizens mostly offer labor on their farms (Meijerink & Roza, 2007). Alternatively, these regions' characteristics also mirror demographic patterns; hence there is significant reliance on farms by most citizens.

Based on health-related statistics, 72.4% of respondents were constantly medicated, and the vast majority of respondents (57.0%) had multiple chronic diseases. This is right in line with studies that indicate that the rural population is sicker, and suffers from higher incidences of chronic illnesses due to healthcare shortages (Murray, 2020).

The study found that the elderly had greater average ratings for satisfaction with life, perceived support from others, and quality of life satisfaction, with scores of 3.27, 3.68, and 3.88, as well, indicating a higher level of living. There was a positive relationship between satisfaction of life, quality of life ($r = .512$, $p < 0.01$), and social support feeling ($r = .354$, $p < 0.01$). This conclusion is in agreement with earlier studies (Kawachi & Berkman, 2001; Diener et al., 2018) which highlighted the significance of contentment, quality of life as well and social support where they improve the well-being of elderly persons.

Regression analysis provides more evidence for these relationships. Model 1 shows a strong link between happiness and perceived social support. A rise in support gives rise to a rise of 0.715 units in satisfaction ($\beta = 0.388$). Researchers have established that mattering, a perception that one is valued by others is a strong predictor of happiness. Although, perceived social support and optimism had partial mediation of this relationship, mattering continued to act as significant predictors of happiness (Foo & Prihadi, 2021). Further, this is shown in Model 2 where perceived social support is positively related to quality of life significantly, $B = 0.281$, $\beta = 0.468$. Similarly, some studies have shown that the identified

findings of the search also support the argument on increased perceived social support improving quality of life among various samples such as older adults, university students, cardiovascular patients, nurses, and adolescents in residential care on average or higher perceived social support from family or friends. These studies highlight the need to encourage social support systems and support interventions that will improve the perceived social support for such individuals and ultimately their quality of life (Sharma, 2024).

Comfort/Satisfaction for the Population: As it can be seen in model 3 Comfort/Satisfaction with life has a strong positive relationship with Quality of life for Population 3 ($B = 1.306, \beta = .526$). Accordingly, Model 4 postulates that quality of life has a larger effect ($\beta = 0.470$) than does perceived social support ($\beta = 0.122$). Thus, it can be con-with all the indications that perceived social support, although necessary is perhaps even better offset by an improvement in quality of life. This is in harmony with other investigations which have indicated that the quality of life in general is improved (Sharma, 2024).

Thus, series consequences refer to quality of life, perceived life satisfaction, perceived social support, and perceived life happiness among elderly people. Claiming that often individualized treatment or teaching methods, as well as augmentation of health care resources, can assist this population to overcome educational disparities and gain well-being stating the necessity of including different treatments that enhance the quality of the life of these people, it is possible to point out that such an approach may bring more effective results.

Conclusion

The research analyzed how elderly people in rural areas perceive social support as it affects their quality of life and life satisfaction. Quality of life demonstrates greater power than social support does in enhancing life satisfaction according to the study results. Health inequalities result from socio-demographic elements including limited education and agricultural economic status and ongoing medical conditions so special intervention strategies become necessary. Societal policies should stress the enhancement of familial bonds and social networks, since they are essential for fostering improved well-being. Longitudinal research designs are essential for examining causal links among many variables. The enhancement of elderly individuals' well-being necessitates advancements in their healthcare accessibility, social support systems, and economic stability.

Conflict of interest

The author declares no conflict of interest.

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