
Social Support and Happiness as Moderators of Depressive Symptoms Among the Elderly Men and Women

Nelson Aderemi Oyewo

Department of Special Education & Guidance & Counselling
Faculty of Specialised & Professional Education,
Emmanuel Alayande University of Education, Oyo, Oyo State, Nigeria.
nelson.oyewo@yahoo.com

doi: <https://doi.org/10.37745/ejtds.14/vol12n12133>

Published November 23, 2025

Citation: Oyewo N.A. (2025) Social Support and Happiness as Moderators of Depressive Symptoms Among the Elderly Men and Women, *European Journal of Training and Development Studies*, 12 (1) 21-33

Abstract: *Old age is the period in one's life when the body systems begin to shut down and health and vitality seem to be on decline. Decades of scientific research have not unveiled the causes of ageing and how to halt this phenomenon which is arguably one of the most complex of biological problem. It is in view of this that the study attempted to investigate the influence of social support and happiness the depressive symptoms among the elderly persons in Oyo state, Nigeria. Correlational research design was adopted. Validated tools of social support ($r=0.86$) happiness ($r=0.78$) and depressive symptoms ($r=0.89$) scales were used and analysed through multiple regression. Three hundred and sixty eight (368) participants were drawn using multi-stage sampling techniques. The main results showed that the combined and comparative contribution of social support and happiness to depressive Symptoms were significant $\{F(2,365) = 10.691\}$. This means the two factors jointly accounted for a variation of about = 57.6%. In terms of magnitude of contribution, happiness made the most significant contribution $\{\beta = .392; < .05\}$ to the prediction, while social support also made significant contribution $\{\beta = .186; < .05\}$ to the prediction. Recommendations were made based on the results of the study to assist the elderly ones live healthy and productive lives through individual and community counselling services.*

Keywords: social support, happiness, depressive symptoms, elderly persons, moderators

INTRODUCTION

Throughout the world, old age has been a phenomenon that position people to celebrate life with wisdom and decision within their respective families and society in general. Old age depends on the type of work or exercise taken by people when they were young, the type of food they eat and the nature of the environment where they live. Aging is described as a process of slow cell death, beginning soon after fertilization. When we are young, aging is not apparent because the major

metabolic activities are geared toward growth and maturation. A lot of active cells are produced to meet physiological needs. At late adolescence and adulthood, the body's major task is to maintain cells. Inevitably, though cells die, the body cannot adjust to meet physiological demands. Body function begins to decline. (Sahin, Ozer & Yanardag, 2019).

It is the process of drawing nearer to the end of the life span. As one approaches the end of the lifespan, there seems to be mysterious signals that show up at certain times to tell the cells to stop performing their normal functions, grow old and die. The causes of biological aging are not completely understood and it appears that many factors interact to produce an overall effect. It is however obvious that wear and tear, diseases and environment are certainly important. Aging goes with decline in agility, vitality, various organ functioning and health generally (Akinyemi & Akinbo, 2018).

LITERATURE REVIEW

Old age is a condition necessitated by aging. Aging has been defined as the decline overtime, of the body's organ systems. It is a period of from 60 years and above (Oye, 2015). It is a stage that is inevitable of human lifecycle. It is a general experience that goes beyond cultural and geographical boundaries. In Nigeria, aging has been regarded as sensitive and serious issue. The elderly members of our society are highly reserved and respected and often held in great esteem (Eze, 2024). While, developed countries have well-functioning social security and pension schemes for elderly persons, contrary is the case in developing countries including Nigeria where many retirees are excluded from social protection programmes. This makes them to be vulnerable and fragile (Aregbesola & Khan, 2021).

As elders pull out from service through retirement, they have luxury of time to themselves since they are no more working. They experience deteriorating social networks related to retirement. Whenever old age sets in for individuals, it takes its toll on his or her spiritual and physical strength. This makes the elders to be vulnerable. This may however lead to issues as anxiety, depression, loneliness and eventually physical and mental disorders. The issue of the vulnerability of elders call for attention to this category of people with the view of evaluating and identifying their needs in all ramifications thereby giving them the required support through family and friends to improve their happiness and psychological wellbeing. (Moeni, Barati, Farhadian & Ara, 2018; Li & wu, 2019).

Happiness is noted to be a positive intrinsic experience triggered from individuals' cognitive and affective understanding of their personality (Helliwell, Huang & Wang, 2017). Emotion and cognition are the two key words. The emotional aspect refers to pleasure, while the cognitive aspect refers to mental health. Happiness can be used to increase hope, develop psychological resistance and reinforce defensive power against stress (Keykhosravi, Rezaeri & Khalouei, 2015). The World Health Organisations report on World Happiness in 2017 regarded Iran as the 107th happiest nation out of 155 nations. It was further reported that the country showed more happiness

rate than long and Afghanistan and it has a less happiness rate than its other neighbouring countries such as Turkey, Pakistan, Azerbaijan and Arab countries (Helliwell, Huang & Wang, 2017).

Some studies related to happiness have posited that happiness may be used as a basis to treat mental illnesses, establish psychological resilience and to improve capacity and stresses and strains (Moeni, Barati, Farhadian & Ara, 2018; Bum Johnson & Choi, 2020; Shah, Safian, Ahmad; Wan Ibadullah, Mohammad Nurumal, Mansor, Addnan & Shobugawa, 2021).

Happiness as a moral value in old age has been documented to be obtained through strong social support which has a positive impact on the elders physical, psychological and quality of life (Belanger, Ahmed, Vafaei & Curcio, 2016). During difficult situations social support is linked to the progress and improvement of adaptive mechanisms and psychological adaptations that make seniors to feel safe, cool and attached. Elder's mental health is influenced by social support and familiar interactions which are linked to culture (Pourtaghi, Ramezani, Vashani, Hamed, & Moghadam, 2019; Ahmed & Mohamed, 2022). Ordinarily, older persons deserve many health benefits to make them happy. They are good physical health, greater psychological resilience and long life (Beygzadeh, Razaeei, & Khalouei 2015; Shamsavar, Ghaffari & Makhtoum 2019). Impaired happiness is not only a consequence of ill health, it can also contribute to disease risk. Happiness is not also measured by absence of depression and distress on the part of the elderly persons. An individual may not experience distress but may not feel happy. (Luchesi, Oliveira, Mora, Paula Pesoa, Pavarini & Chagas, 2018).

Due to the fragile nature of elderly persons, they face a lot of challenges which deserve the attention of the society. They should be provided with necessary support in all their areas of needs. Social support given by family members and friends go a long way in satisfying them, thereby enhancing their wellbeing (Li & Wu, 2019). Social support has been described as a resource exchange between two people in which one of them believes it is intended to improve the recipient wellbeing. It is divided into structural and functional (Ahmed & Mohamed, 2022). The social evaluation and recognition of the group of people of the society who assist the elderly one way or the other sum up to the reason for their happiness (Lee, 2020).

Many research works have been carried out on social support and happiness which showed a significant and positive relationship between the two variables (Wu 2022; Shin & Park 2022). Social support and emotional support is perceived through the help families received from people. Being part of groups like families, friends, schools or work allows people to act kindly and helpfully towards each other. The network of connection serve as a safety net during tough times, no matter if it's just a minor setback or a major life crisis (Yadav & Gupta 2024).

Statement of the Problem

On many occasions, some people tend to perceive old age as time of wastage and period of loss, while others view such period as a time of joy. Current research shows that much work has not been done all over the world in the area of determining the overall happiness and other factors

among the elderly. Elderly persons in Nigeria are challenged by many socio-economic and health issues which include poor living conditions, poverty, loneliness and sedentary lifestyle. Other challenges include chronic illness, illiteracy and high cost of medical treatment. Studies have been conducted on social support given to elderly persons. (Li & Wu 2019; Sahin Ozer & Yanardage, 2019; Lu, Xiong, Tang, Bishwajit & Guo, 2023; Eze, 2024). Others investigated factors associated with happiness among older persons (Ani & Isiugo – Abanihe 2017; Shin & Park, 2022; Yadav & Gupta, 2024; Adebuseye, Oyinlola, Afolayan & Cadmus, 2025). Few studies however investigated social support happiness and depression among elders together (Lu, Xiong, Tang, Bishwajit & Guo, 2023; Akinyemi & Akinbo, 2018; Lerman, Ginsberg, Lemon, Romo & Resal, 2021; Ahmed & Mohamed, 2022). To the best of this researches knowledge, none of the cited works explored the mediating influence of social support and happiness on depressive symptoms among elderly men and women in Nigeria. This gap in knowledge justified the present study aimed to investigate the influence of social support and happiness on depressive symptoms among the elderly persons in Oyo state.

Objectives of the Study

The general objective of the study is to find out the influence of social support and happiness on depressive symptoms among the elderly men and women.

The specific objectives of the study are to:

1. Determine the joint contribution of social support and happiness on depressive symptoms of the elderly men and women.
2. Examine the relative contribution of social support and happiness on depressive symptoms of the elderly men and women.

Hypotheses

Two hypotheses were generated to guide the study.

1. There is no composite contribution of independent variables of social support and happiness to depressive symptoms of the elderly men and women.
2. There is no relative contribution of independent variables of social support and happiness to depressive symptoms of the elderly men and women.

METHODOLOGY

Research Design

Correlational research design was adopted for the study. Questionnaire was used to obtain information from the respondents to ascertain the influence of social support and happiness on depressive symptoms of elderly men and women.

Population of the Study

The population consists of all retirees from thirty-three (33) local governments in Oyo state. These retirees have served the government for either thirty-five (35) years or attained sixty (60) years of age whichever comes first.

Sample and Sampling Techniques

Multi-stage sampling technique was adopted for this study to select participants. The thirty-three (33) local governments in Oyo state is divided into three (3) senatorial districts of Oyo North, Oyo Central and Oyo South. In stage one, three local governments were randomly selected from each senatorial district which sum up to (9) local governments. In stage two, 150 elders were purposively selected during their monthly zonal meeting. This was done to ensure that only those whose age range fall between 65 years and above, were chosen. In all, four hundred and fifty (450) questionnaire forms were administered, while three hundred and sixty-eight (368) were properly filled and returned. This represents 81.8% return rate which comprised of 206 women and 162 men.

Instrumentation

The questionnaire used for this study has four sections:

Section A: This section obtained the demographic data like age, educational level, income level, gender and marital status.

Section B: Perceived Social Support Scale (PSSS)

This instrument was constructed by Smith, Fischer, Ryan, Clarke, House & Weir in 2013. It elicited information from older adults concerning sources of their support. It has 12 items assessing perceived social support from the four relationships of spouse, friends, parents and children. The social support of it was used for the study. It is on a 5-point Likert Type Scale which ranged from 1 not at all to 5 very true. Each score was calculated for each sub-scale. Higher scores indicated greater social support. The Cronbach's Alpha for this scale were 0.86, 0.82, 0.84 and 0.83 for spouse, friends, parents and children respectively.

Section C: Oxford Happiness Questionnaire (OHQ). The scale was developed by Hills & Argyle in 2002. It consists of 29 items. It is on a 6-point Likert Type scale, which ranged from 1 "strongly disagree" to 6 "Strongly agree". The total score of all items were divided by 29. The total score less than 3.5 means unhappy, while the total score of 3.5 and above means happy. The Cronbach's Alpha for the scale is 0.91.

Section D: Depressive Symptoms Scale (DSS). This scale was created by Radloft (1977). The scale has 20-items assessing the depressed mood of the elderly. Each item is on a 3-point Likert Type Scale from 0 (rarely) to 3 (most of the time). Higher scores of more than 30 indicate worse depressive symptoms while lower score of less than 30 indicated mild depressive symptoms. The cronbach's alpha coefficient for the scale was 0.94.

Validity and Reliability

The face and content validity of the instrument was established by 3 experts in test and measurement in the faculty of specialized and professional education, emmanuel alayande university of education Oyo. The items of the instrument were agreed to measure what they were intended to measure. The instruments were subjected to pilot test using 50 respondents who were not part of the target population but similar to all 368 used in the main study. Cronbach's alpha

Publication of the European Centre for Research Training and Development-UK
test for social support scale yielded 0.86, happiness scale yielded 0.78 while depressive symptoms scale yielded 0.89. These results were considered high enough for the study.

Data Collection

The instruments were administered to the respondents by the researcher. However, the researcher made use of three research assistants who were engaged to assist in the distribution and collection of the instruments in the 3 senatorial districts of Oyo North, Oyo Central and Oyo South. Hitherto the administration of the instruments, the research assistants were briefed on the purpose, nature and content of the questionnaire.

Data Analysis

The data collected for the study were analysed through percentages for demographic characteristics and inferential statistics of regression analysis for the two null hypotheses.

RESULTS AND FINDINGS

Table 1: Analysis of Demographic Information of participants

S/N	Variable	Frequency	Percentage
1.	<u>Age</u>		
	65-69	126	34.24
	70-74	92	25.00
	75-79	86	23.37
	80 years above	64	17.39
	Total	368	100.00
2.	<u>Gender</u>		
	Male	162	44.02
	Female	206	55.98
	Total	368	100.00
3.	<u>Marital Status</u>		
	Married	228	61.96
	Divorced	51	13.86
	Widows/Widowers	89	24.18
	Total	368	100.00
4.	<u>Educational Level</u>		
	Primary/Secondary School	47	12.77
	NCE/ND	87	23.64
	HND/First Degree	152	41.31
	Higher Degree	82	22.28
	Total	368	100.00
5.	<u>Income Level</u>		
	1-7	38	10.33
	8-10	126	34.24
	12 and above	204	55.43
	Total	368	100.00

Publication of the European Centre for Research Training and Development-UK

The statistics shown in table 1 revealed that most of the respondents 126 (34.24%) fall within the age bracket of 65-69 years, followed by those whose age bracket were 70-74 years who were 92 (25.00%). 86 (23.31%) of the respondents age bracket were between ages 75-79 years. Those whose ages were 80 and above were 64 (17.39%). On gender, male were 162 (44.02%) while female were 206 (55.98%). Also, 228 (61.96%) of the respondents were married, 89 (24.18%) were widows/widowers, while 51 (13.86%) were divorcees. Concerning the educational level of the respondents, 152 (41.31%) had HND/First Degree, 87 (23.64%) possessed NCE/ND Certificate, 82 (22.28%) possessed Master or Ph.D Degree, while 47 (12.77%) possessed primary/secondary school certificate. In the same vein on income level, 204 (55.43) were on grade level, 12 and above, 126 (34.24%) were between grade level 8-10, while 38 (10.33%) were between grade level 1-7.

Hypotheses 1: There is no composite contribution of independent variables of social support and happiness to the dependent variable of depressive symptoms of the elderly men and women in Oyo State.

Table 2: Multiple Regression Summary table showing composite contribution of independent variables of social support and happiness to depressive symptoms of the elderly men and women.

$R = .786$

$R^2 = .618$

Adj $R = .576$

Std Error of Estimate = 8.483

ANOVA

Model	Sum of Square	Df	Mean Square	F-Crit	Sign	P	Remark
Regression	1154.322	2	577.161	10.691	.000	<0.05	Sign
Residual	19,705.785	365	53.988				
Total	20,860.107	367					

As revealed in Table 2, there is joint contribution of social support and happiness to depressive symptoms of the elderly men and women. The above table showed a multiple regression of $R = .786$ and a multiple of R^2 of .618. It implies that 57.6% of the variance accounted for the moderator variables when taken together. The significance of the composite contribution was tested at $P < .05$. The table also showed that the Analysis of Variance (ANOVA) for the regression yielded an F-ratio of 10.691 (significant at 0.05 level).

This result implied that, the joint contribution of independent variables of social support and happiness to the dependent variable of depressive symptoms was significant and that other variables not included in this model may have accounted for the remaining variance. In other words, social support and happiness moderated depressive symptoms among the elderly men and women in Oyo State.

Hypotheses 2: There is no relative contribution of independent variables of social support and happiness to the dependent variable of depressive symptoms of the elderly and women.

Table 3: Relative contribution of independent variables of social support and happiness to the depressive symptoms on the elderly men and women.

Variables	Unstandardized	Coefficients	Unstandardized	t	Sign
	β	Std Error	Beta		
Constant	9.246	3.026		3.055	.000
Social Support (a)	.322	.068	.186	4.735	.000
Happiness (b)	.615	.078	.392	7.884	.000

In a separate regression analysis to test the hypothesis, independent variables of social support and happiness were separated in the study and entered into regression equation to identify relative contributions. The above table showed that the two moderator variables participation in a and b were strong moderators of “constant” with ($\alpha = .186$; $t = 4.735$; $P \leq 0.05$) and ($\alpha = .392$; $t = 7.884$; $P < 0.05$) respectively. That is, happiness made the more significant impact ($Beta = .392$; $P < .05$) to the prediction. Social Support followed to make significant contribution ($Beta = .186$; $P < .05$) to the prediction.

DISCUSSION

The fragile nature of elderly persons as they advance in age requires support for them to cushion the effects of numerous stressors they encounter. The first hypothesis examined the composite contribution of independent variables of social support and happiness to the dependent variable of depressive symptoms of the elderly men and women. The outcome of the finding revealed a significant positive contribution of Social support and happiness to depressive symptoms experienced by elderly men and women. The result clearly showed that the combined and comparative contributions of Social support and happiness to depressive symptoms were significant ($(F2, 365) = 10.691$); $R = .786$, $R^2 = .618$, Adjusted $R^2 = .576$; $P < .05$). Social support and happiness jointly accounted for a variation of about 57.6%.

The outcome is in tandem with earlier works of Saber, Rashedi; Fadakar & Borhaninejad (2021); Wu, (2022), Lu, Xiong, Tang, Bishwajit & Guo, (2023) and Yadav & Gupter (2024) who found in their various studies the moderating influence of social support and happiness on the depressive symptoms of the elderly men and women.

Furthermore, the result in table 3 showed the relative contribution and level of significance made by each independent variables of social support and happiness to the moderation of depressive symptoms of the elderly. The following reveal various relative contributions and level of

significance of the independent variables: Social Support ($\beta = .186$, $p < .05$), happiness ($\beta = .392$, $p < .05$). It was observed that the two independent variables of social support and happiness were strongly significant. It could then be inferred that depressive symptoms exhibited by elderly men and women were moderated by social support and happiness. This is in accord with the findings of Ahmadi, Soleimon, Pahlevan & Motalebi (2013); Keykhosrari, Rezaeri & Khabouei (2011); Moeini, Barati, Farhadian & Ara (2012); Ahmed & Mohammed, (2024) and Yadav & Gupter, (2024) that social support and happiness were powerful moderators of the depressive symptoms of elderly men and women. Also, the result of the study indicated that social support goes a long way to improve the wellbeing of the elderly. This is in alignment with earlier studies of Pourtaghi, Ramezani, Vashani, Hamedi & Moghadam (2019), Yadav & Gupter, (2024) and Wu, (2022) who found that old people hold great potentials for great happiness and that those who received social support significantly have lower risk difference for depression. However, this finding is not in agreement with earlier studies of Ani & Isiugo –Abanihe (2017) who found that not all elders enjoy robust family support, and this low social support plunges them into depression. Further result found that depression was moderated by happiness in this study. Happiness was found to protect older persons from depression (Bum, Johnson & Choi, 2022; Steptoe, 2011, Ahmed & Mohammed, 2022; Adebuseye, Oyinlola, Afolayan & Cadmus, 2025). However, some research findings suggest that increasing age is negatively associated with happiness, while some authors reported contrasting findings on happiness and increasing ages (Moeini, Barati, Farhadian & Ara, 2018; Ahmadi, Soleimon, Pahlevan & Motalebi, 2019; Saber, Rashedi, Fadakar Daravani & Borhaninejadi; 2021).

IMPLICATION TO RESEARCH AND PRACTICE

The findings of the study and the discussions that emanated therefrom have engendered some theoretical and practice related implications which are noteworthy like shedding light into the relationships among social support, happiness and depressive symptoms among the elderly men and women. Learning to age gracefully depends on living a healthy lifestyles. The natural ageing process cannot be stopped, but it can be delayed by living a healthy lifestyle.

The high significant possible correlation found between depression and happiness implied that elderly persons encounter psychological challenges such as loneliness, depression, anxiety, mental and physical issues consequent upon automated life. This calls for social support to these elders to successfully navigate the twists and turns of old age.

Through this study, was established that elderly persons are frail individuals with diminishing immune system which makes them susceptible to diseases. For them to live long they need social support to navigate through the process of ageing successfully. This calls for more insight into the personality traits of the elderly persons which was not captured in this study. This could be a complementary factor that would boost their happiness and psychological wellbeing.

Publication of the European Centre for Research Training and Development-UK

More awareness programmes should be organized for family members of the aged who are the first point of call to provide emotional support for them. Where family members cannot give support to their elderly ones, the services of other sources of support should be engaged not to plunge them into loneliness and isolation. Although, the aged are not to be pitied no matter how great their problems are, Counsellors should develop a model of comprehensive programmes for the elderly persons. This programme would supply the psychological nourishment the aged require for their wellbeing to avoid untimely death.

CONCLUSION

In conclusion, this study of the elderly shed light on various health and social challenges encountered by the elderly men and women in our society ranging from serious health conditions like diabetes, high blood pressure arthritis etc. The study affirmed the influence of social support and happiness on depression of elderly men and women. The two independent variables made significant contributions to the depressive symptoms of the elderly persons.

RECOMMENDATIONS

Based the outcome of this study, the following recommendations are suggested:

1. The ages beyond 65 years are a normal developmental stage in life. Efforts should be made to assist the elderly ones to healthy and productive lives through counselling them in various aspects of life.
2. Community counselling centres should be established at local government headquarters where elderly ones should be counseled individually and in groups.
3. This community based support and social programmes would resolve the challenges of loneliness and isolation among elderly men and women.
4. Family support through kinship system should be strengthened. This would encourage intergenerational togetherness and enhance older peoples care and support.
5. Government should make social and economic relief laws to cater and care for our aged as other western nations have done like Britain, United States of America, Sweden etc.
6. Elderly persons should be encouraged to take things easy and down play whatever needs and wants beyond their reach and pay attention to those needs that can be satisfied.

REFERENCES

- Adebusoye, L.A., Oyinlola, O., Afolayan, O.K. & Cadmus, E.O.(2025). Factors associated with happiness among older persons attending a geriatric centre in southwestern Nigeria.. Malawi Medical Journal, 37(2), June 68-76. <https://dx.doi.org/10.4314/mmj.V37i2.3>
- Ahmadi, A., Soleimani, M.A., Pahlevan, Sharif, S., & Motalebi, S,A.(2019). Association between perceived social support and happiness among community-dwelling elderly adult. The Journal of Qazvin University of Medical Sciences, 23(4), 320-331

- Ahmed, H.A., A. & Mohamed, B.E.S.(2022). Relationships between morality, happiness, and social support among elderly people. *Middle East Current Psychiatry*, 29, (1), 31.<https://doi.org/10.1186/S43045-022-00195-Z>
- Akinyemi, A.I & Akinbo, E.D(2018). The determinants of health care utilisation among older people in Nigeria. *The Journal of Aging and Health*, 20(1), 1-21.
- Ani, C.&Isiugo-Abanihe, U.C.(2017). Gender and health in Nigeria: A study of older women in Enugu State. *African Journal of Reproductive Health*, 21(1), 85-94.
- Aregbesola, R.A & Khan, S.M.(2021). The role of social pensions in poverty alleviation among older persons in sub-saharan africa. *Global Science Policy*, 21(2), 153-171
- Belanger, E., Ahmed, T., Vafaei, A, & Curcio.(2016). Sources of Social Support associated with health and quality of life: a cross-sectional study among Canadian and Latin American older adults. *BMU Open* 6:e011503. <https://doi.org/10.136/011503oPen-503-2016>
- Beygzadeh, K., Rezaei, A. & Khalouei, Y.(2015). The relationship between Social Support and life satisfaction with happiness among home-dwelling older adults in Shiraj. *Iranian Journal of Ageing* 10(2): 172-179. <https://salmardj.uswr.ac.ir/article-1-683-en.html>.
- Bum, C.H., Johnson, J.A. & Choi, C.(2020). Healthy ageing and happiness in the Korean elderly based upon leisure activity type. *Iranian Journal of Public Health*, 49(3) 454-462
- Eze, E.O.(2024). An assessment of the challenges and care of the elderly among the birom community, jos south, plateau state, Nigeria. *International Journal of Social Science Research and Anthropology*, 5, (6), 1-20.
- Helliwell, J.F., Huang, H, & Wang, S.(2017). In J. Helliwell, R. Layard & J. Sachs (Eds.). *World Happinessreport 2017*. New York: Sustainable Development Solutions Network, 8-47
- Hills, P. & Argyle, M.(2002). The Oxford Happiness Questionnaire a compact scale for the measurement of psychological well-being. *Personal Individual Difference*, 3:1073-1082. [https://doi.org/10.1016/501918869\(01\)00213-6](https://doi.org/10.1016/501918869(01)00213-6)
- KeyKhosravi, B.Z., Razaei, A., & Khalouei, Y.(2015). The relationship between social support and life satisfaction with happiness among Wu, F.(2022). Intergenerational support and life satisfaction of older parents in China: a rural-urban divide. *Social Indication Research*, 1601:1071-98.[doi:10.1007/511205-021-02672-0](https://doi.org/10.1007/511205-021-02672-0)
- Kim, H.(2023). Older people's health and long-term care during COVID-19: Impacts and Policy responses. <https://thedocs.world-bank.org/en/doc/cbo6300a>
- Lee, M.R.(2020). The relationship between interpersonal relationships and subjective experience of happiness among active elderly in Korea. *Asia Pacific Journal of Convergent Research Interchange* 6(11), 131-147. <https://doi.org/10.4082/kjfm.17.0121>
- Lerman, Ginsburg, S., Lemon, S.C., Romo, E., & Rosal, M.(2021). Social support and strain and emotional distress among Latinos in the northeastern United States. *BMC Psychology* 9, 1-9.[doi:10.1186/540359-021-00544-3](https://doi.org/10.1186/540359-021-00544-3)
- Li, A.Q & Wu, R.J.(2019). Can remarriage improve the mental health of the older people. An empirical analysis based on CLHLS data. *South Population* 34:70-80.[doi:10.3969/155n.1004-1613.2019.04.007](https://doi.org/10.3969/155n.1004-1613.2019.04.007)

- Lu, J., Xiong, J., Tang, S., Bishwajit, G. & Gro, S.(2023). Social support and psychological well-being among older adults in Europe during the COVID-19 pandemic: a cross-sectional study. *BMJ Open*, July. 5,13(7): eo71533.doi.10.1136/joopen 2022 - 071533
- Luchesi, B.M., Oliveira, N.A., Morais, D., Paula, Pessoa, R.M. Pavarini, SCI, Chagas, MHN(2018). Factors associated with happiness in the elderly persons living in the community. *Archive Gerontology and Geriatric*, 8, 74(October), 83-87
- Moeini, B., Barati, M, Farhadian, M & Ara, M.H.(2018). The Association between social support and happiness among elderly in Iram. *Korean Journal of Family Medicine*, July 39(4), 260-265). <https://doi.org/10.4082/kjfm.17.0121>.
- Oye, F. (2015). The role of the elderly in traditional African society: An ethnographic study of the Yoruba people. *African Sociological Review*, 19(2), 122-139
- Pourtaghi, F., Ramezani, M., Vashani, H.B., Hamed, Z., Moghadam, Z.E.(2019). Relationship between depression and social support and morale in the elderly. *Journal of Nursing and Midwifery Science*, 6(4), 197-203.<https://doi.org/10.4103/JNMS.JNMS-22-19>
- Radloff, L.S.(1977). The CES-D Scale: a self-report depressive symptom scale for research in the general in the general population *Applied Psychology Measurement*, 1,385-401
- Saber, M., Rashedi, V., Fadakar Davarani, M. & B orhaninejad, V. (2021). Social support, happiness, and Self-rated health among older adults: a population-based study. *Advances in Gerontology*, 11(1), 22-38.
- Sahin, D.S. Ozer, O & Yanardag, M.Z.(2019). Percenred Social Support; quality of life and satisfaction with life in elderly people. *Educational Gerontology*. 45(1), 69-77.<https://doi.org/10.1050/03601227.1585065>
- Shah, S.A., Safian, N., Ahmad, S., Wan Ibadullah, WAH, Mohammad, Z.B., Nurumal, S.R., Mansor, J., Addnan, M.F, Shobugawa, Y.(2021). Factors associated with happiness among Malaysian elderly. *International Journal of Environmental Research on Public Health*, 18:3831. <https://doi.org/10.3390/erph18073831>.
- Shahsawar, R., Ghaffari, M.P. & Makhtoum, N.R.(2018). Mediating role of psychological hardness and perceived Social support on the relationship between Spiritual Intelligence and happiness in the elderly women. *Journal of Gerontology*, 2(4) 11-21. <https://doi.org/10.29252/joge.2.4.11>
- Shin, H.& Park, C.(2022). Social support and pscological well-being in younger and older adults. The mediating effects of basic psychological need satisfaction. *Fronties Psychology*, 13, 1-37.doi.org/10.3389/fpsyg.2022.1051968.
- Smith, J., Fischer, G., Ryan, L., Clarke, P., House, J. & Weir, D.(2013). Psychosocial and lifestyle questionnaire 2006-2016. Documentation report Ann Arbor, M.I. Survey Research Centre, Institute for Social Research Center, Institute for Social Research, University of Michigan
- Step toe, A. (2019). Happiness and health. *Annual Review of Public Health*, 40, 339-359.
- United Nations (2019). Transforming our World: The 2030 Agenda for Sustainable Development. New York Department of Economic and Social Affairs.
- United Nations Department of Economics and Social Affairs (2019). World Population Prospects.

Yadav, A.& Gupta, C.(2024). Social support and psychological well-being among female partners of armed forces and non-armed forces. International Journal of Indian Psychology, 12(2), 2515-2523.DIP:18.01.218.2041202.doi.10.252151202.218