

Overview of Social Interaction and Quality of Life of the Elderly in Pasinggangan Village, Banyumas

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ABSTRACT

The elderly population is vulnerable to a decline in social interaction and quality of life due to physical, psychological, and social changes associated with the aging process. Maintaining social engagement is essential to support well-being and life satisfaction among older adults. This study used a descriptive quantitative design with a survey approach. The research was conducted in Pasinggangan Village, Banyumas Regency, involving 52 elderly respondents selected using random sampling based on the Slovin formula. Data were collected using questionnaires measuring social interaction and quality of life and analyzed using univariate descriptive statistics. The majority of respondents were aged 60–74 years (75%) and female (76.9%), with hypertension being the most common health condition (21.2%). Most elderly respondents demonstrated good social interaction (73.1%), while 23.1% had moderate interaction and 3.8% had poor interaction. Regarding quality of life, 82.7% had moderate quality of life, 15.4% good, and 1.9% poor. The findings indicate that most elderly individuals in Pasinggangan Village have relatively active social interaction and a moderately good quality of life. Strengthening social support and community engagement is essential to improve elderly well-being.

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1. INTRODUCTION

The elderly population is defined as individuals aged 60 years and above, according to Indonesian law and the World Health Organization (WHO) classification. Aging is characterized by biological, psychological, and social changes that may affect the ability of older adults to adapt to stress and maintain independence¹. Indonesia is currently experiencing an aging population structure, with the proportion of elderly individuals exceeding 10% of the total population and projected to continue increasing significantly in the coming decades². This demographic transition presents challenges in maintaining the health and quality of life of older adults.

Quality of life in the elderly is influenced by multiple factors, including physical health, psychological well-being, social relationships, and environmental conditions. Social interaction plays a critical role in supporting emotional stability, reducing loneliness, and enhancing life satisfaction among older adults³. Elderly individuals who remain socially active tend to have better coping mechanisms, improved mental health, and higher overall well-being compared to those who experience social isolation⁴.

However, aging often brings physical limitations, chronic illnesses, and changes in social roles, which may reduce opportunities for interaction and participation in community activities. These conditions can lead to decreased self-esteem, feelings of loneliness, and an increased risk of depression⁵. Conversely,

positive social engagement can enhance a sense of belonging, promote emotional support, and contribute to improved quality of life⁶.

Preliminary observations conducted in Pasinggangan Village indicated that many elderly individuals experienced physical limitations, feelings of loneliness, and reduced participation in daily activities, although community programs such as elderly health posts provided opportunities for social interaction. Therefore, it is important to understand the current condition of social interaction and quality of life among the elderly in this community. This study aims to describe the social interaction and quality of life of elderly individuals in Pasinggangan Village, Banyumas Regency.

2. RESEARCH METHOD

This study employed a descriptive quantitative research design using a survey approach. The research was conducted in Pasinggangan Village, Banyumas District, Banyumas Regency, specifically at the Integrated Primary Service (ILP) elderly health posts Pos Mawar 5 and Pos Mawar 8. Data collection was carried out in March 2025.

The population consisted of 105 elderly individuals who actively participated in community health activities. The sample size was determined using the Slovin formula with a 10% margin of error, resulting in 52 respondents selected through random sampling to ensure equal selection probability for all participants. Inclusion criteria included elderly individuals aged 60 years or older, residing in Pasinggangan Village, physically capable of communication and participation, and willing to become respondents. Exclusion criteria included elderly individuals with severe cognitive impairment or communication limitations.

Data were collected using structured questionnaires measuring social interaction and quality of life. The social interaction instrument consisted of 16 items assessing cooperation, accommodation, and assimilation aspects, while the quality-of-life instrument included 26 items covering physical, psychological, social, and environmental domains. Responses were measured using Likert scales.

Data analysis was performed using univariate descriptive statistics to present frequency distributions, percentages, and categorical interpretations of social interaction and quality of life levels. Ethical approval for this study was obtained from the Health Research Ethics Committee of Universitas Muhammadiyah Purwokerto with registration number KEPK/UMP/258/II/2025.

3. RESULT AND DISCUSSIONS

The results of this study were obtained from questionnaires assessing social interaction and quality of life among elderly individuals in Pasinggangan Village. A total of 52 respondents participated in the study. The data analysis showed that most respondents were categorized as elderly aged 60–74 years and predominantly female. In terms of health status, the majority of respondents did not report chronic illnesses, although hypertension was the most common disease among those who had health problems.

Regarding social interaction, most elderly respondents demonstrated good levels of interaction, indicating that they were still actively involved in social activities within their community. Only a small proportion showed moderate to poor interaction, mainly due to physical limitations and health conditions that affected mobility and participation in social environments.

In terms of quality of life, the majority of respondents were categorized as having a moderate level. This finding suggests that although the elderly population maintained relatively stable living conditions, there were still limitations related to physical health, independence, and psychological factors that influenced overall well-being. The detailed distribution of respondent characteristics, social interaction, and quality of life is presented in the following tables.

1. Univariat Analysis

Table 1 Characteristics of Respondents

No	Respondent Characteristics	Frequency	Presentase(%)
1.	Age:		
	a. Middle age (45–59 years)	0	0%
	b. Elderly (60–74 years)	39	75%
	c. Old elderly (75–90 years)	11	21.2%
	d. Very old (>90 years)	2	3.8%
	Total	52	100 %
2.	Gender:		
	a. Male	12	23.1%
	b. Female	40	76.9%
	Total	52	100%
3.	Current Disease:		
	a. None	37	71.2%
	b. Hypertention	11	21.2%
	c. Diabetes	1	1.9%
	d. Stroke	2	3.8%
	e. Others (athritis, heart disease, respiratory disease, etc)	1	1.9%
	Total	52	100%

The table presents the characteristics of 52 elderly respondents based on age, gender, and current health conditions. Most respondents were categorized as elderly aged 60–74 years, accounting for 75% of the sample, followed by those aged 75–90 years (21.2%) and those older than 90 years (3.8%). No respondents were in the middle-age category (45–59 years). Based on gender, the majority of respondents were female (76.9%), while males accounted for 23.1%. Regarding current health conditions, most respondents reported having no illness (71.2%). Among those with health problems, hypertension was the most common condition (21.2%), followed by stroke (3.8%), diabetes (1.9%), and other diseases such as arthritis, heart disease, or respiratory disorders (1.9%). Overall, the findings indicate that the respondents were predominantly female elderly individuals aged 60–74 years, with most reporting relatively good health conditions despite the presence of some chronic diseases.

Table 2 Frequency Distribution of Respondents Based on Elderly Social Interaction in Pasinggangan Village

Category	Frequency	Presentase(%)
Good	38	73.1%
Moderate	12	23.1%
Poor	2	3.8%
Total	52	100 %

The table shows the distribution of respondents based on the level of social interaction among the elderly in Pasinggangan Village. The majority of respondents had a good level of social interaction, totaling 38 individuals (73.1%). Meanwhile, 12 respondents (23.1%) were categorized as having moderate social interaction, and only 2 respondents (3.8%) had poor social interaction. These findings indicate that most elderly individuals in the study maintained active social relationships within their community.

Table 3 Frequency Distribution of Respondents Based on Elderly Quality of Life in Pasinggangan Village

Category	Frequency	Presentase(%)
Good	8	15.4%
Moderate	43	82.7%
Poor	1	1.9%
Total	52	100 %

The table presents the distribution of respondents based on the quality of life of the elderly in Pasinggangan Village. The results show that the majority of respondents had a moderate level of quality of life, totaling 43 individuals (82.7%). Meanwhile, 8 respondents (15.4%) were categorized as having a good

quality of life, and only 1 respondent (1.9%) had a poor quality of life. These findings indicate that most elderly individuals in the study maintained a relatively adequate level of well-being, although improvements are still needed to enhance their overall quality of life.

4. CONCLUSION AND RECOMMENDATION

This study concludes that the majority of elderly individuals in Pasinggangan Village demonstrate good social interaction and a moderate level of quality of life. Most respondents were aged 60–74 years and predominantly female, with hypertension being the most commonly reported health condition. The findings indicate that active participation in community activities, family support, and social engagement contribute positively to maintaining social interaction among older adults. However, physical limitations and chronic health conditions remain challenges that may influence both social participation and quality of life. Although most elderly respondents were able to maintain acceptable living conditions, improvements are still needed to enhance overall well-being, particularly in physical health management and psychosocial support. Strengthening social relationships and promoting active participation in community programs are essential factors in improving the quality of life among older adults.

It is recommended that healthcare providers and community health workers increase health promotion programs targeting the elderly, including regular health monitoring, counseling, and social activity programs to support physical and psychological well-being. Family involvement should also be encouraged to provide emotional support and assistance in daily activities. Future research is suggested to explore the relationship between social interaction and quality of life using analytical study designs and larger sample sizes to provide more comprehensive evidence.

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