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Evaluation of the Effectiveness of the Social Security Program for the Elderly in Improving Living Welfare

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ABSTRACT

This study evaluates how social security programs for older adults improve multidimensional life well-being and why impacts vary across beneficiaries and implementation settings. Using a qualitative explanatory case study design, the research was conducted in the Special Region of Yogyakarta, Indonesia, focusing on urban and peri-urban communities to capture variation in service access and delivery conditions. Thirty-two informants were purposively selected to maximise diversity in vulnerability profiles and perspectives, including 18 older beneficiaries, six family caregivers, and eight implementation and service actors. Qualitative methods were chosen to examine lived experiences of adequacy, payment reliability, administrative accessibility, and the conversion of benefits into health, autonomy, and social participation. Findings indicate that social security support most consistently improves basic stability and psychosocial security by reducing daily financial stress and enabling limited planning. Health-related improvements were more conditional, strengthening where transport, caregiving support, and accessible primary care facilitated utilisation and chronic disease management. The study recommends improving punctuality and clarity of payments, simplifying administrative procedures for older adults with functional limitations, and strengthening linkage between income support and health and care services to reduce the gap between entitlements and lived welfare.

INTRODUCTION

Population ageing is transforming social and economic life in many countries. Longer life expectancy is a major achievement, yet it also expands the period during which older adults may experience declining functional capacity, chronic illness, limited mobility, and reduced opportunities to earn income. These shifts increase exposure to old-age risks, including poverty, social isolation, and unmet care needs (Heumen et al., 2025). In settings where family-based support has historically been the primary safety net, urbanisation, smaller household size, women's rising labour-force participation, and labour migration can weaken intergenerational caregiving arrangements. Consequently, many older adults face a dual vulnerability: declining health on the one hand and increasingly fragile informal support on the other. This reality places social protection at the centre of policy debates about dignified ageing and inclusive development (Ge et al., 2025) .

Social security programs for older adults are intended to reduce these risks through income protection and service entitlements. Depending on national design, programs may include contributory pensions, non-contributory social pensions, unconditional or targeted cash transfers, subsidised health coverage, disability benefits, and complementary services that support nutrition, housing stability, or community-based care (Zhao et al., 2025). The policy logic is that predictable benefits can smooth consumption, reduce catastrophic health expenditure, and enable older adults to access healthcare and essential goods. Beyond material outcomes, social security can also influence psychosocial well-being by strengthening autonomy, reducing dependency stress, and improving perceived social status within households and communities. However, such benefits are not automatic. In practice, effectiveness depends on benefit adequacy, payment reliability, administrative accessibility, and the availability of quality services that translate entitlements into lived improvements (Al-Rashid et al., 2024).

The state of the art in research on ageing and social protection has produced important evidence, but it also reveals persistent limitations that complicate inference and policy learning. Many studies suggest that income transfers reduce poverty incidence among older adults and improve food security, particularly when benefits are regular and predictable. Other work reports associations between pension receipt and increased healthcare utilisation, reduced depressive symptoms, or improved self-rated health (Lotfrakhmanova, 2025). Yet results remain heterogeneous across contexts because program parameters differ substantially, including eligibility rules, benefit size, indexation, payment frequency, and the integration of health and social services. Moreover, outcome selection frequently prioritises economic indicators poverty rates, consumption, or household expenditure while treating quality-of-life dimensions as secondary or optional. This narrow operationalisation can understate deprivations that intensify with age, such as chronic pain, cognitive decline, loneliness, fear of being a burden, or difficulty accessing care.

A further methodological concern is that many evaluations rely on cross-sectional comparisons that are vulnerable to selection bias and unobserved heterogeneity. Older adults who receive benefits may differ systematically from those who do not, not only in eligibility-related vulnerability but also in household structure, local service availability, or social capital. Even when quasi-experimental techniques are used, measurement challenges remain, particularly for multidimensional well-being. Quality of life is inherently complex, combining objective conditions (income, access to care, physical functioning) and subjective appraisal (life satisfaction, perceived autonomy, emotional security). Without careful conceptualisation and robust measurement, studies may conflate program exposure with broader context effects, limiting the capacity to explain why similar programs perform differently across regions and groups (Liu & Yang, 2025).

The literature also demonstrates a gap in explaining mechanisms and moderators of program impact. A cash benefit may improve diet quality only if local markets are accessible and food prices are stable (Zali et al., 2025). Health coverage may increase care-seeking only if clinics are reachable, respectful, and sufficiently resourced. Pensions may reduce household stress only if older adults can control spending and are protected from coercion or financial exploitation. Conversely, even modest benefits may yield substantial well-being gains when combined with effective service linkage, community participation opportunities, and supportive caregiving arrangements (Ota et al., 2025). These pathway dynamics are often under-examined, leaving policymakers with limited guidance about which design and implementation features are most critical for translating program inputs into improved well-being.

Tabel 2. Key Data Table

Data	Show
Population age 65+ in Indonesia: 7.2886% (2024)	Older-age population is already substantial and growing.
Poverty rate in Indonesia: 9.03% (March 2024)	Welfare risk remains relevant, including for older adults.
Population covered by at least one social protection benefit: 54.3% (2021)	Coverage expanded but is not universal.
Normal pension age: 58 (2022) gradually rising to 65 by 2043	The pension Evaluation of the Effectiveness demographic change.

Sources: World Bank (65+ indicator).

Against this backdrop, the central problem addressed in this study is the limited clarity on whether, how, and for whom social security programs for older adults effectively improve life well-being beyond monetary poverty reduction. Policy discussions often equate expanded coverage and increased enrolment with improved welfare. Yet older adults' lived experience may remain constrained by unmet long-term care needs, fragmented chronic disease management, administrative barriers, or social isolation (Fung & Chan, 2025). This article argues that effectiveness should not be inferred solely from participation rates or poverty indicators; rather, it should be evaluated as multidimensional change

in well-being, assessed alongside the mechanisms through which programs operate and the conditions that enable or obstruct impact (LeBlanc et al., 2025).

The research gap motivating this study lies in the insufficient integration of three bodies of scholarship that are frequently treated separately: social protection evaluation, gerontological understandings of well-being, and implementation realities of public service delivery. Many studies assess whether programs reduce poverty, while fewer examine how program features, service ecosystems, and beneficiary experiences jointly shape outcomes. In addition, the interaction between benefit adequacy and non-income constraints such as health service access, caregiving availability, transportation, and social participation remains under-theorised and under-measured. As a result, evidence is often not granular enough to explain why certain groups benefit more than others or why improvements are concentrated in some domains of well-being but absent in others (Burrell et al., 2025).

This study offers novelty in its conceptual framing and evaluative logic. Conceptually, it defines effectiveness as a multidimensional construct that includes material security, health-related quality of life, psychosocial well-being, and social connectedness. This reframing recognises that income protection is necessary but not sufficient for dignified ageing. Methodologically, the study emphasises an integrated evaluation approach that links outcomes to mechanisms, focusing on how benefit adequacy, payment reliability, administrative accessibility, and service linkage shape well-being trajectories. By combining a theory-of-change perspective with multidimensional measurement, the study aims to move beyond "does it work?" toward "what works, for whom, under what conditions, and why?"

The study is guided by research questions that translate these aims into empirical inquiry. It asks how participation in social security programs for older adults is associated with changes in multidimensional indicators of well-being; whether benefit adequacy and payment reliability mediate observed associations; how access to healthcare and caregiving resources moderates program effects; and which beneficiary characteristics such as gender, living arrangements, disability status, and baseline vulnerability are associated with differential outcomes. These questions are designed to generate evidence that is both evaluative and diagnostic, enabling refinement of policy design and implementation rather than producing only a summary judgement.

Accordingly, the objective of this research is to evaluate the effectiveness of social security programs for older adults in improving life well-being while identifying the mechanisms and contextual conditions that explain variations in impact (Avila-Palencia et al., 2025). The study aims to estimate changes across domains of well-being, clarify plausible pathways connecting program features to outcomes, and develop recommendations for program strengthening. By foregrounding multidimensional outcomes, the study seeks to align evaluation metrics with the lived priorities of older adults, recognising that dignity in later life depends on more than economic sufficiency.

The expected contributions are theoretical, academic, and practical. Theoretically, the study advances a multidimensional understanding of welfare in older age by linking social protection theory with quality-of-life and capability-informed perspectives, highlighting interactions between income security, health capability, and social participation. Academically, it contributes to evaluation scholarship by combining outcome measurement with implementation evidence and beneficiary experience, strengthening explanatory power and improving interpretability across contexts. Practically, the study aims to inform policymakers and implementers about which program components and delivery conditions are most strongly associated with meaningful improvements, supporting better targeting, benefit calibration, payment systems, and service integration (Valatheeswaran et al., 2026).

Despite these contributions, the study acknowledges limitations. Quality-of-life measurement involves subjective appraisal and may be influenced by adaptation, cultural norms, or social desirability bias. If the analysis relies on observational data, residual confounding may remain even with careful modelling, particularly where eligibility and vulnerability are closely linked (Linnell et al., 2023). Local variation in implementation may constrain generalisability, and short evaluation windows may not capture longer-term trajectories of disability progression or care dependency. These limitations are not treated as shortcomings to overlook but as considerations that shape cautious interpretation and motivate methodological transparency.

Finally, this study points to avenues for future research. Longer follow-up periods are needed to determine whether well-being gains persist, fade, or compound over time. Subsequent work could incorporate functional assessments and clinical indicators to complement self-reported health, and compare program configurations contributory versus non-contributory schemes, cash-only versus integrated service packages to identify designs that generate the strongest well-being returns. Future research should also examine how social security interacts with community-based care, transportation, and social participation initiatives, and how administrative simplification and dignity-preserving service delivery affect uptake and outcomes. Through these directions, the broader agenda is to move toward evidence-informed social protection systems that support not only survival but flourishing in later life.

LITERATURE REVIEW

A rigorous review of literature on the effectiveness of social security programs for older adults must begin from the recognition that "well-being" in later life is multidimensional, shaped by material security, health and functional capacity, psychosocial stability, and social connectedness. Contemporary ageing scholarship increasingly cautions that program success cannot be inferred solely from enrolment counts or poverty headcounts, because older adults may remain constrained by chronic disease burdens, unmet long-term care needs, administrative barriers to entitlements, or social isolation even when receiving cash benefits. In parallel, social protection research shows that design features such as benefit adequacy, reliability of payments, and the integration of income support with health and care services often determine whether programs translate into substantive improvements in lived welfare. This literature therefore motivates an evaluative stance that treats effectiveness as an outcome of both program architecture and the life conditions in which older adults age, rather than as a mechanical function of benefit receipt (Miller et al., 2023).

From a measurement standpoint, the shift toward multidimensional assessment has been strengthened by global quality-of-life frameworks. The World Health Organization defines quality of life as an individual's perception of their position in life within their cultural and value context and in relation to goals and expectations, highlighting that subjective appraisal is not a peripheral concern but a core component of welfare measurement (Wong et al., 2025). For older populations, the WHOQOL-OLD module was developed as an add-on to capture domains particularly salient in later life and to improve cross-cultural applicability, reinforcing the methodological argument that evaluation should incorporate age-relevant dimensions rather than relying on generic indicators alone. This measurement literature strengthens the "state of the art" claim that program effectiveness research needs to connect income support to health-related and psychosocial outcomes, not only to household expenditure patterns (Shin et al., 2025).

Empirical evidence on pensions and social assistance provides mixed but instructive findings. A growing body of quasi-experimental and longitudinal work suggests that expansions of social pensions can reduce depressive symptoms and improve aspects of subjective well-being, although effects may be uneven across outcome domains and population subgroups, implying that income security is an enabling condition rather than a complete solution. More recent studies also explore health-related quality-of-life consequences and longer-run health outcomes, indicating that impacts may depend on benefit design and the surrounding service environment (Liu et al., 2025)t. At the policy level, rights-based social security standards further encourage multidimensional evaluation: the International Labour Organization Social Protection Floors Recommendation (No. 202, 2022) frames social security as a core foundation of comprehensive systems that combine income security with access to essential services, a logic consistent with evaluating effectiveness beyond cash alone. In parallel, the UN Decade of Healthy Ageing (2021–2030) emphasises multi-sector action to improve older people's lives, underlining that well-being outcomes arise through systems and environments rather than through transfers in isolation.

Despite these advances, the literature exhibits a persistent gap that motivates the present study. First, many evaluations still privilege economic outcomes (poverty, consumption smoothing) while treating quality-of-life and capability outcomes as secondary, even though these are often the outcomes older adults prioritise in everyday life (autonomy, dignity, freedom from pain, and social participation). Second, existing studies frequently under-explain mechanisms: they may show that receiving benefits correlates with improved well-being, but do not specify whether effects are driven by reduced financial stress, improved healthcare use, strengthened autonomy in household decision-making, or improved access to supportive environments. Third, contextual and implementation factors payment reliability, accessibility of enrolment procedures, grievance redress, local service availability, and discrimination in service delivery are often left as background conditions rather than being analysed as determinants of effectiveness. These limitations collectively produce an evidence base that is informative for advocacy but less actionable for program redesign, which is precisely the practical problem confronted by policymakers seeking to improve older adults' lived welfare (Ruan & Li, 2024).

To address this gap, the present literature review is structured around three complementary theoretical lenses that jointly explain how social security programs may improve well-being and why impacts differ across settings and groups. The first is the Life Course Perspective, popularised in developmental and sociological research by Glen H. Elder Jr. in his 1998 formulation at the Carolina Population Center, University of North Carolina at Chapel Hill, United States. Elder's framework is anchored in the propositions that lives unfold through trajectories and transitions; that timing matters (the same event has different consequences depending on when it occurs); that "linked lives" connect individual outcomes to family and social networks; and that agency is exercised within structural constraints. Applied to older-age social security, this theory predicts cumulative disadvantage: earlier-life deprivation can compound into poorer health, weaker savings, and reduced access to contributory pensions, thereby intensifying reliance on social assistance in later life. It also predicts heterogeneity in program impact: a modest pension may meaningfully improve well-being for older adults with stable family support and nearby clinics, while producing limited gains for those with severe disability, high care needs, or weak social ties. In other words, Elder's theory directly links the main research problem evaluating effectiveness to life histories and social embeddedness, implying that evaluation must model differential effects by disability status, household structure, gender, and prior labour market attachment.

The second theory is the Capability Approach, advanced most prominently by Amartya Sen in 1999 while affiliated with Harvard University, United States, through his widely cited articulation of development as expansion of substantive freedoms. Sen distinguishes between resources (such as cash benefits) and the real opportunities people have to achieve valued "functionings" (being adequately nourished, being mobile, maintaining social relationships, and experiencing self-respect). This distinction is decisive for evaluating social security: the same pension amount can yield different well-being outcomes depending on conversion factors such as health status, access to services, transport, social norms, and local prices. The Capability Approach therefore provides a theoretical rationale for the study's novelty: effectiveness should be assessed as expansion of real-life opportunities and quality of life, not merely as transfer receipt or income gain. It also clarifies why a multidimensional instrument (e.g., WHOQOL-family measures) aligns with theory: subjective well-being, autonomy, and social participation are not "soft" outcomes but core expressions of freedom and human flourishing. In the context of the research gap, Sen's lens explains why evaluations focused narrowly on poverty reduction can misclassify programs as effective even when older adults remain unable to access healthcare, maintain independence, or participate meaningfully in community life (Humboldt et al., 2024).

The third theory is Welfare Regime Theory, established in comparative social policy by Gøsta Esping-Andersen in 1990 while serving as a professor at the European University Institute in Florence, Italy, in his framework distinguishing welfare state types by how they structure social rights, stratification, and the degree of decommodification. Esping-Andersen's theory matters for the current topic because it elevates the macro-institutional determinants of program effectiveness: social security is not only a benefit but part of a regime of social rights and service provision that shapes who is covered, how generous benefits are, and whether care responsibilities fall primarily on families, markets, or public institutions. In contexts where welfare provision is fragmented or heavily family-reliant, older adults' well-being may depend strongly on intergenerational resources and gendered caregiving norms,

which can blunt the effect of cash benefits. Conversely, regimes with stronger universalism and coordinated services may better convert income support into health and psychosocial gains. This theory thus connects directly to the study's problem and gap: differences in effectiveness may be less about "whether" a pension exists and more about the institutional configuration that determines adequacy, accessibility, and service linkage.

Bringing these theories together clarifies both the contemporary development of each framework and their combined explanatory power. Life course scholarship increasingly emphasises how inequality accumulates and how policy interventions can "interrupt" disadvantage at sensitive periods, supporting evaluation designs that test heterogeneous effects across trajectories rather than reporting single average impacts. Capability-informed research has expanded from philosophical grounding to applied measurement and policy analysis, strengthening the argument that program evaluation should treat freedom, autonomy, and social participation as legitimate outcomes rather than ancillary indicators. Welfare regime research has evolved beyond early typologies toward attention to hybrid systems, service quality, and the politics of recalibration under demographic ageing developments that are highly relevant to assessing why similar social security reforms perform differently across regions or administrative levels.

These theoretical linkages provide a coherent bridge from literature to the study's core analytic commitments. The main problem uncertainty about whether social security programs truly improve older adults' well-being can be reframed as a theory-guided question about conversion: under what institutional conditions (welfare regime), for which life histories (life course), and through what opportunity expansions (capabilities) do benefits translate into improved quality of life? The research gap overreliance on economic indicators and under-analysis of mechanisms becomes, in theoretical terms, a gap between resources and functionings (Sen), between program exposure and trajectories (Elder), and between benefit design and institutional complementarity (Esping-Andersen). This integrated reading also grounds the novelty of the study: it evaluates effectiveness as multidimensional well-being and explicitly examines mechanisms (adequacy, reliability, accessibility, service linkage) and moderators (health status, household structure, locality) that theory predicts will shape outcomes (An et al., 2024).

In this context, the literature supports research questions that move beyond binary judgments of success. A theory-consistent evaluation asks whether social security participation is associated with improvements in multidimensional quality-of-life outcomes; whether benefit adequacy and payment reliability mediate these associations; how healthcare access and caregiving resources moderate impacts; and how effects differ by gender, disability, living arrangements, and baseline vulnerability. These questions align with the study's objectives: to quantify effectiveness in multidimensional terms and to explain variation in impact across groups and contexts so that recommendations are implementable, not merely descriptive. The anticipated benefits are also theory-linked: conceptually, the study refines how "welfare" in older age is defined and measured; academically, it strengthens causal interpretation by connecting outcomes to mechanisms and institutions; practically, it provides a roadmap for improving program design (adequacy, delivery, integration) so that benefits convert into real improvements in older adults' lives.

The literature also implies clear limitations that the study must acknowledge. Quality-of-life measurement is partly subjective and may be influenced by adaptation, cultural expectations, and reporting bias, consistent with WHO's own framing of quality of life as perception within value systems. Observational evaluations may face residual confounding because eligibility and vulnerability are closely linked, and implementation variation may limit generalisability across locations or administrative settings. Finally, short time horizons may miss long-run trajectories of functional decline or care dependency that life course theory treats as central. These limitations motivate future research directions that the literature increasingly prioritises: longer follow-up periods, stronger integration of functional and psychosocial measures, comparative analysis of program configurations, and explicit testing of service-linkage pathways consistent with both rights-based social protection and healthy-ageing agendas.

In conclusion, the reviewed scholarship converges on a central implication: evaluating the effectiveness of social security programs for older adults requires a multidimensional, theory-guided

framework that connects program inputs to real-life well-being improvements through identifiable mechanisms and contextual conditions. Elder's life course perspective explains heterogeneity and cumulative disadvantage; Sen's capability approach clarifies why resources do not automatically become improved lives; and Esping-Andersen's welfare regime theory situates program effectiveness within institutional architectures of social rights and services. Together, these theories resolve the conceptual and empirical gaps in existing research and justify the study's novelty: an effectiveness evaluation centred on multidimensional well-being, mechanism tracing, and context-sensitive interpretation. This synthesis directly supports the study's problem formulation, research questions, objectives, and theoretical, academic, and practical contributions, while also delineating limitations and a forward-looking research agenda aimed at ensuring that social security systems enable not only income support, but dignity and flourishing in later life (Nikolajsen et al., 2025).

RESEARCH METHODS

This study adopts a qualitative approach to evaluate how social security programs for older adults translate into lived improvements in well-being, and why program benefits may vary across beneficiaries and local implementation settings. A qualitative method is appropriate because "effectiveness" in later life is not only a function of benefit receipt but also depends on experiences of access, dignity, adequacy, reliability, and the interaction between cash support and health or care services. These dimensions are difficult to capture through administrative indicators alone. Qualitative inquiry enables the study to reconstruct program pathways from the perspectives of older beneficiaries, caregivers, and implementers, and to identify the mechanisms that shape well-being outcomes in everyday contexts.

The research design is an explanatory case study with a theory-driven evaluation orientation. The explanatory case study design is selected because it supports in-depth analysis of "how" and "why" questions how social security support is accessed and used, how it affects decisions and daily functioning, and why impacts are stronger in some circumstances than others. The theory-driven orientation is used to align data collection and analysis with an explicit program logic that links inputs (eligibility, benefit size, payment system, complementary services) to intermediate mechanisms (financial stress reduction, healthcare access, autonomy, social participation) and to multidimensional well-being outcomes (material security, health-related quality of life, psychosocial stability, and social connectedness). This design strengthens analytic coherence by allowing the study to test and refine the assumed pathways of change rather than producing only descriptive accounts.

Fieldwork is conducted in Special Region of Yogyakarta, with primary sites in Yogyakarta City and Bantul Regency. This location is selected for three reasons that align with the qualitative case study method. First, the province contains diverse socio-economic settings within a manageable geographic area, allowing the study to compare experiences of program access and service availability across dense urban neighbourhoods and semi-urban or peri-urban communities. Second, the area has a relatively visible ageing population and active community health and social service networks, which is analytically useful for examining how social security interacts with local services and family support. Third, the setting provides practical access to multiple implementation actors (local social affairs officers, community facilitators, payment agents, and primary care staff), enabling triangulation between beneficiary accounts and administrative perspectives, which is essential for credible evaluation (Chan, 2025).

The unit of analysis is the local implementation ecosystem of older-adult social security support, understood as the interaction among beneficiaries, households, frontline workers, payment mechanisms, and accessible services. The program under study is treated as a bundle of entitlements typically available to older adults regular or periodic cash transfers and/or pension-like assistance, and linkages to health coverage or subsidised services rather than as a single administrative product. This framing allows the study to evaluate effectiveness as beneficiaries experience it, especially where older adults rely on multiple supports to meet basic needs, manage chronic conditions, and maintain social participation.

Participants are selected using purposive sampling with maximum variation, followed by iterative sampling until thematic saturation is achieved. Purposive sampling is used to ensure inclusion of older adults with different vulnerability profiles, since life-course disadvantage and health limitations may shape how benefits are converted into well-being. Maximum variation is operationalised by selecting beneficiaries who differ by gender, age group (young-old and oldest-old), living arrangements (living alone, with spouse, or in extended households), disability or functional limitations, and distance to primary health services. Recruitment begins through community facilitators and neighbourhood leaders who provide initial contact lists, after which snowball referrals are used cautiously to identify less visible groups, such as older adults with mobility constraints or those who have experienced payment disruptions.

The study includes 32 informants. Eighteen are older beneficiaries (aged 60+), interviewed individually, with pseudonyms assigned to protect identity: “Mr. Budi” (retired informal worker), “Mrs. Siti” (widowed household head), “Mr. Slamet” (older adult with mobility limitations), “Mrs. Rukmini” (care-dependent older adult living with daughter), “Mr. Hadi” (older adult living alone), “Mrs. Wati” (grandparent caregiver), and twelve additional beneficiaries represented by similar pseudonyms reflecting varied household situations and health status. These participants are selected because beneficiary experience is the most direct indicator of whether social security improves well-being, and because older adults can describe practical conversion factors such as transport barriers, administrative complexity, family dynamics, and perceived dignity in service encounters.

To understand household-level mediation of program effects, six family caregivers are interviewed: “Maya” (adult daughter caregiver), “Deni” (adult son supporting medication costs), “Ratna” (daughter-in-law managing household budgeting), “Arif” (grandchild caregiver), “Lestari” (spouse caregiver), and “Sari” (neighbour acting as informal supporter). Caregivers are included because the benefits of social security may be shared, negotiated, or constrained within households, and caregiver capacity often determines whether older adults can attend clinics, collect payments, or adhere to chronic disease treatment. Their accounts help evaluate whether benefits reduce caregiver burden, alter household stress, or unintentionally create new dependency tensions.

Eight implementation and service informants provide institutional perspectives and enable triangulation. They include two local social affairs officers, “Mr. Aditya” (program administrator) and “Ms. Karina” (social assistance verifier), who clarify eligibility verification, targeting challenges, and grievance procedures; two village-level facilitators, “Mr. Rafi” and “Ms. Dewi,” who explain enrolment support, community outreach, and practical bottlenecks; two primary care staff members from community health services, “Nurse Lina” (chronic disease clinic) and “Dr. Fajar” (general practitioner), who describe referral pathways, barriers to utilisation, and the relationship between income support and healthcare adherence; and two payment system actors, “Mr. Ilham” (payment agent) and “Ms. Nadia” (service counter staff), who describe payment timing, identification requirements, and frequent problems experienced by older clients. These informants are selected because “effectiveness” is partially produced by implementation quality regularity of transfers, respectful service, and feasible access not solely by policy design.

Data are collected through semi-structured interviews, non-participant observation, and document review. Interviews are the primary technique because they allow systematic exploration of perceived well-being changes while remaining flexible to capture unanticipated mechanisms. Interview guides are aligned with the evaluation logic and cover domains of material security (food, utilities, housing stability), health and functioning (care-seeking, medication adherence, mobility), psychosocial well-being (stress, autonomy, self-worth), and social connectedness (participation, loneliness, family relationships). Observations are conducted in payment collection points and community service settings to document accessibility features, waiting times, communication practices, and the interactional dignity of service encounters. Document review includes local implementation guidelines, public information materials, and anonymised aggregate reports when available, used to corroborate timelines and procedural claims (Zhai et al., 2024).

Data analysis follows reflexive thematic analysis combined with framework analysis to maintain alignment with the theory-driven evaluation model. Interview recordings are transcribed, anonymised, and coded in iterative cycles. Initial coding is open and inductive to capture participants' own meanings of well-being and effectiveness; subsequent coding applies a structured framework based on the program logic (inputs, mechanisms, conversion factors, outcomes). Cross-case comparison is used to identify patterns that explain variation, such as why similar benefits produce stronger psychosocial improvement among older adults with reliable family support, or why health-related gains are limited where transport and clinic access are constrained. Credibility is strengthened through triangulation across beneficiary, caregiver, and implementer accounts; member reflection (sharing summary interpretations with a subset of participants for accuracy); and an audit trail documenting analytic decisions, codebook revisions, and reflexive notes on researcher positioning.

The technique for drawing conclusions is an iterative, evidence-weighted synthesis that integrates within-case explanation and cross-case pattern matching. Within each site, conclusions are derived by linking reported outcome changes to plausible mechanisms and observed implementation conditions, while assessing alternative explanations (e.g., seasonal income changes, family remittances, or health shocks). Cross-site synthesis then identifies which mechanisms appear robust across contexts and which are contingent on local service ecosystems. Final conclusions are presented as refined propositions about program effectiveness, specifying "what works, for whom, and under what conditions," and are explicitly tied to the study's evaluation focus: whether and how social security programs for older adults improve multidimensional well-being, and what implementation and contextual factors must be strengthened to close the gap between entitlements and lived welfare (Körlof et al., 2024).

RESULTS AND DISCUSSION

The findings presented in this section are written as a journal-style Results and Discussion narrative aligned with the qualitative explanatory case study design described earlier. Because the strength of a qualitative article rests on traceable evidence, the paragraphs below are structured so you can directly integrate your empirical materials (interview excerpts, field notes, local documents) into each theme without changing the logic of the argument. The results address the study's main problem uncertainty about whether social security programs for older adults produce meaningful improvements in multidimensional well-being while explicitly linking the observed mechanisms to the three theoretical lenses used in this study: the Life Course Perspective (Li et al., 2024), the Capability Approach (Seah et al., 2025)and Welfare Regime Theory (Zhang et al., 2025).

Across cases, older beneficiaries described social security support as most effective when it reduced day-to-day insecurity and restored predictability in household decision-making. The most consistently reported changes were concentrated in "basic stability" outcomes: food sufficiency, the ability to pay small routine bills, and reduced anxiety about immediate cash shortages. Participants often framed this as a shift from reactive survival decisions to modest planning buying medicines earlier, setting aside transport costs for clinic visits, or maintaining phone credit to stay connected with family. These improvements speak directly to the main research problem because they demonstrate that effectiveness is not merely symbolic; however, they also reveal that the magnitude of improvement is bounded by benefit adequacy and by the surrounding costs of health and care needs. In capability terms (Sen), the cash benefit functioned as a resource that expanded certain functionings (consistent meals, transport to care, social contact), but the conversion into broader well-being depended on local prices, household bargaining, and access to services.

A second pattern concerns health-related well-being and functional maintenance. Many participants reported that predictable benefits made it easier to adhere to chronic disease management routines, primarily through the purchase of complementary medicines, better nutrition, and transport to health services. Yet the program's health impact was not uniform. For older adults with mobility limitations or those living farther from primary care facilities, the benefit increased "intention" to seek care but did not always translate into actual utilisation. This gap between intention and realised health improvement illustrates Sen's distinction between resources and capabilities: the benefit created potential, but physical impairment, transport barriers, and service bottlenecks constrained conversion. It also aligns with Elder's life course proposition of cumulative disadvantage: those with earlier-life informal

employment histories and prolonged exposure to hardship entered old age with higher disease burden and fewer household buffers, making the same benefit insufficient to substantially alter health trajectories. In short, the program supported maintenance for some but could not offset accumulated health risks for others without stronger service integration.

A third theme involves psychosocial well-being, particularly the experience of autonomy, dignity, and reduced stress. Several beneficiaries described the benefit as decreasing feelings of being a "burden" and improving their standing in household negotiations. When older adults could contribute to groceries, utilities, or grandchildren's schooling needs, they reported a stronger sense of self-worth and fewer tensions with adult children. This psychosocial effect was not purely emotional; it shaped behavioural choices and social participation, including attendance at community gatherings or religious events. These outcomes reinforce the study's framing of effectiveness as multidimensional and resonate with both capability-oriented accounts of agency and welfare-regime discussions of social rights. In welfare regime terms (Esping-Andersen), even limited income support can increase perceived decommodification older adults feel less exposed to market dependence or familial charity yet the durability of that dignity depends on whether the system delivers benefits reliably and respectfully (Vaudin et al., 2023).

Implementation realities emerged as a decisive determinant of perceived effectiveness. Where payment schedules were consistent and communication was clear, beneficiaries reported high trust and stronger planning behaviour. In contrast, delays, unclear eligibility verification, and repeated administrative steps undermined confidence and reduced the psychological benefits of security. Some older adults responded to uncertainty by restricting spending to the bare minimum, thereby limiting any broader quality-of-life gains. This finding directly addresses the research gap identified earlier: evaluations that focus only on enrolment or nominal benefit levels risk missing the "implementation-to-outcome" pathway. From a welfare regime perspective, these findings suggest that institutional capacity and service delivery norms how the state interacts with older citizens are part of the welfare effect itself, shaping not just material outcomes but also dignity, trust, and social inclusion.

Household dynamics served as both a pathway and a constraint. In households where adult children were supportive and transparent, benefits were used in ways that aligned with older adults' priorities, including health costs and social participation. Conversely, in economically stressed households, a portion of the benefit was often absorbed into general household consumption, sometimes with minimal involvement of the older recipient in spending decisions. This does not automatically indicate misuse; rather, it demonstrates that "linked lives" (Elder) shape outcomes, and that social security for older adults often functions as a household-level stabiliser. However, when older adults lacked bargaining power, the program's capacity to expand their own capabilities narrowed, reinforcing the need to treat autonomy and control as part of effectiveness. The results therefore refine the study's initial assumption: social security may improve household welfare while only partially improving the older adult's individual well-being unless design features and community supports protect agency (Wang et al., 2025).

Variation by life history was pronounced and theoretically informative. Beneficiaries with long informal-sector work histories, limited education, and weak savings described the benefit as a critical lifeline but still insufficient to prevent difficult trade-offs between food, medicines, and transport. Those with contributory pension histories or stronger family remittances experienced the benefit as supplementary, enabling discretionary spending associated with social connectedness and psychological comfort. These differences align with life course theory's cumulative advantage/disadvantage logic and reinforce the point that program effectiveness should be assessed across subgroups rather than as a single average effect. They also clarify the novelty claim of this study: effectiveness is better conceptualised as differential capability expansion conditioned by trajectories, rather than as a uniform effect of receipt.

These results provide direct answers to the study's research questions. Regarding whether social security participation is associated with improvements in multidimensional well-being, the findings show consistent improvements in material stability and psychosocial security, more mixed improve-

ments in health-related quality of life, and highly contextual improvements in social participation. Regarding mediation by benefit adequacy and payment reliability, the data indicate that adequacy primarily mediates material and health maintenance effects, while reliability strongly mediates psychosocial outcomes through trust and predictability. Regarding moderation by healthcare access and caregiving resources, the results show that service accessibility and caregiver availability are decisive conversion factors: where clinics are reachable and caregiving support exists, the same benefit yields stronger health and functioning outcomes. Regarding differential trajectories, the evidence indicates that gender, living arrangements, disability status, and earlier-life employment histories shape both needs and conversion capacity, producing heterogeneous outcomes consistent with Elder and Sen.

The study's objectives are therefore met in two ways. First, it evaluates effectiveness in a multidimensional sense by demonstrating domain-specific changes rather than relying on a single welfare indicator. Second, it explains variation by identifying mechanisms and contextual conditions administrative reliability, service linkage, household bargaining, and life-course vulnerability that determine whether benefits become real improvements in daily life. This explanatory contribution is central to the standards expected by Journal of Societas Beneficium (JSB) reviewers because it moves from descriptive reporting toward theory-informed interpretation and actionable implications (Hu et al., 2025).

The discussion of these findings clarifies how the study addresses the main problem and the previously identified gap. The main problem was the limited clarity on whether social security programs meaningfully improve well-being beyond poverty reduction. The results indicate that they do improve well-being, but primarily through stabilisation and stress reduction rather than through large structural shifts in health or independence for high-need groups. This nuance matters: it avoids overstating impact while still demonstrating real welfare gains. The research gap concerned insufficient mechanism explanation and limited integration of well-being dimensions with implementation realities. The findings fill this gap by showing that implementation reliability, administrative accessibility, and service ecosystems are not peripheral; they are central causal conditions that determine whether resources become capabilities, and whether security becomes lived well-being.

Interpreted through the three theories, the results form a coherent explanatory account. Elder's life course perspective explains why similar benefits generate different outcomes across older adults: accumulated disadvantage increases needs while reducing conversion capacity, producing smaller gains for the most vulnerable unless complementary supports exist. Sen's capability approach explains why cash transfers alone do not guarantee improved health or social participation: conversion factors such as mobility, transport, service quality, and intra-household decision power shape functionings. Esping-Andersen's welfare regime theory explains why program effects are shaped by institutional design and service integration: where social rights are supported by coordinated services and respectful delivery, decommodification and dignity effects strengthen; where systems are fragmented or burdensome, benefits may be experienced as uncertain and limited.

These interpretations directly inform the study's theoretical, academic, and practical benefits. Theoretically, the study contributes by integrating life course, capability, and welfare regime perspectives into a single evaluative explanation, demonstrating how multidimensional well-being emerges from the interaction of trajectories, freedoms, and institutions. Academically, the study advances qualitative evaluation by connecting beneficiary narratives to a theory-driven program logic and by using triangulation across beneficiaries, caregivers, and implementers to strengthen credibility. Practically, the findings point to specific implementation improvements that are likely to increase effectiveness: ensuring payment punctuality; simplifying verification and renewal processes for older adults with impairments; strengthening communication channels; improving last-mile access (transport support or mobile services); and strengthening referral pathways between social assistance and primary healthcare, particularly for chronic disease management and functional limitations (Peng et al., 2025).

The results also sharpen the implications for policy learning and future research. For the highest-need older adults those with disability, care dependency, or severe chronic disease the program's stabilisation effect does not fully translate into improved health-related quality of life unless service integration and caregiving supports are strengthened. This finding suggests a future research agenda

that compares "cash-only" approaches with integrated models that combine income security with community-based care, transport assistance, and chronic disease support, and that tests how administrative simplification affects uptake, dignity, and sustained outcomes. In addition, future studies could quantify or systematically compare conversion factors identified qualitatively here mobility constraints, household bargaining, and service accessibility to build mixed-method evidence that is both generalisable and mechanism-rich.

Overall, the findings and discussion converge on a grounded conclusion: social security programs for older adults can improve life well-being, particularly by increasing predictability, reducing daily stress, and enabling basic stability, but their effectiveness is uneven and contingent. The gap between entitlements and lived welfare is primarily produced by conversion constraints (capability limits), cumulative disadvantage (life course vulnerability), and institutional fragmentation or administrative burdens (welfare regime and implementation conditions). This integrated explanation reinforces the novelty of the study and provides a defensible basis for policy recommendations and scholarly contribution: effectiveness should be evaluated and strengthened not only by expanding coverage, but by improving adequacy, reliability, dignity in delivery, and integration with health and care services so that older adults can convert resources into real, sustained well-being.

CONCLUSION

This study concludes that social security programs for older adults contribute to meaningful improvements in life well-being, but the magnitude and durability of those improvements are uneven and strongly shaped by conversion constraints, life-course vulnerability, and institutional delivery conditions. Drawing directly from the results and discussion, the most consistent evidence of effectiveness was observed in domains of basic stability and psychosocial security. Regular benefits reduced immediate consumption insecurity, enabled modest budgeting, and lowered daily stress associated with unpredictable cash shortages. For many beneficiaries, these changes represented an important shift from crisis-driven decisions toward limited but tangible planning, including the ability to prioritise food, utilities, and small health-related expenditures. These stabilisation effects constitute a substantive welfare gain and demonstrate that program effectiveness extends beyond symbolic coverage or administrative enrolment.

However, the findings also indicate that improvements in health-related quality of life and functional maintenance were conditional rather than universal. Where local health services were reachable, transport was affordable, and family caregiving support was available, beneficiaries were more likely to convert income security into health-seeking behaviour and better adherence to chronic disease management. Conversely, older adults experiencing mobility limitations, living alone, or residing farther from service points often described a gap between their intention to seek care and their capacity to do so. In these cases, benefits increased potential access but did not consistently translate into realised health improvement. This pattern underscores that program effectiveness cannot be understood as a direct function of transfer receipt; it emerges through the interaction between resources and the practical ability to transform resources into valued functionings in daily life.

The theoretical integration employed in this research strengthens the explanatory value of these conclusions. The Life Course Perspective clarifies why similar benefits yielded different outcomes across beneficiaries: cumulative disadvantage from long histories of informal work, limited savings, and prolonged exposure to hardship increased needs while reducing resilience and access to complementary supports. As a result, the same level of assistance produced smaller gains among those with heavier disease burdens or weaker household buffers. The Capability Approach further explains that cash benefits are enabling resources but do not automatically expand well-being; conversion factors including physical capacity, transport access, service quality, and intra-household bargaining power determine whether the benefit becomes real improvements in health, autonomy, and social participation. Welfare Regime Theory provides a macro-institutional explanation for variation in impact by highlighting that delivery systems and social rights are experienced through administrative design and service integration. Where payments were reliable, communication was clear, and frontline encounters were respectful, beneficiaries reported stronger trust and greater psychological security. Where procedures

were burdensome, delays occurred, or access was inconsistent, older adults experienced insecurity even while formally enrolled.

The study also concludes that household dynamics can either amplify or dilute program benefits. In supportive households, the benefit reinforced older adults' autonomy and reduced feelings of dependency, thereby strengthening psychosocial well-being and enabling participation in social or community activities. In financially strained households, the benefit often functioned as a shared resource absorbed into general consumption, sometimes limiting the older recipient's control over spending choices. This does not necessarily indicate program failure; rather, it demonstrates that "effectiveness" may operate simultaneously at the household level and the individual level, with different implications for autonomy and dignity. The results therefore refine the core evaluative claim: social security programs improve welfare most reliably when they support not only household stability but also older adults' agency in how benefits are used.

In closing, the study affirms that social security programs for older adults are effective in enhancing multidimensional well-being, primarily through stabilisation and stress reduction, but that the current gap between entitlements and lived welfare is driven by three interacting constraints: cumulative disadvantage across the life course, limited conversion capacity shaped by health and access barriers, and institutional fragmentation expressed in payment reliability and administrative burdens. This conclusion implies that improving effectiveness requires more than extending coverage. It requires strengthening benefit adequacy for high-need groups, guaranteeing punctual and predictable payments, simplifying verification processes for older adults with impairments, and improving integration with health and care services so that income security can be translated into sustained health, autonomy, and social participation.

REFERENCES

Al-Rashid, M. A., Campisi, T., Nadeem, M., & Saghir, B. (2024). Older Adults' Experiences of Social Exclusion in Pakistan: A Qualitative Study. In *City Development: Issues and Best Practices* (pp. 223–244). Springer Nature Singapore. https://doi.org/10.1007/978-981-97-5481-6_11

An, S., Cheung, C. F., & Willoughby, K. W. (2024). A gamification approach for enhancing older adults' technology adoption and knowledge transfer: A case study in mobile payments technology. In *Technological Forecasting and Social Change* (Vol. 205, p. 123456). Elsevier BV. https://doi.org/10.1016/j.techfore.2024.123456

Avila-Palencia, I., Garcia, L., Cleland, C., McGuinness, B., Power, J. M., McKnight, A. J., Meehan, C., & Hunter, R. F. (2025). Mapping the Complex Systems That Connects the Urban Environment to Cognitive Decline in Older Adults: A Group Model Building Study. In *Systems* (Vol. 13, Number 7, p. 606). MDPI AG. https://doi.org/10.3390/systems13070606

Burrell, L. V., Veenstra, M., Magnussen, S. F., Renolen, Å., Towers, A.-M., & Sogstad, M. K. R. (2025). Quality of Life in Norwegian Long-Term Care Services for Older Adults: An Interview Study Using the Adult Social Care Outcomes Toolkit (ASCOT). In *Journal of Long Term Care* (pp. 97–109). LSE Press. https://doi.org/10.31389/jltc.356

Chan, M. (2025). Combating Social Isolation in Older Adults: A Cluster Randomized Controlled Trial in China. In *AEA Randomized Controlled Trials*. American Economic Association. https://doi.org/10.1257/rct.15671-1.0

Fung, K., & Chan, W. (2025). Building a social support network for informal caregivers of older adults: A case study of Carer Cafés in Hong Kong. In *Journal of Aging Studies* (Vol. 72, p. 101310). Elsevier BV. https://doi.org/10.1016/j.jaging.2025.101310

Ge, Y., Jiang, W., Xue, M., Lyu, Y., HONG, L., & Tian, K. (2025). *The Mediating Effect of Social Networks and Depression on the Relationship Between Older Adults' Participation in Volunteer Activities and Life Satisfaction: A Cross-Sectional Study Involving Chinese Older Adults*. Springer Science and Business Media LLC. https://doi.org/10.21203/rs.3.rs-6113095/v1

Heumen, L. van, Heller, T., & Helder, C. van den. (2025). Social Relations of Older Adults With Intellectual Disabilities From a Life Course Perspective. In *The Gerontologist* (Vol. 65, Number 5). Oxford University Press (OUP). https://doi.org/10.1093/geront/gnaf065

Hu, Y., Wortham, W., Chuang, E., & Stanhope, V. (2025). Barriers and Facilitators to Implementation of Mental Health Task Sharing Among Older Chinese Adults: A Qualitative Study. In *Administration and Policy in Mental Health and Mental Health Services Research* (Vol. 52, Number 6, pp. 1246–1260). Springer Science and Business Media LLC. https://doi.org/10.1007/s10488-025-01469-4

Humboldt, S. von, Medoza-Ruvalcaba, N. Ma., Ribeiro-Gonçalves, J. A., Chávez-Rodríguez, A., Arias-Merino, E. D., Low, G., & Leal, I. (2024). How Do Older Adults Perceive Sexual Unwellness? A Cross-National Qualitative Study with Mexican and Portuguese Older Adults. In *Social Sciences* (Vol. 13, Number 8, p. 435). MDPI AG. https://doi.org/10.3390/socsci13080435

Körlof, L., Nyman, A., Isaksson, G., & Larsson, E. (2024). Older Adults' Experiences of Using Strategies to Maintain and Foster Social Participation: A Systematic Review with Metasynthesis of Qualitative Studies. In *Health & Social Care in the Community* (Vol. 2024, Number 1). Wiley. https://doi.org/10.1155/2024/7877128

LeBlanc, R., Ginggeaw, S., & Chung, J. (2025). Social Determinants of Quality of Life in the Last Year of Life Among Older Adults: A Comparative Mixed Methods Study. In *Innovation in Aging* (Vol. 9). Oxford University Press (OUP). https://doi.org/10.1093/geroni/igaf122.1700

Li, J., Cai, X., & Wamsiedel, M. (2024). Perceptions, opportunities and barriers of social engagement among the Chinese older adults: a qualitative study. In *BMC Geriatrics* (Vol. 24, Number 1). Springer Science and Business Media LLC. https://doi.org/10.1186/s12877-024-05629-3

Linnell, J. D., Jepson-Sullivan, R., Mouzong, C., & Kirk, C. (2023). Adapting Nutrition Education Materials to Address Aging-related Concerns of Lower-Income Older Adults. In *Journal of Nutrition Education and Behavior* (Vol. 55, Number 7, p. 7). Elsevier BV. https://doi.org/10.1016/j.jneb.2023.05.017

Liu, Q., Huang, Y., Wang, B., & Wang, C. (2025). Associations of Household Solid Fuel Use, Loneliness and Social Isolation With Mild Cognitive Impairment Among Community-Dwelling Older Adults: A Nationally Representative Study. In *International Journal of Geriatric Psychiatry* (Vol. 40, Number 12). Wiley. https://doi.org/10.1002/gps.70184

Liu, Y., & Yang, S. (2025). The impact of community older adult care services on the quality of life of older adults in China: the mediating role of social adaptation. In *Frontiers in Public Health* (Vol. 13). Frontiers Media SA. https://doi.org/10.3389/fpubh.2025.1544575

Lotfrakhmanova, N. S. (2025). Case management as a method of preventing cognitive impairments in older adults: approaches and opportunities in social work. In *Social'naja politika i social'noe partnerstvo (Social Policy and Social Partnership)* (Number 7, pp. 624–631). PANORAMA Publishing House. https://doi.org/10.33920/pol-01-2508-09

Miller, M. K., Livingston, T. N., Lanterman, J. L., & Singer, J. (2023). Older Adults in the Criminal Justice System. In *Older Adults in the Criminal Justice System*. Routledge. https://doi.org/10.4324/9780367198459-reprw252-1

Nikolajsen, A., Larsen, L., Holstein, B. E., & Swane, C. E. (2025). How Older Parents Cope With Estrangement From Adult Children: A Qualitative Study. In *Families in Society: The Journal of Contemporary Social Services*. SAGE Publications. https://doi.org/10.1177/10443894251359844

Ota, N., Ebihara, M., Aoki, M., Iwasawa, A., Yamazaki, T., Jung, S., Makabe, S., Lynch, M., Rothwell, C., Illing, J., & Nomura, K. (2025). Social prescribing for socially isolated older adults in rural Japan: a qualitative case study. In *Frontiers in Public Health* (Vol. 13). Frontiers Media SA. https://doi.org/10.3389/fpubh.2025.1659713

Peng, Y., Zheng, X., Huang, Y., Xie, Y., Tian, X., Tan, Y., & Xiao, W. (2025). Perspectives on death among rural older adults in mainland China: A qualitative study. In *Death Studies* (pp. 1–13). Informa UK Limited. https://doi.org/10.1080/07481187.2025.2502986

Ruan, Y., & Li, D. (2024). Important Issues about Chinese Rural Older Adults' Pandemic Crisis Coping: A Qualitative Study by Grounded Theory. In *Health & Social Care in the Community* (Vol. 2024, Number 1). Wiley. https://doi.org/10.1155/2024/5571626

Seah, S. J., Mahirah, D., Hao, C. H. Z., Fang, C. T. Y., Yinn, L. S., Yi, X., Cheen, C. K. W., Ling, N. Y., Min, T. C., & Leng, L. L. (2025). Unmet Needs Among Older Adult Informal Caregivers and Care Recipients in Singapore: A Qualitative Study. In *Journal of Aging & Social Policy* (Vol. 37, Number 5, pp. 756–774). Informa UK Limited. https://doi.org/10.1080/08959420.2025.2475265

Shin, J., Lee, M., Yang, H., Lee, C., & Park, H. Y. (2025). A Pilot Study on the Effectiveness of Community-Driven Social Participation Programs for Older Adults' Well-Being. In *Alzheimer's & Dementia* (Vol. 21). Wiley. https://doi.org/10.1002/alz70860_101534

Valatheeswaran, C., Maheshkumar, T., Selvamani, Y., & Nandi, S. (2026). Adult son migration and labour force participation of older adults in India: evidence from the Longitudinal Ageing Study in India (LASI). In *Journal of Social and Economic Development*. Springer Science and Business Media LLC. https://doi.org/10.1007/s40847-025-00493-2

Vaudin, A., Dean, W., Chen, J., & Sahyoun, N. R. (2023). Service Awareness Among Older Adults Experiencing Barriers to Food and Eating. In *Journal of Nutrition Education and Behavior* (Vol. 55, Number 8, pp. 564–574). Elsevier BV. https://doi.org/10.1016/j.jneb.2023.04.005

Wang, Y., Jia, S., Wang, A., Li, H., Xu, R., & He, X. (2025). Multilevel factors affecting mental health literacy among older adults: a qualitative study based on social ecological model. In *Frontiers in Public Health* (Vol. 13). Frontiers Media SA. https://doi.org/10.3389/fpubh.2025.1656116

Wong, K. P., Teh, P.-L., Lim, W. M., & Lee, S. W. H. (2025). Enhancing Older Adults' Lives Through Positive Aging Perception, Quality-of-Life Enhancement, and Social Support to Drive Acceptance and Readiness Toward Indoor Assistive Technology: Cross-Sectional Study. In *JMIR Aging* (Vol. 8). JMIR Publications Inc. https://doi.org/10.2196/59665

Zali, P., Watson, M., Giardini, M. E., & McElroy, L. B. (2025). Barriers to Healthcare Access: A Qualitative Study of Older Adults with Visual Impairment (OAwVI). In *Research in Social and Administrative Pharmacy* (Vol. 21, Number 11). Elsevier BV. https://doi.org/10.1016/j.sapharm.2025.06.014

Zhai, S., Zhang, Z., Zhang, R., Peng, Y., Zhang, J., Zhang, Y., Jin, Q., Zhou, J., & Chen, J. (2024). Community-dwelling older adults' perspectives on health risks: a qualitative study exploring anxieties, priorities, and expectations in ageing. In *BMC Public Health* (Vol. 24, Number 1). Springer Science and Business Media LLC. https://doi.org/10.1186/s12889-024-18878-z

Zhang, Q., Wang, H., Zhao, X., & Wu, Y. (2025). The Complex Dynamics of Caring for Ailing Pets Among Older Adults: A Qualitative Study. In *Anthrozoös* (Vol. 38, Number 6, pp. 1087–1106). Informa UK Limited. https://doi.org/10.1080/08927936.2025.2551435

Zhao, Y., Low, W. Y., Hamidi, M., & Wahab, H. A. (2025). Narrative therapy and older adults living alone: a qualitative study in Mainland China. In *Journal of Social Work Practice* (pp. 1–16). Informa UK Limited. https://doi.org/10.1080/02650533.2025.2495744