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Rethinking Informal Social Support: Differential Effects of Family, Peer, and Neighborhood Relationships on Older Adults' Subjective Well-being

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Abstract

Population aging has increased research attention to older adults' subjective well-being in social work and public policy. Previous studies have mainly emphasized the positive effects of social support, while the differences between various types of social relationships have received less attention. Using data from the Chinese General Social Survey (CGSS) 2021, this study examines the relationship between informal social support and subjective well-being among 1,865 older adults aged 60 and above. OLS regression and Ordered Probit models were used for empirical analysis. The results indicate that different forms of social support have different associations with older adults' well-being. Family support shows a consistent positive association, with both economic and emotional support contributing to higher levels of subjective well-being. However, peer support does not show the expected positive relationship. Instead, frequent gatherings with friends are associated with lower subjective well-being, suggesting that social interaction may also bring certain interpersonal and psychological pressures. Neighborhood support shows limited effects after family support is controlled. This study challenges the assumption that social support universally improves well-being by highlighting the differentiated effects of various social relationships. The findings suggest that elderly care services should focus not only on expanding social interaction but also on improving the quality and experience of social relationships.

Keywords

Older adults; Subjective well-being; Informal social support; Family support; Peer support; Neighborhood support.

1. Introduction

1.1. Aging Society and Older Adults' Subjective Well-being

Population aging has become an important social issue worldwide. In China, the rapid increase in the older population has brought growing attention to the quality of later life and older adults' subjective well-being. The Outline of the 14th Five-Year Plan for National Economic and Social Development and the Long-Range Objectives for 2035 emphasizes actively addressing population aging and improving the quality of life of older adults as important social goals [1].

However, along with urbanization, population mobility, and changes in residential patterns, traditional community-based support networks have gradually changed. Some older adults may experience reduced social interaction and limited access to support resources, particularly when facing declines in physical functioning and changes in social roles. Therefore,

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understanding the factors influencing older adults' subjective well-being has become increasingly important.

Subjective well-being reflects individuals' overall evaluations of their quality of life and is influenced not only by personal characteristics but also by social environments. Among these factors, social support provided by family, peers, and neighbors may play an important role in maintaining older adults' psychological well-being and improving their quality of life.

1.2. Informal Social Support and Older Adults' Subjective Well-being

Informal social support refers to the support that older adults receive from non-institutional sources in daily life, including family members, relatives, friends, and neighbors. Existing studies generally identify several dimensions of informal social support, including emotional support, instrumental support, and social companionship support [2].

Compared with formal support systems, informal social support plays an important role in later life because older adults often rely on family members, friends, and neighbors for daily assistance, emotional interaction, and social participation. Previous research has demonstrated that stable social support networks are closely associated with subjective well-being across different life stages [3]. For older adults, social support can reduce loneliness, enhance psychological security, and provide resources for coping with changes in health and social roles.

Existing studies have found that family support, peer interaction, and neighborhood relationships are all related to older adults' subjective well-being [4, 5, 6]. However, previous research has mainly examined social support as an overall resource, while the effects of different sources of informal social support may vary. Therefore, further investigation is needed to clarify how different types of support contribute to older adults' subjective well-being.

1.3. Family Support and Older Adults' Subjective Well-being

Family support is one of the most important sources of informal support for older adults. It includes both economic support and emotional support provided by family members.

Family economic support refers to financial assistance and material resources provided by family members. Existing research suggests that economic support can reduce financial pressure, improve living conditions, and contribute to higher levels of subjective well-being among older adults [7]. Older adults receiving greater economic support from their children tend to report higher levels of well-being [8]. In addition, family economic resources may influence older adults' access to social resources and participation opportunities, thereby affecting their life experience [9].

Beyond economic assistance, family emotional support, including care, companionship, understanding, and communication, also plays an important role. Emotional interactions with family members can reduce loneliness and provide psychological comfort. Previous studies have shown that parent-child support and intergenerational support are positively associated with older adults' subjective well-being [10, 11]. Furthermore, family recognition and emotional care may improve older adults' self-perceptions and psychological adjustment ability [12, 13].

1.4. Peer Support and Older Adults' Subjective Well-being

Peer support refers to emotional interaction, companionship, and social participation opportunities provided by friends and peers. Social interaction with peers can help older adults maintain social connections and reduce loneliness.

Previous studies have suggested that active peer interaction is associated with improved psychological well-being among older adults. Communication and companionship among friends can provide emotional resources and strengthen social belonging [14]. In addition, peer

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networks may provide practical support through shared activities, such as exercise and leisure participation, which contribute to maintaining health and quality of life [15].

However, peer support may not always generate positive outcomes. Social interactions may also involve social comparison and interpersonal pressure. When older adults perceive themselves as disadvantaged compared with peers in terms of economic conditions, health status, or family circumstances, these comparisons may produce negative emotions and reduce well-being [16]. Therefore, the relationship between peer support and subjective well-being requires further empirical examination.

1.5. Neighborhood Support and Older Adults' Subjective Well-being

Neighborhood support represents the support and interaction older adults receive from people living in their surrounding communities. Unlike family and peer support, neighborhood support is closely connected with residential environments and community contexts.

Previous studies have shown that community facilities, neighborhood accessibility, and walkability can promote social interaction among older adults and facilitate the formation of social support networks [17]. In the Chinese context, residential environments influence older adults' subjective well-being partly through community participation and social interaction [5]. Moreover, neighborhood environments provide important conditions for maintaining informal support relationships among older adults [18].

Therefore, neighborhood support may serve as an important supplement to family and peer support, especially when older adults experience changes in family structures and social roles.

1.6. Research Hypotheses

Previous studies have suggested that informal social support plays an important role in older adults' subjective well-being. However, informal social support is a multidimensional concept, and different sources of support may provide different types of resources in later life. Therefore, this study focuses on three major dimensions of informal social support: family support, peer support, and neighborhood support. Based on previous research, the following hypotheses are proposed:

H1: Higher levels of family support are positively associated with older adults' subjective well-being.

H2: Higher levels of peer support are positively associated with older adults' subjective well-being.

H3: Higher levels of neighborhood support are positively associated with older adults' subjective well-being.

2. Materials and Methods

2.1. Data Source and Sample Selection

The data used in this study were obtained from the Chinese General Social Survey (CGSS) 2021. CGSS is a nationally representative and continuous social survey project designed to systematically collect information on Chinese residents' social attitudes, social relationships, and living conditions. The 2021 survey included a total of 8,148 valid respondents.

As this study focuses on the subjective well-being of older adults, respondents aged 60 years and above were selected based on their year of birth. After further processing missing values, invalid responses, and abnormal codes of relevant variables, a final sample of 1,865 valid cases was retained for subsequent statistical analyses.

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2.2. Variables and Measurement

2.2.1. Dependent Variable: Subjective Well-being

The dependent variable is older adults' subjective well-being, measured by the CGSS 2021 item A36 (Generally speaking, how happy do you feel about your life?). The measure ranges from 1 (very unhappy) to 5 (very happy), with larger values representing greater subjective well-being.

2.2.2. Core Independent Variable: Informal Social Support

The core independent variable is informal social support, which consists of three dimensions: family support, peer support, and neighborhood support.

Family Support. Family support includes two dimensions, namely family economic support (Family1) and family emotional support (Family2), capturing the material and emotional resources available from family relationships. Larger values indicate stronger family support.

Peer Support. Peer support refers to social interaction and companionship within older adults' friendship networks. In this study, it is represented by two indicators: the frequency of gatherings with friends (Peer1) and participation in social and recreational activities with friends (Peer2). Larger values reflect more frequent peer interactions.

Neighborhood Support. Neighborhood support refers to interactions between older adults and their neighbors. It is assessed based on the frequency of social and recreational activities with neighbors (Neighbor).

The item measuring neighbors' willingness to provide help (E36f) was considered as a possible additional measure of neighborhood support. However, due to the skip-question design of the questionnaire, this variable contained approximately 65% missing values, which may affect the stability of model estimation. Therefore, this study retained Neighbor as the measurement indicator because of its better data availability and variability. Higher scores indicate more frequent neighborhood interactions.

2.2.3. Control Variables.

Control variables include age, gender, marital status, educational attainment, and household registration status. Age is calculated from respondents' birth years. Gender is coded as 0 for males and 1 for females. Marital status is recoded into a binary variable, with respondents having a spouse or cohabiting partner coded as 1 and others coded as 0. Educational attainment is classified into three categories based on the highest educational level completed. Household registration status is coded as 0 for agricultural registration and 1 for non-agricultural registration. Detailed measurements are presented in Table 1.

Table 1. Variable Definitions and Measurements

Variable Type	Variable	Code	Measurement
Dependent Variable	Subjective well-being	Happiness	A36: Overall, how happy do you feel about your life? (1 = very unhappy, 5 = very happy)
Independent Variable	Family support	Family1	A64: Household economic status (1–5)
		Family2	A30_6: Frequency of gathering with relatives who do not live together during leisure time (1 = never, 5 = every day)
	Peer support	Peer1	A30_7: Frequency of gathering with friends during leisure time (1 = never, 5 = every day)
		Peer2	A31b: Frequency of participating in social and recreational activities with friends (1 = never, 7 = almost every day)

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Table 1. Variable Definitions and Measurements (Continued)

Variable Type	Variable	Code	Measurement
Control Variables	Neighborhood support	Neighbor	A31a: Frequency of participating in social and recreational activities with neighbors (1 = never, 7 = almost every day)
	Age	Age	Calculated based on respondents' birth year
	Gender	Gender	0 = male, 1 = female
	Marital status	Marital status	0 = without spouse, 1 = with spouse
	Education	Education	1 = primary school or below; 2 = junior high/high school/technical secondary school; 3 = college degree or above
	Household registration	Household registration	0 = agricultural registration; 1 = non-agricultural registration

2.3. Analytical Strategy

Since the dependent variable, subjective well-being, is measured using a five-point Likert scale ranging from 1 to 5, this study follows previous research practices and treats it as an approximately continuous variable. Therefore, the Ordinary Least Squares regression model is employed for empirical analysis.

To examine the association between informal social support and older adults' subjective well-being, this study constructs the following multiple linear regression model:

$$Happiness_i=\beta_0+\beta_1 Family1_i+\beta_2 Family2_i+\beta_3 Peer1_i+\beta_4 Peer2_i+\beta_5 Neighbor_i+\sum \beta_k Control_{ki}+\varepsilon_i \quad (1)$$

where Happiness represents older adults' subjective well-being; Family, Peer, and Neighbor represent family support, peer support, and neighborhood support, respectively; Control denotes the control variables; β represents the estimated coefficients, and ε represents the error term.

Furthermore, considering the ordinal nature of subjective well-being, this study additionally applies an Ordered Probit model as a robustness check to verify the reliability and consistency of the OLS regression results.

3. Results

3.1. Descriptive Statistics and Variable Analysis

Before conducting regression analyses, descriptive statistics were calculated for the main variables, see Table 2.

Table 2. Descriptive Statistics of Variables (N = 1,865)

Variable	Min	Max	Mean	SD
Dependent Variable				
Happiness	1	5	4.06	0.855
Independent Variables				
Family1	1	5	1.91	0.78
Family2	1	5	2.53	0.82
Peer1	1	5	1.97	1.10
Peer2	1	7	3.32	2.27
Neighbor	1	7	3.91	2.40

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Table 2. Descriptive Statistics of Variables (N = 1,865) (Continued)

Variable	Min	Max	Mean	SD
Control Variables				
Age	60	99	70.23	6.878
Gender	0	1	0.51	0.500
Education	1	3	1.51	0.585
Marital status	0	1	0.87	0.444
Household registration	0	1	0.298	0.457

The final analytical sample consisted of 1,865 older adults. The mean age of participants was 70.23 years, ranging from 60 to 99 years. Gender had a mean value of 0.51, indicating a relatively balanced distribution between male and female respondents. The mean value of educational attainment was 1.51, suggesting that the overall education level of the sample was relatively low, with a limited proportion of highly educated older adults. The mean value of marital status was 0.73, indicating that most respondents had a spouse or cohabiting partner. The mean score of subjective well-being was 4.06 (SD=0.855), indicating a relatively high overall level of well-being among older adults, although individual variations existed. The dimensions of informal social support varied across different sources. Among them, neighborhood support showed the highest mean value and a relatively large standard deviation, indicating considerable individual differences in neighborhood interaction among older adults.

3.2. Correlation Analysis

Table 3. Pearson Correlation Matrix of Main Variables

Variable	Happiness	Age	Education	Family1	Family2	Peer1	Peer2	Neighbor
Happiness	1							
Age	0.168**	1						
Education	0.031	-0.200**	1					
Family1	0.276**	0.039*	0.207**	1				
Family2	0.049*	-0.051	0.162**	0.167**	1			
Peer1	0.027	-0.038	0.153**	0.153**	0.478**	1		
Peer2	0.018	-0.029	0.094**	0.126**	0.263**	0.483**	1	
Neighbor	0.047*	0.031	-0.095**	0.045*	0.174**	0.278**	0.512**	1

Note: * $p < 0.05$, ** $p < 0.01$.

Pearson correlation analysis was conducted to examine the relationships among the main variables before regression modeling, see Table 3. The results showed that family economic support (Family1) was significantly positively associated with older adults' subjective well-being ($r=0.276$, $p<0.01$). Family emotional support (Family2) and neighborhood support (Neighbor) were also positively associated with subjective well-being ($r=0.049$, $p<0.05$; $r=0.047$, $p<0.05$, respectively). These findings suggest that different sources of informal social support are related to older adults' subjective well-being, although the strength of these associations varies across support dimensions.

The highest correlation coefficient among the independent variables was 0.512, which was below the conventional threshold of 0.80, indicating no serious multicollinearity concerns among the variables. Notably, the correlation between peer interaction frequency and subjective well-being was weak and statistically insignificant ($r=0.018$, $p=0.420$). The weak

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correlation between peer interaction and well-being suggests that their relationship may change after accounting for other factors in the regression models.

3.3. Regression Analysis of the Effects of Informal Social Support on Older Adults' Subjective Well-being

3.3.1. Multiple Linear Regression Analysis.

Table 4. Hierarchical Regression Analysis of Informal Social Support and Older Adults' Subjective Well-being

Variable	Model 1	Model 2	Model 3
Age	0.023*** (7.901)	0.023*** (7.839)	0.020*** (7.010)
Gender	-0.053 (-1.323)	-0.060 (-1.493)	-0.052 (-1.364)
Marital Status	0.228*** (5.030)	0.231*** (5.098)	0.188*** (4.284)
Education	0.088 (2.261)	0.093* (2.380)	0.013 (0.339)
Household Registration	0.039 (0.823)	0.039 (0.811)	-0.003 (0.069)
Peer1	-	0.032 (1.584)	0.002 (0.089)
Peer2	-	-0.012 (-1.015)	-0.019 (-1.725)
Neighbor	-	0.047* (1.984)	0.087 (1.713)
Family1	-	-	0.276*** (11.664)
Family2	-	-	0.053* (1.978)
R^2	0.059	0.066	0.133
Adjusted R^2	0.057	0.062	0.128
ΔR^2	0.059	0.007	0.067
F	24.974***	16.994**	30.128***

Note: * p < 0.05, ** p < 0.01, *** p < 0.001.

The hierarchical regression results are presented in Table 4. The explanatory power of the models increased as different dimensions of social support were added, with Model 3 explaining 13.3% of the variance in subjective well-being.

Family support showed a positive association with older adults' subjective well-being. In Model 3, both family economic support (Family1: B=0.276, p<0.001) and family emotional support (Family2: B=0.053, p<0.05) were statistically significant, indicating that both material and emotional resources within family relationships were related to higher levels of well-being.

The association between neighborhood support and subjective well-being was not consistent across models. Neighborhood interaction frequency was significant in Model 2 (B=0.047, p<0.05), but became insignificant after family support variables were introduced in Model 3 (B=0.087, t=1.713, p>0.05).

Peer support did not show the expected positive association. Peer1 was not statistically significant, while Peer2 showed a negative coefficient in Model 3 (B=-0.019, t=-1.725, p=0.085). Considering the ordinal nature of subjective well-being, an Ordered Probit model was further estimated for robustness testing.

3.3.2. Robustness Test Using Ordered Probit Model

An Ordered Probit model was estimated as a robustness check, considering that subjective well-being was measured on an ordinal scale. The results are shown in Table 5.

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Table 5. Ordered Probit Regression Results for Subjective Well-being

Variable	Coefficient	Std. Error	Wald	p-value
Family1	0.062	0.038	2.661	0.103
Family2	0.378***	0.034	124.026	<0.001
Peer1	0.005	0.028	0.035	0.852
Peer2	-0.031*	0.015	3.992	0.048
Neighbor	0.020	0.013	2.185	0.139
Age	0.030***	0.004	54.240	<0.001
Education	-0.004	0.053	0.006	0.936
Marital Status	-0.243***	0.061	15.809	<0.001

Note: * $p < 0.05$, *** $p < 0.001$.

The Ordered Probit model produced similar patterns to the baseline regression. Family emotional support (Family2) remained positively associated with subjective well-being (B=0.378, p<0.001), with a Wald statistic of 124.026.

The effects of other social relationships were less consistent. Peer1 did not reach statistical significance, whereas Peer2 was negatively associated with subjective well-being (B=-0.031, p<0.05). Neighborhood support (Neighbor) remained insignificant.

4. Discussion

4.1. The Central Role of Family Support

The results highlight the importance of family support for older adults' subjective well-being. Both family economic support and family emotional support were positively associated with well-being, suggesting that family relationships remain a key source of support in later life. This finding is in line with previous research on the role of family ties among older adults in China.

The possible explanation lies in the multiple functions of family support. Economic assistance from family members can improve older adults' living security by reducing financial uncertainty, while emotional contact may help reduce loneliness and maintain a sense of connection. In the Chinese context, where family continues to play an important role in elderly care, family support provides not only practical assistance but also emotional resources that contribute to psychological well-being.

4.2. The Negative Association of Peer Support

Unlike the commonly held view that social interaction benefits older adults' well-being, the results of this study show no positive association between peer support and subjective well-being. Instead, more frequent peer interaction was negatively related to well-being. This pattern indicates that peer relationships may provide support while also creating certain interaction costs.

One explanation may be that frequent peer interaction increases opportunities for social comparison. After retirement, differences in economic conditions, health status, and family resources may become more visible among older adults. Frequent contact with peers may increase individuals' awareness of these differences. Such comparisons may generate feelings of frustration or psychological pressure, which may negatively influence subjective well-being.

Maintaining peer relationships also requires time and effort. Unlike family ties, friendships often depend on continued participation and mutual interaction. For older adults with poorer health or fewer social resources, frequent social activities may become burdensome rather than beneficial.

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The negative association observed in this study challenges the assumption that social interaction always produces positive outcomes. The effect of social relationships may depend on interaction quality and individuals' experiences within these relationships, rather than interaction frequency alone. Future studies may need to examine both the supportive and stressful aspects of older adults' social connections.

4.3. The Conditional Role of Neighborhood Support

Unlike some previous studies that reported positive effects of community relationships, neighborhood support was not significantly associated with older adults' subjective well-being in this study. One explanation may be that neighborhood relationships generally provide less intensive support than family relationships. Although neighbors may offer daily interaction and local social connections, they are less likely to provide continuous economic assistance or deep emotional support. This may indicate that neighborhood interaction plays a greater role in facilitating social participation and daily convenience than in directly enhancing subjective well-being.

Furthermore, under conditions of rapid urbanization and increased population mobility in China, traditional acquaintance-based community relationships have gradually weakened. Interactions among neighbors may increasingly remain at a superficial level and may not always develop into stable emotional support networks. Thus, the extent to which neighborhood relationships contribute to older adults' well-being may depend on contextual factors, including community environment, relationship quality, and opportunities for meaningful community participation.

4.4. Theoretical and Practical Implications

The results provide a more nuanced understanding of the relationship between social support and older adults' well-being. Rather than viewing social support as a uniformly beneficial resource, the findings suggest that different types of social relationships may influence well-being through different pathways. Family support showed a stable positive association with well-being, whereas peer interaction may involve social comparison and relationship-maintenance costs that weaken its potential benefits. These findings indicate that the effects of social support depend not only on the availability of social connections but also on the characteristics and experiences associated with different relationships.

The findings also have implications for elderly care practice. Improving older adults' well-being requires attention not only to the frequency of social interaction but also to the quality of relationships and individuals' experiences within these interactions. For older adults with limited family support, services may focus on providing emotional companionship and practical assistance. Meanwhile, peer-based social activities should avoid treating frequent participation as the only indicator of successful engagement and should consider possible psychological pressure arising from social interactions. Community care services may also move beyond simply increasing neighborhood contact and focus on developing supportive relationship networks that can provide meaningful social resources.

5. Conclusion

Using data from the 2021 CGSS, this study examined how different sources of informal support are associated with older adults' subjective well-being. The results show that social relationships do not have the same effects on well-being. Family support was positively associated with well-being, indicating that family ties remain an important source of support in later life. In contrast, peer interaction showed a negative association, with more frequent peer gatherings related to lower levels of well-being. Neighborhood support was no longer significant after family support was included in the model.

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These findings suggest that social support should not be viewed as a uniformly beneficial resource. Different types of relationships may provide support while also involving different experiences and pressures. The negative association between peer interaction and well-being further indicates that social participation may sometimes bring psychological burdens in addition to social benefits.

The findings also suggest that elderly care services should pay attention not only to the amount of social interaction but also to the quality of relationships. Support efforts may strengthen family-based care, consider possible pressures in peer interactions, and promote more supportive community relationships. Since this study uses cross-sectional data, the findings reflect associations rather than causal effects. Future research using longitudinal data may further examine changes in older adults' social relationships and well-being over time. Future research should use longitudinal data and explore the psychological mechanisms underlying how different social relationships influence older adults' well-being.

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