

Self-Esteem as a Mediator of Social Support and Health on Grandparents' Subjective Well-Being

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Abstract. The elderly population in Indonesia and childcare are associated with subjective well-being (SWB) of grandparents. On the other hand, achieving SWB is important for living a mentally healthy life. Therefore, this research aimed to predict grandparents SWB through social support, physical health, and self-esteem. A quantitative correlational method was used with 350 respondents aged 45-75 years obtained by simple random sampling technique. Data collection used four instruments, including the SWB, social support, health status, and self-esteem scale, while data analysis was performed with path analysis. The results showed that social support, health, and self-esteem affected grandparents SWB directly and indirectly. The indirect path of self-esteem as a mediator contributed more than the direct path of social support and health status. The implication of this research is to improve grandparents SWB by strengthening intergenerational relationships as a form of providing meaningful social support. This offers opportunities for grandparents to contribute to the family and community, participate in various social activities, and easily access health facilities.

Keywords: grandparents, health, self-esteem, social support, subjective well-being

Harga Diri sebagai Mediator Dukungan Sosial dan Kesehatan Terhadap Kesejahteraan Subjektif (*Subjective Well-Being*) Kakek dan Nenek

Abstrak. Meningkatnya penduduk lansia di Indonesia dan pengasuhan anak yang dilakukan oleh kakek nenek disinyalir dapat mempengaruhi kesejahteraan subjektif (*subjective well-being*) kakek nenek. Padahal tercapainya kesejahteraan subjektif penting agar kakek nenek dapat menjalani kehidupan yang sehat secara mental. Tujuan penelitian ini adalah memprediksi kesejahteraan subjektif kakek nenek melalui dukungan sosial, kesehatan fisik dan harga diri. Metode penelitian yang digunakan adalah kuantitatif korelasional yang melibatkan 350 responden berusia 45-75 tahun yang diperoleh dengan teknik *simple random sampling*. Pengumpulan data menggunakan lima instrumen, yaitu skala kesejahteraan subjektif, skala dukungan sosial, status kesehatan dan skala harga diri. Teknik analisis data yang digunakan adalah analisis jalur. Hasil penelitian menunjukkan bahwa dukungan sosial, kesehatan dan harga diri memengaruhi kesejahteraan subjektif kakek nenek secara langsung dan tidak langsung. Secara tidak langsung menempatkan harga diri sebagai mediator yang berkontribusi yang lebih besar dibandingkan jalur langsung pada dukungan sosial dan kesehatan. Implikasi dari penelitian ini yaitu meningkatkan kesejahteraan subjektif kakek nenek dengan memperkuat hubungan antar-generasi sebagai bentuk pemberian dukungan sosial yang bermakna. Hal ini memberikan kesempatan pada kakek-nenek untuk berkontribusi dalam keluarga maupun komunitas, mengikuti beragam aktivitas sosial, dan membantu akses fasilitas kesehatan agar mudah dijangkau oleh kakek nenek.

Kata Kunci: dukungan sosial, harga diri, kakek nenek, kesehatan, kesejahteraan subjektif

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Indonesia was reported to have entered the elderly population structure since 2021, with 1 in 10 residents being elderly. The elderly dependency ratio is 16.09, implying that every elderly person needs to be supported by around six productive-aged residents between 15-59 years (Girsang et al., 2022). The rise in the number of elderly people is often not followed by an increase in welfare (Lifshitz et al., 2019). Based on developmental theory, the elderly experience challenges in the form of decreased function both physically, cognitively, psychosocially, and emotionally. Physically, the elderly are often accompanied by an increased risk of chronic diseases such as diabetes, hypertension, heart disease, and neurodegenerative diseases. It is often recorded in BPS-Statistic Indonesia that health complaints are experienced by half of the elderly population (Girsang et al., 2022). Furthermore, Santrock (2021) explained that the elderly experience social vulnerability, often caused by reduced social interaction and social networks due to the loss of co-workers who die, as well as the loss of jobs through retirement or other roles in social environment. The loss of this social role can worsen social vulnerability because the elderly feel less useful or lose social identity.

The elderly are expected to maintain social roles through participation in family or community activities. One of the changes in social roles that occur in pre-elderly and elderly ages is the role of grandparents. In general, grandparents have an important role in the

family, as playmates for grandchildren, role models, mentors, historians, and financial support providers (Guan et al., 2022). In Asia, the average age of grandparents is 62.6 years, although one in three (33.1 percent) are between 55 and 64 years old, while almost a quarter are 45-54 years old (Kim, 2020). More specifically, in Indonesia, the elderly and pre-elderly help raise grandchildren, a process called grandparenting. In a survey conducted by Sumargi et al. (2015) on parental care in Indonesia, out of 210 parents, 37% who worked handed over child care to grandparents, and this is likely to increase in 2024. Grandparents care of grandchildren is thought to affect subjective well-being (SWB) (Chen et al., 2022; Wang et al., 2023), but this has not been widely studied in Indonesia.

SWB is a multidimensional construct that has three separate components in individuals, namely the affective dimension consisting of positive and negative affect, as well as the cognitive dimension, namely cognitive evaluation of life satisfaction (Diener, 1984). It generally refers to people evaluation of lives, namely affective and cognitive. Individuals with abundant SWB have more pleasant emotions and fewer unpleasant ones (Diener, 2000). Ananda and Hermaleni (2022) found that there was no significant difference in SWB between grandparents who cared for grandchildren and those who did not. A literature research by Danielsbacka et al. (2022) stated that 68% of cases of grandparents with

child custody affected well-being. Chen et al. (2022) mentioned that grandparents who cared for grandchildren had significantly reduced depression and increased life satisfaction. The less participation of grandparents in caring for grandchildren, the greater the likelihood of suffering from depression and having lower life satisfaction. On the other hand, grandparents who spend more time caring for grandchildren tend to have higher levels of life satisfaction with lower depressive symptoms. The role of grandparents has a positive influence on well-being by providing emotional rewards and intergenerational satisfaction (Miller & Garvey, 2022). Grandparents who care for grandchildren reportedly have a direct positive correlation with life satisfaction (Luo et al., 2023). Therefore, there is an inconsistency in the results of research on SWB, with some stating that the role of grandparents provides benefits for the elderly while others believe it is detrimental.

Health problems in grandparents can affect SWB by causing physical discomfort, limitations, and high medical care costs. Conversely, having a healthy physical condition causes a higher level of SWB than being sick (Nisa'i, 2017). WHO has defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (Bruin et al., 1996).

The decline in social interaction and reduced social networks is caused by grandparents entering retirement and the death

of co-workers. This affects social support received by grandparents. Social support is assistance directed at an individual and obtained from someone meaningful to the individual (Zhou, 2014). Koenig et al. (1993) explained that there are two dimensions of social support, namely social interaction and satisfaction. Research by Nguyen et al. (2016) found that family contact was positively correlated with life satisfaction, hence the closeness of grandparents to the families positively correlated to life satisfaction and happiness.

Aside from reduced social interactions and networks, a person who strongly identifies with a job or other roles in social environment may experience decreased self-esteem when those roles change or end. According to Rosenberg (1965) self-esteem is an individual assessment that refers to affect, namely positive and negative. Diener et al. (2018) explained that self-esteem is one of the important factors in SWB. This is related to people perceptions of life quality which entails cognitive evaluation, namely life satisfaction, and emotional reactions, namely positive affect. Self-esteem is positively correlated with positive affect but negatively correlated with negative affect (Salavera et al., 2020) and depression (Hu et al., 2018). It was found to be a mediator in the relationship between social support and SWB (Tian, 2016). Elderly people who received social support felt more valued and had higher self-esteem, which then increased SWB.

Furthermore, the role of grandparents in caring for grandchildren increased self-esteem in the elderly because it provided a sense of usefulness and appreciation for contribution to the family and significantly increased life satisfaction (Wang et al., 2023).

A literature search by Dewi and Nasywa (2019) found that the factors influencing SWB are internal and external. One of the internal factors is self-esteem, while social support is an external factor. Wiliyanarti et al. (2020) compiled indicators and indices of elderly welfare, which include social support, health, and self-esteem. These factors have an important role in improving the welfare of the elderly.

This research aimed to predict grandparents SWB through social support, and health through self-esteem. The hypotheses are H1: Social support has a direct effect on grandparents SWB; H2: Health has a direct effect

on grandparents SWB; H3: Self-esteem has a direct effect on grandparents SWB; H4: Social support and health indirectly affect grandparents SWB through self-esteem as a mediator.

Method

This research uses a quantitative approach with a survey design. The characteristics of the subjects were grandparents having at least one grandchild aged 45-75 years (Mean = 62.16; SD = 7.65) totaling 350 people, consisting of 58 males (16.6%) and 292 females (83.4%). The sampling technique used was simple random sampling. The research was conducted in Surakarta City, which is one of the cities in Central Java with the fourth largest number of elderly people in Indonesia (Girsang et al., 2022) with five sub-districts, namely Laweyan, Pasar Kliwon, Serengan, Jebres, and Banjarsari Districts.

Table 1

Respondent Characteristics

Variable	<i>n</i>	%
Age		
45-49 Years	20	5.7
50-54 Years	48	13.7
55-59 Years	65	18.6
60-64 Years	80	22.9
65-69 Years	75	21.4
70-74 Years	47	13.4
75 Years - Above	15	4.3
Gender		
Male	58	17
Female	292	83
Health Facilities		
There is no	69	19.7
There is BPJS/KIS	273	78
There is Personal Insurance	8	2.3

Note. N = 350

Research procedures

The selection of research subjects was carried out randomly at meetings in various community activities such as elderly health posts, religious services, neighborhood associations (RT), community associations (RW) villages, and pensioner associations. Data collection was carried out by reading together or alone depending on the conditions and time available. The data collection took place for 3 months from January to March 2024. This research obtained an Ethics Permit from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Muhammadiyah Surakarta with No. 5510 / B.1/KEPK-FKUMS / XI / 2023.

Research instruments

Data collection used a printed questionnaire consisting of five standard instruments and had been adjusted with the back-translation procedure to the Indonesian language and the characteristics of the research subjects. The content validity of the five instruments was calculated using the Aiken formula (Aiken, 1985) by five assessors, all of which were in the range of 0.85-1.

SWB scale consists of life satisfaction, positive affect, and negative affect (Diener et al., 1985). This is a multidimensional scale, which is measured by two instruments, namely SWLS (Satisfaction With Life Scale) developed by Diener et al. (1985), and SPANE-ID (Scale of Positive and Negative Experience-

Indonesia) adapted by Aryanto and Djajadisastra (2018). SWLS consists of five statement items ($\alpha = .828$), with seven answer choices from 1 to 7, where 1 = strongly disagree, 2 = somewhat disagree, 3 = disagree, 4 = neutral, 5 = somewhat agree, 6 = agree, 7 = strongly agree. SPANE-ID consists of SPANE-Positive ($\alpha = .87$) containing six positive affect items and SPANE-Negative ($\alpha = .81$) consisting of six negative affect items, both have five response options including 1 = very rarely, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always (Diener et al., 2010). The total SWB score was obtained by the formula $SWB = SWLS + (SPANE-P - SPANE-N)$. Ideal score = maximum SWLS score + maximum SPANE = $35 + 24 = 59$, Minimum score = minimum SWLS score + minimum SPANE score = $5 + (-24) = -19$ (Diener, 2009).

Social support was measured using the Duke Social Support Index (DSSI) by Koenig et al. (1993) which has been adapted. It is a multidimensional scale consisting of 11 items with three answer choices (score 1-3), including social interaction on items 1-4 and items 5-11, namely satisfaction with social support ($\alpha = .860$).

Health was measured using the Global Self-Rated Health (GSRH) scale by Ware and Sherbourne (1992), which has been adapted with only one question "In general, how would you rate your physical health?" The answer choices and scores are 5 = excellent; 4 = very good; 3 = good; 2 = fair; 1 = poor.

Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES) created by Rosenberg (1965) which has been adapted ($\alpha = .738$) with 10 items in the form of a Likert scale statement divided into five favorable items and five unfavorable items with four alternative answers (strongly agree, agree, disagree, strongly disagree). Favorable items (items 1, 3, 4, 7, and 10) were scored 1 = Very Inappropriate, 2 = Inappropriate, 3 = Appropriate, and 4 = Very Appropriate. Unfavorable items (items 2, 5, 6, 8, and 9) were subjected to reverse scoring.

Data analysis

The data analysis technique used was path analysis through the JASP application.

Results

Social support (SS) variable had a significant direct effect on SWB with an estimate of .161. Health variable (H) also had a significant direct effect on SWB with an estimate of .158. The z -value > 1.96 and the p -value $< .05$ showed a significant effect. The confidence interval (CI) did not cross zero, confirming the significance of the relationship. Table 2 shows the direct effects of social support and health on SWB.

Table 2

Direct Effects

	Effect	Estimate	SE	z	p	95% CI	
						LL	UL
SS	→ SWB	.161	.050	3.200	.001	.062	.259
H	→ SWB	.158	.049	3.257	.001	.063	.253

As shown in Table 3, the self-esteem variable partially mediated the effect of SS on SWB, significant with an estimate of .107. The SE variable also partially mediated the effect of

health on SWB, significant with an estimate of .059. The indirect effect was smaller than the direct effect but was significant showing that self-esteem acts as a partial mediator.

Table 3

Indirect effects

	Effect	Estimate	SE	z	p	95% CI	
						LL	UL
SS	→ SE → SWB	.107	.023	4.705	< .001	.063	.152
H	→ SE → SWB	.059	.019	3.063	.002	.021	.097

The total effect of social support on SWB was found to be significant with an estimate of .268, while the total effect of health had an estimate

of .217. The total effect was larger than the direct effect because it included the contribution of the pathway mediated by self-esteem (Table 4).

Table 4

Total effects

Effect	Estimate	SE	z	p	95% CI	
					LL	UL
SS → SWB	.268	.050	5.396	<.001	.171	.365
H → SWB	.217	.050	4.320	<.001	.119	.316

Note. Estimator is ML.

Path analysis was conducted to measure the strength of the relationship between the independent (exogenous) and dependent (endogenous) variables. Higher values show a stronger relationship. Self-esteem (SE) to SWB had a significant relationship with a fairly strong relationship strength (Standardized Estimate = .345, $p < .001$). This shows that the higher an individual self-esteem, the greater the SWB. Furthermore, Social Support (SS) to SWB had a significant relationship but with a moderate relationship strength (Standardized Estimate = .161, $p = .001$). This implies that social support affects SWB, although the influence is weak compared to self-esteem. Health (H) to SWB had a significant relationship, with moderate

strength (Standardized Estimate = .158, $p = .001$). This shows that better health can improve SWB, although the influence is relatively small compared to self-esteem and social support. Moreover, social support to self-esteem had a significant relationship, with a fairly strong strength (Standardized Estimate = .311, $p < .001$). This shows that higher social support correlated with better self-esteem. Health to self-esteem has a significant relationship but with a weak to moderate strength (Standardized Estimate = .171, $p < .001$). This means that good health has a positive impact on self-esteem, although the impact is smaller than social support. The results described above are summarized in Table 5.

Tabel 5

Path Coefficients

Effect	Estimate	SE	z	p	95% CI	
					LL	UL
SE → SWB	.345	.048	7.198	<.001	.251	.439
SS → SWB	.161	.050	3.200	.001	.062	.259
H → SWB	.158	.049	3.257	.001	.063	.253
SS → SE	.311	.049	6.362	<.001	.215	.407
H → SE	.171	.051	3.391	<.001	.072	.271

Note. Estimator is ML

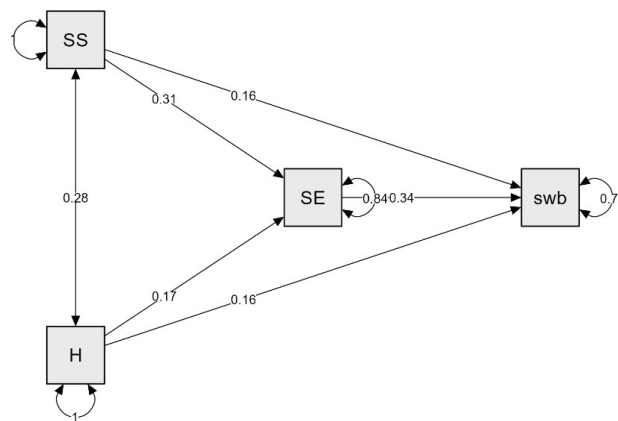
All relationships in the table have intervals that do not include zero, hence, these results are reliable. The standard interpretation criteria for

standardized estimates use the Cohen (1988). Based on the results, SE → SWB and SS → SE paths have moderate to strong relationships, but

other paths have weak to moderate. The explanatory power of the R-squared (R^2) model on self-esteem through social support and health was .84 (84%). The variance of SWB

explained by social support, health, and self-esteem simultaneously was .75 (75%). The results of Table 5 can be explained visually through Figure 1.

Figure 1
Path Analysis



Evaluation of the overall model suitability needs to be done with indices such as $CFI \geq .90$ which means the model is very suitable; RMSEA

$\leq .06$ shows an error close to zero and $SRMR \leq .08$ (Hu & Bentler, 1999) as presented in Table 6.

Tabel 6
Fit Indices

Index	Value
Comparative Fit Index (CFI)	1.000
Root mean square error of approximation (RMSEA)	.000
RMSEA 90% CI lower bound	.000
RMSEA 90% CI upper bound	.000
Goodness of fit index (GFI)	1.000
Standardized root mean square residual (SRMR)	1.196×10^{-16}

CFI (1.000) which is the maximum value, shows a perfect fit between the estimated model and the actual data. RMSEA (.000) shows the model has a minimum error in estimating the data. A 90% Confidence Interval (CI): [.000, .000] shows a very high level of RMSEA accuracy, with a value exactly zero. **SRMR** is very small

(approaching zero), showing that the standard residuals of the model are almost non-existent. GFI = 1.000 shows the model fits the data.

Discussion

The results support all hypotheses that social support and health influence

grandparents SWB, both directly and through self-esteem as a mediator. Self-esteem also significantly affected grandparents SWB directly, the largest effect between social support and health, while also being a significant mediator, with a greater contribution than the direct path. These results show the importance of self-esteem as a major factor in strengthening the relationship between grandparents social support, health, and SWB. Generally, the model has a very good fit, showing that the data support the proposed structure of relationships between variables.

The R^2 value of .75 implies that 75% of the variation in SWB can be explained by social support, health, and self-esteem simultaneously. This shows that the model has a strong ability (Ghozali, 2021) to explain how the three variables together affect SWB. The R^2 value of .84 for self-esteem based on social support and health implies that 84% of the variation in self-esteem can be explained by social support (SS) and health (H) simultaneously. In other words, most of the changes in self-esteem are influenced by social support and health, showing that the model has a very good predictive ability in explaining this relationship. A high R^2 shows that the model has good explanatory power because most of the variance in the dependent variable is explained by the independent variables. The remaining 16% (for self-esteem) and 25% (for SWB) are variances not explained by the model. This could be due to factors other than the variables in the

model, such as external influences, measurement error, or other latent variables. When the direct effects of each variable were tested, it was found that self-esteem ($\beta = .345$) had the largest effect on grandparents SWB, followed by social support ($\beta = .161$), and health ($\beta = .158$).

Social support has a positive effect on grandparents SWB, strengthening previous research that life satisfaction in the elderly is positively correlated with social support received (Moghaddam et al, 2016). Generally, social support is consistently correlated with an individual SWB level. Individuals who have more friends and family members tend to have higher levels of SWB (Biswas-Diener, 2008). Elderly who care for grandchildren and live with children experience less depression and are more satisfied with life (Chen et al, 2022; Choi & Zhang, 2021). According to the theory of social vulnerability (Santrock, 2021), grandparents are vulnerable to decreased social interactions and reduced social networks caused by various factors, such as retirement, limited mobility, and loss of a spouse, or peers due to death. These conditions reduce opportunities to engage in meaningful social activities, causing a decrease in social support received. Therefore, when grandparents receive increased social support, it is often accompanied by increased SWB.

Health has a significant positive effect on grandparents SWB, although it is only represented by one item. This means that the

better the respondents assessment of health, the better the SWB. Previous research by Luo et al. (2023), stated that the role of grandparents leads to higher self-reported health assessments and greater life satisfaction. Related demographic data can also explain this result, as 78% of grandparents receive health insurance assistance in the form of BPJS (Healthcare and Social Security Agency)/KIS (Indonesia Health Card). Wiliyanarti et al. (2020) developed seven indicators and indices of elderly well-being including physical health. Nisa'i (2017) reported that health conditions of the elderly have a significant effect on well-being. Health in general includes physical and mental. Regarding physical health, previous research has shown that social activities have a crucial role in preventing cognitive decline. When grandparents participate in social activities, it challenges engagement in complex interpersonal relationships, which efficiently maintain neural networks. Research found that grandparents who care for grandchildren outperformed those who do not in a cross-sectional analysis of four cognitive ability tests, namely word recall, cognitive equations, letter fluency, and category fluency (McKay & Nadorff, 2021). Regarding mental health, the role of grandparents who primarily provide care for grandchildren can reduce the risk of depression (Chen et al, 2022; Luo et al, 2023).

Self-esteem showed a significant positive effect on grandparents SWB directly and as a mediator. It acts as a strong mediator for social

support and health in influencing grandparents SWB. The contribution as a mediator was even greater than the direct path. Diener (1984) examined the relationship between SWB and self-esteem with a correlation result of .47, showing that self-esteem was an important factor affecting SWB. Tian (2016) found that self-esteem is a mediator in the relationship between social support and elderly SWB. Elderly people who receive adequate social support feel more appreciated and have higher self-esteem, which then increases SWB. Wang et al. (2023) explained further that the role of grandparents who care for grandchildren can increase self-esteem due to participation in activities capable of providing a sense of usefulness and appreciation for contribution to the family. This increase in self-esteem then significantly increases life satisfaction. Vidouje et al. (2017) mentioned that that having a relationship with grandchildren is one of social factors influencing life satisfaction. By caring for grandchildren, increased self-esteem is obtained from generativity (Santrock, 2021).

Erikson generativity theory (Santrock, 2021) can explain the results of the research. It is part of the "Generativity vs. Stagnation" stage in mid to late adult psychosocial development. Generativity occurs when individuals feel productive and satisfied with the contributions to others, while stagnation occurs when individuals feel undeveloped or have no meaning in life. Engaging in grandparenting provides an opportunity for the elderly to

achieve a sense of generativity and reduce stagnation, leading to life satisfaction. This is in accordance with Erickson's theory and the results of previous research (Choi & Zhang, 2021). Furthermore, this theory explains the importance of social support, specifically for the elderly who experience physical and mental problems related to aging. The most important source of social support for the elderly is support from children and family. Miller and Garvey (2022) also emphasized that the role of grandparents can create intergenerational appreciation and emotional satisfaction. Aspects of generativity related to the role of grandparents include (1) Care and Education, namely participation in guiding and educating the younger generation, (2) Social Activities, namely participation in community projects or social activities aimed at helping others, and (3) Legacy, by providing guidance, values, or experiences useful for future generations. Generativity is important in providing meaning and purpose in life and contributes to SWB.

Another theory related to the role of grandparents is the Role Enhancement Theory stating that participation in various roles, such as social and activities in the extended family, can improve health because individuals gain power, prestige, resources, and social identity (Sieber, 1974). From the perspective of this theory, the role of grandparents has a positive impact on SWB. Engagement in various roles can lead to better well-being because individuals feel competent and in control of life. Therefore,

increasing the valuable roles of grandparents has a positive impact on SWB.

Conclusions

In conclusion, social support, health, and self-esteem directly affected grandparents SWB. Self-esteem had the greatest impact, followed by social support and health, but self-esteem was also a strong mediator for social support and health on the indirect effects. In general, this research found that increasing self-esteem, social support, and health will enhance grandparents SWB, but emphasized the importance of self-esteem as an important variable. The results can be used as a reference by families and policymakers to improve grandparents SWB by strengthening intergenerational relationships as a form of providing meaningful social support. This offers opportunities for grandparents to contribute to the family and community, participating in various social activities, and helping to make health facilities easily accessible.

Suggestion

Further research can include other independent variables such as gratitude and spirituality which are considered to contribute to grandparents SWB. Research on grandparents has challenges in data collection, considering the limitations of this population in reading or writing hence, more time and cooperation is required to assist in filling out the questionnaire.

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