

# Relationship of the Level of Participation of the Elderly in Social Activities with Mental Health in the Community

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## ABSTRACT

*The elderly are an age group that is prone to experiencing a decline in mental health due to various factors such as loneliness, social isolation, and a decrease in social roles in society. One protective factor that is believed to strengthen the mental health of the elderly is involvement in social activities. Objective: This study aims to determine the relationship between the level of participation of the elderly in social activities with their mental health in the community. Methode: this study uses quantitative methods with a correlational approach. The Data were collected through questionnaires to 100 elderly people in RW III and during selected purposively. The level of social participation was measured based on the frequency and type of social activities followed, while mental health was measured using the WHO-5 Well-Being Index mental health scale. Results: the results of the analysis using the Pearson test showed a significant positive relationship ( $r = 0.62$ ,  $p < 0.01$ ) between the level of participation in social activities and the mental health of the elderly. Implications: the implications of these results suggest that increased social participation may be an effective strategy in supporting the mental well-being of the elderly. Therefore, it is important for the government and society to create inclusive social activity programs for the elderly. Conclusion: active participation in social activities has an important role in maintaining and improving the mental health of the elderly in the community.*

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## INTRODUCTION

Changes in the global demographic structure have major implications for social and health policies, including in Indonesia. Based on the report of the Central Statistics Agency (BPS, 2023), the number of elderly people ( $\geq 60$  years of age) in Indonesia is estimated to reach more than 29 million people, or about 10.5% of the total population, and is projected to continue to increase to more than 20% by 2045. Indonesia is now entering the era of aging population, where the number of elderly people exceeds the number of young people. This phenomenon poses great challenges, especially related to the decline in quality of life, the increasing burden on health and mental well-being problems in the elderly.

As we age, the elderly tend to face a variety of psychosocial problems, such as loss of a life partner, retirement from work, decreased social status, limited physical mobility, and reduced social interaction. These conditions increase the risk of mental disorders, such as depression, anxiety, chronic loneliness, to decreased cognitive function. According to data from the World Health Organization (WHO, 2023), more than 30% of the elderly in the world experience chronic loneliness, and this correlates with an increased risk of physical and psychological health disorders. In fact, chronic loneliness in the elderly is reported to have an effect equivalent to smoking 15 cigarettes per day on the risk of premature death.

In Indonesia, data from the Ministry of Social Affairs (2024) shows that most elderly people, especially those living alone or in urban areas, experience social isolation and limited community interaction, which aggravates their mental condition. This is a challenge because the mental health of the elderly is often overlooked in public policies and community interventions.

One of the proven effective efforts to maintain and improve the mental health of the elderly is to encourage their active participation in social activities. Social activities such as social gathering, joint Gymnastics, recitation groups, elderly organizations, to citizen meetings, provide interaction spaces that can reduce feelings of loneliness, increase a sense of value, strengthen the meaning of life, and maintain mental and cognitive fitness.

A recent study by Nasution & Rika (2023) found a significant positive relationship ( $r = 0.803$ ;  $p = 0.000$ ) between the social support received by the elderly and their level of happiness. Similar results were presented by Wang et al. (2024) in BMC Geriatrics, which states that the elderly who are regularly involved in social activities experience a significant reduction in depressive symptoms ( $\beta = -0.352$ ). In fact, a longitudinal study by Kim & Lee (2025) in South Korea revealed that seniors who regularly participate in community programs have a 38% lower risk of cognitive decline than those who are not socially active.

Theoretically, the approaches of Social Activity Theory and Socioemotional Selectivity Theory explain that social participation allows the elderly to maintain social identity, reinforce the meaning of life, and build positive emotions in selectively selected interactions. Such participation is not only socially beneficial, but also has a direct impact on the cognitive and emotional functions of the elderly, such as increased sense of satisfaction with life and decreased stress.

However, research related to the direct relationship between the participation of the elderly in social activities with their mental health in Indonesia, especially at the local community level such as RW or village, is still very limited. Some previous studies have focused more on physical health, or simply measured social participation in general without linking it to mental health indicators such as levels of depression, anxiety, or psychological well-being. In fact, the character of Indonesian society which is rich in the culture of mutual cooperation and kinship has the potential to be developed as a cheap, natural, and sustainable community-based intervention.

Based on these conditions, it is important to conduct research on the relationship between the level of participation of the elderly in social activities with mental health in the community. The results of this study are expected not only to strengthen the scientific theoretical base in the field of psychogerontology, but also to provide practical recommendations for the development of elderly empowerment programs, community-based mental health interventions, and the formulation of inclusive social policies towards elderly groups.

## METHODS

This study was conducted using a quantitative approach of correlational type to determine the relationship between the level of social participation of the elderly and their mental health. The location of the study was in RW III Kelurahan Anduring, with participants as many as 100 elderly people who were selected purposively based on the criteria of age (60 years), physical and mental conditions that allow, and willingness to be respondents.

Data collection was conducted through two types of questionnaires, namely the social participation questionnaire and the WHO-5 Well-Being Index to measure mental health. The social participation questionnaire contains the type and frequency of social activities followed, while WHO-5 measures the emotional well-being of the elderly in the last two weeks. Data analysis using Pearson correlation test, the results of data processing are then analyzed to see the strength and direction of the relationship between the two variables.

## RESULTS

### 1. Univariate Analysis

The results obtained by the frequency distribution of each variable is social participation and mental health of the elderly.

**Table 1. Distribution of Elderly Social Participation Rate**

Category Social Participation	Frequency (f)	Percentage (%)
Low	20	20
Medium	50	50
Height	30	30
<b>Total</b>	<b>100</b>	<b>100</b>



Based on Table 1, it is known that of 100 elderly respondents, 20 people (20%) had a low level of social participation, 50 people (50%) had a medium level of social participation, and 30 people (30%) had a high level of social participation.

Most of the elderly fall into the category of moderate social participation. This shows that in general, the elderly in the region are quite involved in social activities such as social gathering, recitation, elderly gymnastics, or community meetings, but not maximally. Only a third were actually active, and a small proportion were still less engaged, likely due to physical or social limitations.

**Tabel 2. Distribution of Elderly Mental Health Levels**

Category Mental Health	Frequency (f)	Percentage (%)
Low	18	18
Medium	55	55
Height	27	27
<b>Total</b>	<b>100</b>	<b>100</b>

Based on Table 2, it was obtained that 18 people (18%) had low mental health, 55 people (55%) had moderate mental health, and 27 people (27%) had high mental health. Most of the elderly have a level of mental health in the moderate category, meaning they do not show symptoms of severe stress or depression, but are also not yet fully in optimal psychological condition. Meanwhile, about 1 in 5 elderly people experience low mental health, which deserves attention, especially if it is associated with low social interaction.

## 2. Bivariate Analysis

The results obtained by the frequency distribution of each variable is social participation and mental health of the elderly.

**Table 3. Pearson Correlation Test Results Between Social Participation and Elderly Mental Health**

Variable X	Variable Y	Value r	Sig. (p-value)	Description
Social Participation Of The Elderly	Mental Health	0,627	0,000	Hubungan positif kuat dan signifikan

Elderly social participation Mental Health 0.627 0.000 strong and significant positive relationshipsBased on Table 3, The Pearson correlation test results show that there is a strong positive relationship between elderly social participation and mental health, with a value of  $r = 0.627$ . The significance value (p-value) = 0.000, smaller than 0.05, which means that this relationship is statistically significant. The higher the level of social participation of the elderly in community activities, the better the level of their mental health. Conversely, seniors who are rarely or not active in social activities tend to have lower mental health. These results support the theory that social

interaction can provide emotional support, strengthen a sense of belonging, and reduce feelings of loneliness in the elderly.

## **DISCUSSION**

### **1. Univariate Analysis**

The results of univariate analysis showed that the level of social participation of the elderly in the RW III area of Anduring village was mostly in the medium category (50%), followed by high (30%), and low (20%). This reflects that the elderly still have social involvement in community life, although not entirely optimal. Activities such as social gathering, recitation, service work, morning exercise, or elderly posyandu meeting become the main media for them to stay active.

As many as 55% of the elderly have mental health in the moderate category, which means they are not in a state of severe impairment but also have not reached optimal conditions. Meanwhile, 27% are classified as high, indicating a good mental state, and 18% as low, which becomes a vulnerable group.

This condition supports Robert Havighurst's Social Activity Theory which states that life satisfaction in the elderly is closely related to how active they are in new social roles after retirement or loss of a partner. Being socially active makes the elderly still feel valued, have a social identity, and contribute to the environment. The decline in mental health in the elderly can be triggered by various factors, such as the loss of a life partner, loneliness, chronic illness, or lack of emotional support. This is in accordance with the WHO report (2023) that more than 30% of the elderly globally experience chronic loneliness, which is at high risk of stress, depression, to suicide.

Nasution & Rika's (2023) research confirms that regular social participation strengthens feelings of happiness and empowerment among the elderly. Similarly, Lestari et al. (2023) states that the elderly who are active in community activities show a higher quality of life than those who tend to withdraw.

Study by Sari et al. (2023) showed that a supportive social environment, involvement in the community, and appreciation for the role of the elderly are very influential on their positive emotions and life satisfaction. Thus, mental health is not solely determined by medical conditions, but is closely related to social relationships and a sense of meaning in life.

However, the existence of an elderly group with a low participation rate (20%) indicates that there are still obstacles, both in terms of physical health, barriers to access to activities, or lack of family and environmental support. In this case, the role of community leaders, elderly cadres, and RT/RW administrators is important to identify and invite elderly people who have not joined social activities so as not to be isolated.

### **2. The Relationship Of Social Participation With The Mental Health Of The Elderly**

Pearson correlation test results show that there is a positive, strong, and significant relationship between social participation and mental health of the elderly, with a value of  $r = 0.627$  and a value of significance  $p = 0.000$ . This indicates that the more active the elderly are in social



activities, the better their mental health condition. Social engagement not only has an emotional impact, but also strengthens cognitive function and a sense of belonging.

These results corroborate Socioemotional Selectivity Theory (Carstensen, 1999), which explains that as we age, individuals tend to be more selective in establishing social relationships that have high emotional value. Seniors no longer pursue the quantity of relationships, but rather the quality—relationships that provide warmth, support, and attachment. Thus, participation in social activities allows the elderly to choose and maintain emotionally meaningful relationships, which in turn play a role in maintaining mental health.

Wang et al. (2024) in BMC Geriatrics examined more than 2,000 elderly people in China and found that regular social engagement decreased depressive symptoms by 27%, as well as improved emotional well-being scores. The most impactful activities were community meetings, religious activities, and peer group discussions.

Meanwhile, Kim & Lee (2025) in a five-year longitudinal study in South Korea found that seniors who regularly attended an elderly community center experienced a 38% reduction in cognitive impairment, compared to those who were not involved. Ongoing social activities, such as art training, moderate exercise, and discussion forums, provide mental stimulation and prevent social isolation.

A similar study by Dewi & Prasetyo (2023) also shows that seniors who regularly participate in community activities feel an increase in self-esteem, feel more useful, and are able to express themselves freely. This reduces psychological stress as well as strengthens their social identity, especially in an environment that values the role of the elderly.

Furthermore, Toma et al. (2022) in the Journal of Aging and Mental Health emphasizes that the positive effect of social participation on the mental of the elderly is also influenced by the interpersonal support that appears in the activity. When the elderly feel heard, considered important, and invited to contribute, feelings of well-being and optimism increase.

In general, these studies show that social participation is not just a pastime, but a psychological protection mechanism. Seniors who feel they have a place in their community will be better prepared to face the changes of old age, such as loss of a spouse, physical limitations, or decreased role in the family.

Based on the findings of this study, researchers see that the relationship between social participation and the mental health of the elderly reflects a complex interaction between basic psychological needs, local culture, and social support. Statistical Data is not just a number, but a representation of the fact that the elderly who are involved in social activities experience a better quality of life than those who withdraw from their social environment.

Researchers found that activities such as RT gathering, elderly recitation, elderly posyandu, morning exercise, to mutual aid activities are not only physical vehicles, but social and emotional spaces that build a sense of identity, meaningfulness, and self-esteem in the elderly. Even the elderly who experience economic hardship, if involved in a supportive community, still show stable mental health because they do not feel alone.





In contrast, elderly people who never leave the House, rarely talk to each other, or have no space to contribute, show symptoms of mild to severe stress, such as irritability, prolonged silence, or feeling “useless”. This proves that social isolation is one of the most dangerous factors for the mental health of the elderly—even more severe than a declining physical condition. The researchers' analysis also highlights the importance of accessibility and sustainability of elderly social activities. Social activities should consider the needs and limitations of the elderly: implementation time, elderly-friendly location, and escort cadres or families. For example, elderly people who have mobility barriers can still be involved if activities are carried out near home or picked up by cadres. On the other hand, it is also important to strengthen social literacy among young families so that the elderly are not considered a burden, but are still given space to get involved.

The researcher considered that strengthening the elderly-based community should be a strategic program in Community Social Planning. The right approach is not to make the elderly a passive object, but an active subject who can be a community driver, mentor, or even a social peacemaker in their environment. When the elderly are given confidence and space for actualization, then not only their mental health improves, but also the quality of social life in general. Thus, these findings are not only academically important, but also practical—encouraging all parties, from government, RT/RW, religious organizations, to families, to create open and welcoming social spaces for the elderly.

## CONCLUSIONS

Based on the results of the univariate analysis, it can be concluded that most of the elderly are at a moderate level of social participation (50%) and a moderate level of mental health (55%). This shows that most of the elderly in the community are still quite involved in social activities, although not maximal, and in general have a fairly stable psychological condition. However, there is still a group of elderly people with low social participation and mental health, who have the potential to experience social isolation and a decrease in psychological well-being if they do not receive special attention from their families and the surrounding environment.

Meanwhile, the results of the bivariate analysis showed a strong and significant relationship between social participation and the mental health of the elderly ( $r = 0.627$ ;  $p = 0.000$ ). The higher the involvement of the elderly in social activities, the better the level of mental health they have. The findings reinforce theories and results of previous research that positive social interactions can improve a sense of belonging, self-esteem, and emotional well-being in the elderly. Thus, improving the quality and access to social activities at the community level is a strategic step to maintain and improve the mental health of the elderly as a whole.

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