

Single Early Adults' Quality of Life: Does Social Support Have an Impact?

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Abstract

The purpose of this study was to determine whether the receipt of social support plays a significant role in the quality of life of single young adults. The hypothesis of this study is that social support plays a role in the quality of life of single young adults. A quantitative, correlational method was chosen to conduct this study. The sampling technique used was convenience sampling. The research questionnaire was distributed online to obtain 129 subjects. The criteria set were individuals who were single (never or previously married) and aged 25–40 years. The instruments used in this study were a social support instrument and a quality-of-life instrument, both constructed by the researcher. Simple linear regression analysis was used to test the hypothesis. The results showed that social support significantly influences quality of life among single young adults ($p < .001$, $R^2 = .558$). This study can be used in education, as it shows that single individuals can still have a good quality of life with social support.

Abstrak

Tujuan penelitian ini adalah untuk mengetahui apakah dukungan sosial yang diterima berperan secara signifikan terhadap kualitas dewasa awal yang melajang. Hipotesis penelitian ini adalah adanya peran dukungan sosial terhadap kualitas hidup dewasa awal yang melajang. Metode kuantitatif dengan jenis korelasional dipilih untuk menjalankan penelitian ini. Teknik sampling yang digunakan adalah convenience sampling. Kuesioner penelitian dibagikan secara online hingga diperoleh subjek sejumlah 129 orang. Adapun kriteria yang ditetapkan yakni individu yang melajang (belum pernah atau sebelumnya menikah) dan berusia 25–40 tahun. Instrumen yang digunakan pada penelitian ini adalah instrumen dukungan sosial dan instrumen kualitas hidup yang dikonstruksi oleh peneliti. Analisis regresi linier sederhana digunakan sebagai uji hipotesis. Hasil penelitian menunjukkan bahwa dukungan sosial berpengaruh signifikan terhadap kualitas hidup dewasa awal yang melajang ($p < 0,001$; $R^2 = 0,558$). Penelitian ini dapat digunakan untuk edukasi, dengan ditunjukkan bahwa individu yang melajang tetap dapat memiliki kualitas hidup yang baik apabila individu tersebut memperoleh dukungan sosial.



INTRODUCTION

The stage of intimacy versus isolation characterizes early adulthood. Intimacy is the process of discovering oneself and immersing oneself in others (Santrock, 2012). Intimacy can develop when individuals share thoughts and feelings with partners, family, and close friends, and then engage in self-disclosure. Individuals who successfully develop intimate relationships with others will build long-term relationships with those closest to them (Anggrianti & Cahyono, 2019). Meanwhile, individuals who are unsuccessful in developing intimate relationships will feel isolated (Santrock, 2012). In each phase, developmental tasks must be passed. According to Hurlock (1986), the developmental task in

early adulthood is to find a life partner and start a family life. Therefore, early adults need to form an intimate relationship with someone or get married to fulfill developmental tasks. If individuals complete developmental tasks well, they will gain a sense of success and the confidence to face developmental tasks in the next phase (Anggrianti & Cahyono, 2019).

Marriage appears mandatory at a certain age (Liswijayanti, 2021). Marriage is considered an indicator of social success in Indonesian society (Himawan et al., 2017), so single individuals often face societal pressure (Pratama, 2019). This assumption is inherited from society and is hereditary, so parents pressure their children to marry at the age they are expected to, to avoid being labeled negatively (Pratama, 2019). Being single is associated with declines in psychological well-being and happiness, increased social rejection, and being perceived as less sociable (Kusumawardhani et al., 2018; Oktawirawan, 2020). Marriage is often considered a protective factor against loneliness (Gazadinda et al., 2021). Conversely, single individuals are considered independent and resilient and focus more on careers and education (Nanik et al., 2018).

The number of single early adults in Indonesia has increased significantly every year. A survey conducted by Statistics Indonesia in 2015 and 2021 (*Badan Pusat Statistik*, 2022) showed a significant decline in the number of married early adults. In 2015, 31.29% of women aged 25–44 years were married, but the percentage dropped to 26.39% in 2021. Meanwhile, in 2015, 96.25% of men aged 25–44 years were married, but this decreased to 95.43% in 2021. According to *Badan Kependudukan dan Keluarga Berencana Nasional Indonesia* (National Population and Family Planning Agency of Indonesia; BKKBN), as cited in Voliwati (2020), the ideal age for marriage is 21 years for women and 25 years for men. In addition, individuals are considered biologically and psychologically mature at ages 20–25 for women and 25–30 for men. At this age, individuals are generally considered mature in various aspects, including emotional intelligence, mindset maturity, physical maturity, and financial stability.

Single individuals are considered to have a low quality of life (Pasaribu, 2021). Consistent with research by Suwarni et al. (2018), marital status affects individuals' quality of life. Married individuals have a higher quality of life than unmarried or widowed individuals. Marriage can lead to a better financial situation, greater sexual satisfaction, and increased social support (Apostolou et al., 2024). This statement is supported by research by Yuniati and Kamso (2021), which states that individuals in relationships have a better quality of life because they receive support from their family, especially their partner. Being single also affects physical and psychological aspects, which play a role in quality of life. Based on results from a national survey conducted in the United States, 58% of single individuals reported experiencing extreme stress (Santrock, 2012). Another survey was conducted in Indonesia, where single individuals experienced stress at a high level of 26.4% (Balaw & Indrijati, 2022). Hurlock (1986) revealed that women who reach the age of 30 tend to experience anxiety because at this age, it is a critical age for unmarried women. These studies are supported by the results of interviews conducted by researchers; it was found that the inherent single status resulted in individuals feeling anxiety, depression, sadness, and loneliness.

Renwick and Brown (1996) define quality of life as the extent to which individuals enjoy all the essential events that occur in life. They identify three core aspects: (1) *being*, which describes who individuals fundamentally are, encompassing physical, psychological, and spiritual dimensions; (2) *belonging*, which concerns individuals' connection to their environment, including physical, social, and community belonging; and (3) *becoming*, which refers to activities pursued to achieve personal goals, hopes, and desires, comprising practical, leisure, and growth dimensions.

One of the factors that influences quality of life is social support (Wedgeworth et al., 2017). Prezza and Pacilli (2002) suggest that establishing a relationship in marriage can prevent loneliness because the presence of a partner provides strong support, especially from significant others. Individuals who receive support from those around them, such as family, friends, or even cohabitants, have a good quality of life (Keith, 2003). Based on interviews conducted by researchers, social support from family and friends was found to foster a sense of acceptance, reducing loneliness and solitude among individuals. The research by Pasaribu (2021) reveals that support from family and partners positively affects quality of life, particularly the psychological aspects. From the above statements, it can be inferred that even though individuals are unmarried but have sources of social support such as family, friends, and significant others, achieving a good quality of life is possible.

Sarafino and Smith (2017) define social support as comfort, care, appreciation, or assistance provided by a person or group. Zimet et al. (1988) state that social support can be obtained from family, friends, and significant others. Sarafino and Smith (2017) describe several aspects of social support, including: (1) emotional support, which is a form of support obtained in the form of empathy, care, attention, and affection; (2) instrumental support, is a form of direct support in the form of material assistance, services, or time; (3) informational support, is a form of support expressed in the form of providing advice, guidance, appreciation, or feedback to help solve the problems; and (4) companionship support, is a form of support that includes the willingness to spend time together. Social support has a positive impact on individuals. Cohen and Wills (1985) state that the lack of social support received by individuals makes them vulnerable to depression and anxiety when stressed. In addition, social support helps increase individual self-confidence, feelings of being loved, and the ability to express feelings openly (Misgiyanto & Susilawati, 2014). This research shows that social support has a role in individuals' physical and psychological health.

The statements above show that social support plays an important role in individuals' quality of life. It aligns with previous studies that found social support plays a significant role in the quality of life of the elderly (Pratiwi, 2015; Mulyati et al., 2018; Shen et al., 2020) and people with HIV/AIDS (Aswar et al., 2020). Meanwhile, research on the role of social support on the quality of life of single early adults has not been conducted. Thus, this research's novelty lies in its focus on single early adults. Therefore, the purpose of this study was to determine whether the social support that is received by single early adults plays a significant role in their quality of life.

METHODS

This research uses a quantitative method approach with a correlational research type. The population in this research comprised single early adults in Indonesia. The number of participants in this study was 129, and the sample size was calculated using Lemeshow's formula (Lwanga & Lemeshow, 1991) because the population size was unknown. The technique used was non-probability sampling via convenience sampling. Convenience sampling was used because respondents were selected based on ease of finding subjects and in accordance with predetermined criteria (Sugiyono, 2015). Data collection for this research was conducted using a Likert scale. This technique involved distributing the questionnaire online to make it easily accessible. The questionnaire was distributed online in the form of a Google Forms and disseminated using social media platforms such as WhatsApp, Instagram, and X, and the subjects who could fill out the questionnaire had to meet the specified criteria, including: (1) aged 25–40 years; (2) male or female; and (3) single (never or previously married). However, there are limitations to convenience sampling. These include the risk of bias and the possibility that the sample may not be representative of the entire population.

The measuring instruments used in this research were developed by the researchers based on the construction principles outlined by Azwar (2012). The process of constructing a psychological scale involves seven steps. First, identifying the measurement objectives involves selecting a definition and understanding the theory that will form the basis for the attributes to be measured. Second, domain restriction involves breaking down a theory into several aspects and limiting it according to the most appropriate theory. In this research, the theories used are the social support theory, based on Sarafino and Smith's (2017) theory, and the quality of life theory, based on Renwick and Brown's (1996) theory. Third, operationalizing the concept by determining indicators for each aspect so that the direction of the response to be revealed can be easily understood. Fourth, creating a blueprint and items. The blueprint consists of a set of indicators representing the aspects. This blueprint is used as a reference when creating item statements. Item statements must be aligned with the theory, subject conditions and measurement objectives. Fifth, item review. During this process, the researcher reviews each item to ensure it aligns with the established writing guidelines. After that, a legibility test is conducted on five subjects with predetermined criteria. The subjects of the research are asked to evaluate the items and provide suggestions to ensure alignment with their understanding. Next, the constructed construct is submitted to three expert judges for evaluation and feedback. Then, the sentence improvement process is carried out, after which content validity testing is conducted using Aiken's V formula. Sixth, the trial was conducted on 30 research samples. The trial was used to establish which items were and were not used. Lastly, items were selected by removing statement items that did not fulfill the necessary psychometric requirements.

Subsequent to the construction process, the ensuing results were obtained. The social support scale comprises four aspects: emotional, instrumental, informational, and companionship support. It contains 36 items, with item correlation coefficients ranging from .382 to .882 and a Cronbach's alpha of .975. The quality-of-life scale consists of three aspects: being, belonging, and becoming. It totaled 60 items, with correlation coefficients ranging from .314 to .722, and a Cronbach's alpha reliability of .964.

The data analysis was performed using SPSS 25.0 for Windows. The data analysis technique used descriptive analysis. Moreover, the classic assumption tests were normality, linearity, and heteroscedasticity. The normality test used the one-sample Kolmogorov-Smirnov test, the linearity test used the linearity test, and the heteroscedasticity test used the Glejser test. After that, the hypothesis test used in this research was simple regression analysis.

RESULTS

The data obtained in this research were from 129 participants. Based on Table 1, more women participated in this research, accounting for 65.9%. However, based on social support and quality-of-life scores, single men receive more social support and have a higher quality of life than women. Furthermore, single working individuals have higher social support and quality of life than those who do not work. Then, single individuals who live in urban areas have higher social support and quality of life than singles who live in rural areas.

Table 1.
Characteristics of Respondents Based on Demographic Data

Characteristics		Frequency	Percentage	Means	
				Social Support	Quality of Life
Gender	Male	44	34.1%	110.8	186.4
	Female	85	65.9%	106.5	167
Employment	Employed	110	85.3%	110.9	176.7
	Unemployed	19	14.7%	91.2	154.2
Domicile	Urban areas	81	62.8%	111.2	176.1
	Rural areas	48	37.2%	102.7	168.9

Based on Table 2, the social support and quality of life variables had empirical mean values greater than the hypothetical mean. This means that participants tend to have high social support and quality of life.

Table 2.
Descriptive Statistics

Variable	Hypothetical				Empirical			
	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Social Support	36	144	90	18	45	144	108	22.103
Quality of Life	60	240	150	30	94	237	173.43	25.972

Based on the social support categorization below, the results show that the subjects obtained high-level social support, at 51.9%.

Table 3.
Score Categorization of Social Support

Categorization	Norm	Frequency	Percentage
Low	$X \leq 72$	12	9.3%
Average	$72 < X \leq 108$	50	38.8%
High	$X > 108$	67	51.9%

Based on Table 4, the quality-of-life percentage is in the moderate category at 56.6% and in the high category at 39.5%.

Table 4.
Score Categorization of Quality of Life

Categorization	Norm	Frequency	Percentage
Low	$X \leq 120$	5	3.9%
Average	$120 < X \leq 180$	73	56.6%
High	$X > 180$	51	39.5%

Based on aspects of social support, a high percentage was obtained, except for instrumental support, which was average.

Table 5.
Categorization of Social Support Based on Aspects

Aspects	Categorization	Norm	Frequency	Percentage
Emotional Support	Low	$X \leq 28$	16	12.4%
	Average	$28 < X \leq 42$	49	38%
	High	$X > 42$	64	49.6%
Instrumental Support	Low	$X \leq 10$	15	11.6%
	Average	$10 < X \leq 15$	70	54.3%
	High	$X > 15$	44	34.1%
Informational Support	Low	$X \leq 18$	8	6.2%
	Average	$18 < X \leq 27$	56	43.4%
	High	$X > 27$	65	50.4%
Companionship Support	Low	$X \leq 16$	11	8.5%
	Average	$16 < X \leq 24$	53	41.1%
	High	$X > 24$	65	50.4%

The results of the quality of life categorization based on each aspect show that the percentage of high categories is in the aspects of spiritual being, physical belonging, social belonging, and growth becoming. The rest are spread in the average category.

Table 6.
Categorization of Quality of Life Based on Aspects

Aspect	Sub-aspects	Categorization	Norm	Frequency	Percentage
Being	Physical being	Low	$X \leq 18$	23	17.8%
		Average	$18 < X \leq 27$	89	69%
		High	$X > 27$	17	13.2%
	Psychological being	Low	$X \leq 22$	19	14.7%
		Average	$22 < X \leq 33$	68	52.7%
		High	$X > 33$	42	32.6%
	Spiritual being	Low	$X \leq 8$	4	3.1%
		Average	$8 < X \leq 12$	43	33.3%
		High	$X > 12$	82	63.6%
Belonging	Physical belonging	Low	$X \leq 16$	10	7.8%
		Average	$16 < X \leq 24$	47	36.4%
		High	$X > 24$	72	55.8%
	Social belonging	Low	$X \leq 18$	8	6.2%
		Average	$18 < X \leq 27$	54	41.9%
		High	$X > 27$	67	51.9%
	Community belonging	Low	$X \leq 12$	13	10.1%
		Average	$12 < X \leq 18$	89	69%
		High	$X > 18$	27	20.9%

Aspect	Sub-aspects	Categorization	Norm	Frequency	Percentage
Becoming	Practical becoming	Low	$X \leq 10$	15	11.6%
		Average	$10 < X \leq 15$	91	70.5%
		High	$X > 15$	23	17.8%
	Leisure becoming	Low	$X \leq 8$	11	8.5%
		Average	$8 < X \leq 12$	59	45.7%
		High	$X > 12$	59	45.7%
	Growth becoming	Low	$X \leq 8$	6	4.7%
		Average	$8 < X \leq 12$	51	39.5%
		High	$X > 12$	72	55.8%

Furthermore, the classical assumption tests, namely the normality, linearity, and heteroscedasticity tests, are carried out. Based on the normality test results, the p -value is .200 ($p > .05$), indicating that the data are normally distributed.

Table 7.
Normality Test

	p	Conclusion
Unstandardized Residuals	.200	Normal

The linearity test results indicate a Deviation from Linearity p -value of .070 ($p > .05$) and a linearity p -value of .000 ($p < .05$), confirming that the two variables have a linear relationship.

Table 8.
Linearity Test

Variables	p		Conclusion
Social Support and Quality of Life	Deviation of Linearity	.070	Linear
	Linearity	.000	Linear

The heteroscedasticity test model used in this research is the Glejser test. The results of the heteroscedasticity test show that the p -value for the social support variable is .196 ($p > .05$), indicating no evidence of heteroscedasticity.

Table 9.
Heteroscedasticity Test

Variable	p	Conclusion
Social Support	.196	Heteroscedasticity did not occur

Hypothesis testing in this research uses simple linear regression analysis. Hypothesis testing is used to determine whether there is a role and the amount of contribution of the independent variable to the dependent variable. The hypothesis can be accepted if the p -value is $< .05$. Based on that, the p -value is .000, and the R -squared (R^2) is .558, indicating that social support accounts for 55.8% of the variance in quality of life. The simple linear regression equation obtained from the data is quality of life = 78.619 + 12.666 (social support). It can be interpreted that for each one-unit increase in social

support, quality of life increases by 12.666. Based on the results of this hypothesis test, social support plays a significant role in the quality of life among single early adults.

Table 10.
Hypothesis Test

Variables	<i>p</i>	<i>R</i>²	Constant	<i>t</i>
Social Support	.000	.558	78.619	12.666
Quality of Life				

DISCUSSION

Based on the results of a simple regression analysis, the research hypothesis can be accepted. Social support plays a significant role in the quality of life of single early adults. The results of this research align with previous research by Pratiwi (2015), which shows the role of social support in quality of life. The higher the social support obtained, the better the quality of life. Individuals with high social support will be better able to solve problems because they believe someone can help them (Smet, 1994). Otherwise, the lack of social support can cause a variety of negative emotions, such as depression, anxiety, and unhappiness (Balogun, 2014).

Furthermore, the results showed that social support among single early adults was high. Based on these results, it can be interpreted that single individuals still get social support from their closest people. Supporting this result, Batara and Kristianingsih (2020) state that single individuals who do not receive support from their partners still receive support from family, close friends, and co-workers. Misgiyanto and Susilawati (2014) found that the support provided helps increase self-confidence, feelings of being loved, and a sense of security, enabling individuals to express their feelings openly.

Based on demographic data, single men received more social support than single women. The data do not align with the findings of Day and Livingstone (2003), namely that single women have a more extensive social support network than single men. Women turn to various sources of support, such as friends, co-workers, and family, more often than men do. In addition, in terms of occupation, individuals who work have greater social support than those who do not, as they have broader support networks and can ask for help from more people. This research also found that the social support received by single individuals in urban areas is higher than in rural areas. This result is at odds with the Italian community survey by Carta et al. (2012), which found that rural individuals have stronger social bonds than those in urban areas because rural residents engage in intimate, informal interactions, making socializing easier and more open. The interaction has a stronger positive effect on individual subjective well-being.

This research also shows that single early adults have a high quality of life. Based on the results of this research, the quality of life of single early adults who work is higher than that of single individuals who do not work. The results of this research align with the findings of Resmiya and Misbach (2019), which state that individuals who work have a higher quality of life than those who do not. The results of this research are supported by a statement from Izawa (2004) that work is an important demographic factor affecting quality of life, as it occupies most individuals' time.

In addition, this study found that single men have a higher quality of life than single women. According to research by Sari and Listiyandini (2015), men do not feel as lonely as women because they can more easily adapt to or master their environment. The results of the research are consistent with a community survey in Italy by Carta et al. (2012), which found that men's subjective quality of life was higher than women's, with a subsequent decline in quality of life with age in both sexes. However, other studies have different results, finding no difference in quality of life between men and

women (Appulembang & Dewi, 2017; Resmiya, 2019). This research also shows that single individuals residing in urban areas have a higher quality of life than those in rural areas. Carta et al. (2012) stated that early adult men have a better life in urban areas, whereas middle- and late-adult men feel that rural areas are a better place to live.

Research by Pasaribu (2021) indicates that single individuals tend to have a lower quality of life. However, this research found that single individuals had a high quality of life. This is due to the high level of social support individuals receive. This can be interpreted as meaning that single individuals can still have a good quality of life if they receive social support. Prezza and Pacilli (2002) state that single individuals receive social support from family, friends, and significant others to have a good quality of life. It can be concluded that social support is essential for single individuals because it provides a sense of security, comfort, and happiness, helps them avoid loneliness, and improves their quality of life.

CONCLUSION

The results confirm that social support plays a significant role in the quality of life among single early adults, with higher levels of social support associated with better quality of life. The quality of life and social support received by single individuals are also affected by gender, occupation, and region of residence. This study is limited in its exploration of the sources of social support and relationship status of single individuals, as examining these factors more deeply may reveal significant differences between individuals who receive social support from significant others, friends, or family. Single early adults are encouraged to continue their activities, such as working, fulfilling spiritual needs, engaging in positive activities, or socializing, so that they can receive social support from various sources. The closer and more intimate the relationship between individuals, the greater the support received, which in turn improves quality of life.

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