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Exploring the Contributions of Social Support, Locus of Control, and Sociodemographic Factors to Quality of Life in Older Adults

Abhishek Kumar[1], Prof. Dhrub Kumar[2]
[1]Research Scholar, University Department of Psychology, Lalit Narayan Mithila University, Darbhanga, Bihar, India
[2]Dean, Faculty of Social Sciences, Lalit Narayan Mithila University, Darbhanga, Bihar, India

Abstract

Quality of life (QOL) is influenced by a combination of psychosocial and sociodemographic factors. Understanding the relative contributions of social support, locus of control, and demographic characteristics is important for identifying determinants of well-being. This study examined the relationships among social support, locus of control, sociodemographic factors, and quality of life and evaluated their relative contributions to the prediction of overall quality of life. A cross-sectional correlational design was employed with 209 adult participants. Data were collected using a sociodemographic information sheet, the Multidimensional Scale of Perceived Social Support, a locus of control measure, and the WHOQOL-BREF. Descriptive statistics, Spearman's rank-order correlations, and hierarchical multiple regression analyses were performed using IBM SPSS Statistics. Social support was positively associated with physical ($r_s = .227$, $p < .001$), psychological ($r_s = .250$, $p < .001$), social ($r_s = .320$, $p < .001$), environmental ($r_s = .372$, $p < .001$), and overall quality of life ($r_s = .375$, $p < .001$). Locus of control was significantly associated only with social quality of life ($r_s = -.186$, $p < .01$). Hierarchical regression analysis indicated that social support significantly improved the prediction model, explaining an additional 9.4% of the variance in quality of life. Social support emerged as the strongest positive predictor ($\beta = .326$, $p < .001$). Social support is an important factor that can influence quality of life just as much as sociodemographic factors. Social support network strengthening interventions can have a positive impact on social well-being and quality of life.

Keywords: Quality of life, social support, locus of control, psychosocial factors, hierarchical regression.

Introduction:

Quality of life (QOL) is a complex phenomenon which represents the subjective perception of the individual's physical condition, mental health, social relationships and environment (World Health Organisation Quality of Life Group, 1995). Now it is well recognized as an important measure of overall well-being and one of the important outcomes in health and social science research. A number of studies have investigated the demographic, social and psychological

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factors associated with quality of life, and their influence has been demonstrated (Diener et al., 1999).

Social support is known to be an important determinant of quality of life among socio-demographic factors, and it is considered to be a key psychosocial factor. Social support is a person's emotional, informational, and practical assistance from family, friends, and significant others (Zimet et al., 1988). People who have more perceived social support tend to have higher physical and psychological health, life satisfaction, and quality of life (Cohen & Wills, 1985; Uchino, 2009). Social support may promote well-being by enhancing coping abilities and buffering the negative effects of stress.

Locus of control is another key psychological factor, as it relates to people's feelings on whether or not life events are controlled by them (Rotter, 1966). Those who have an internal locus of control think that the results are products of their behaviour, while those who have an external locus of control believe that the result is due to luck, fate or external factors. The relationship between LOC and health behaviours, psychological adjustment and well-being has been proposed based on research and findings, but the connection with quality of life has not been consistent (Lefcourt, 2014).

Beyond psychosocial factors, sociodemographic factors like age, education, income, marital status, and occupation have also been associated with the differences in QOL (Netuveli & Blane, 2008). But, the relationship between those social support and locus of control beyond the above mentioned demographical factors has yet to be understood.

Hence, the purpose of the present study was to explore the relative contributions of social support, locus of control and sociodemographic factors on quality of life. Social support and the locus of control were hypothesized to be significantly related with QOL, and to help explain QOL in addition to sociodemographic variables.

Method and Materials:

Research Design

The present study used a cross sectional correlational research design and investigated the relationships of social support, LOC, sociodemographic factors and QOL. The relative contribution of these variables to predicting quality of life was also evaluated in the study using hierarchical multiple regression analysis.

Participants

There were 209 participants in total. The community was used to recruit participants through purposive sampling. The sample consisted of 86 males (41.1%) and 123 females (58.9%). The participants had different educational level, marital status, occupation, monthly income, and locality, number of children, socioeconomic status and perceived health status. The study's inclusion criteria were that participants were adults (at or over 18 years) who had the ability to comprehend the study questionnaires and were able to provide informed consent. People who had poor cognitive function or did not complete the questionnaires were not included in this study.

The inclusion and exclusion criteria are described below:

These participants met the following criteria: they were adults (aged 18 years or older), capable of comprehending and answering the study questionnaires, and provided informed consent. Subjects who had different socio-demographic characteristics such as different levels of education, occupation, and socioeconomic status were eligible to participate. All participants were asked to return all of the study measures that measured social support, LOC and quality of life.

Participants were excluded if they were under 18 years of age, or if they had cognitive or communication impairments which affected their ability to understand the questionnaires, or refused to give informed consent. Those with serious psychiatric or physical problems that prevented the completion of the assessment were also excluded. In addition, questionnaires that had a high level of data missing or lack of complete answers were not included in final data analyses.

Measures

Sociodemographic Information Sheet

The data for age, gender, education, marital status, occupation, monthly income, locality, number of children, and perceived health status was collected from a self-developed sociodemographic information sheet.

Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure perceived social support (Zimet et al., 1988). On the scale, there are 12 items that measure perceived support from family, friends, and significant others. Responses are scored on a Likert scale ranging from 1 (very little) to 5 (very much).

LOSC Scale

A standard Locus of control scale was used to assess Locus of control. The instrument measures how much people feel that life events are under their control or outside their control. Scores range higher suggest greater external locus of control.

Quality of Life Scale (WHOQOL-BREF) by the WHO.

The WHOQOL-BREF (World Health Organization Quality of Life Group, 1998) was used to measure the quality of life. The instrument consists of four domains: Physical Health, Psychological Health, Social Relationships, and Environment. A higher score means the person's perception of quality of life is better. In the present study, a total quality-of-life score was also calculated.

Procedure

Eligible participants were approached after getting approval from the relevant institutional authority and were made aware about the purpose of the study. Prior to data collection, written informed consent was obtained. All participants filled out a sociodemographic information

sheet, and standardized questionnaires to determine social support, locus of control and quality of life. The anonymity and confidentiality of the responses were maintained throughout the study.

Statistical Analysis

In 2026, the data were analysed with IBM SPSS Statistics for Windows (IBM Corp., Armonk, NY, USA). To describe the sociodemographic and study characteristics of the participants, frequencies, percentages, means, and standard deviations were computed. Spearman's rank-order correlation analysis was used to explore the relationships between age, social support, LOC and QOL domains. To determine the relative contributions of the sociodemographic variables and social support to overall quality of life, a hierarchical multiple regression analysis was performed. All analyses were determined to be statistically significant at $p < .05$.

Results:

Table 1. Socio-demographic and Clinical Characteristics of Participants (N = 209).

Variable	Category	n (%)
Gender	Male	86 (41.1)
	Female	123 (58.9)
Education	Intermediate	116 (55.5)
	Undergraduate	50 (23.9)
	Postgraduate	43 (20.6)
Marital Status	Unmarried	3 (1.4)
	Married	181 (86.6)
	Divorced	9 (4.3)
	Widow/Widower	16 (7.7)
Occupation	Government Job	69 (33.0)
	Private Job	25 (12.0)
	Agriculture	43 (20.6)
	Business	30 (14.4)
	Others	42 (20.1)
Monthly Income	Less than ₹50,000	150 (71.8)
	More than ₹50,000	58 (27.8)
	Missing/Other	1 (0.5)
Locality	Rural	107 (51.2)
	Urban	99 (47.4)

	Missing/Other	3 (1.4)
Number of Children	No Child	16 (7.7)
	Single Child	41 (19.6)
	Two Children	68 (32.5)
	More than Two Children	84 (40.2)
Socioeconomic Category	General	76 (36.4)
	OBC	92 (44.0)
	SC	31 (14.8)
	ST	10 (4.8)
Perceived Health Status	Good	123 (58.9)
	Very Good	67 (32.1)
	Bad	16 (7.7)
	Very Bad	3 (1.4)

Note.

Values are reported mean ± SEM (n = number of observations, %). A total of 209 participants were included in the study. Other Backward Class (OBC), Scheduled Caste (SC), and Scheduled Tribe (ST). Percentages may not add up to 100% because of rounding. Any missing or other categories include participants whose responses were not available or were not categorized.

The socio-demographic and health-related characteristics of the study participants (N = 209) are given in Table 1. The sample comprised 123 females (58.9%) and 86 males (41.1%). Over half of the respondents (55.5%) had attended intermediate education and 23.9% had finished at the graduate level; 20.6% had gone on to postgraduate education. Most of the respondents were married (86.6%) while 7.7% were widows, 4.3% divorced and only 1.4% were unmarried. In terms of occupation, government workers (33.0%) were the largest group followed by those working in agriculture (20.6%), other occupations (20.1%), business (14.4%), and private employment (12.0%).

71.8% of the participants reported an income of less than ₹50,000 per month and 27.8% had an income more than ₹50,000 per month. Slightly more than half of the respondents lived in rural areas (51.2%) while 47.4% lived in urban areas.

The number of children in a family, 40.2% of participants reported having more than two children, 32.5% reported having two children, 19.6% reported having one child, and 7.7% reported having no children. Socio-economic category wise, participation of Other Backward Class (OBC) is maximum (44.0%) followed by that of General Category (36.4%), Scheduled Caste (14.8%) and Scheduled Tribe (4.8%).

Regarding their health status, most of the participants indicated good (58.9%) or very good (32.1%) health while a small number indicated bad (7.7%) or very bad (1.4%) health. Generally, the sample was mostly female, married, moderately educated, of lower income earning families and reported good health status.

Table 2. Spearman's Correlation Matrix among Study Variables (N = 209).

Variables	Age	Social Support	Locus of Control	Physical QOL	Psychological QOL	Social QOL	Environmental QOL	Total QOL
Age	1.000	-0.075	-0.082	0.132	-0.021	-0.116	0.106	0.057
Social Support	-0.075	1.000	-0.113	0.227***	0.250***	0.320***	0.372***	0.375***
Locus of Control	-0.082	-0.113	1.000	0.060	-0.014	-0.186**	0.042	0.001
Physical QOL	0.132	0.227***	0.060	1.000	0.490***	0.362***	0.599***	0.804***
Psychological QOL	-0.021	0.250***	-0.014	0.490***	1.000	0.372***	0.529***	0.706***
Social QOL	-0.116	0.320***	-0.186**	0.362***	0.372***	1.000	0.466***	0.616***
Environmental QOL	0.106	0.372***	0.042	0.599***	0.529***	0.466***	1.000	0.878***
Total QOL	0.057	0.375***	0.001	0.804***	0.706***	0.616***	0.878***	1.000

Note: Spearman's rho correlation coefficients are reported. ***p < 0.05**, ****p < 0.01**, *****p < 0.001**.

Spearman's rank-order correlation analysis was performed to assess the relationships between age, social support, LOC and quality of life domains. The results revealed that social support was significantly and positively associated with all domains of quality of life, including physical QOL (r_s = .227, p < .001), psychological QOL (r_s = .250, p < .001), social QOL (r_s = .320, p < .001), environmental QOL (r_s = .372, p < .001), and total QOL (r_s = .375, p < .001). Results show that the greater sense of social support participants reported, the better their quality of life was in all areas.

Locus of control had a significant negative correlation with social QOL (r_s = −.186, p < .01), such that the higher the LOC scores, the lower the social QOL. Locus of control, however, was not associated with any of the physical or psychological indicators or environmental quality or overall quality of life (all p > .05).

Age was not significantly associated with social support, locus of control, or any quality-of-life domains (all p > .05), indicating that quality of life did not vary substantially with age in the present sample.

Significant positive intercorrelations were observed among all quality-of-life domains. Physical QOL was positively associated with psychological QOL (r_s = .490, p < .001), social QOL (r_s = .362, p < .001), environmental QOL (r_s = .599, p < .001), and total QOL (r_s = .804, p < .001). Similarly, psychological QOL showed significant positive correlations with social QOL (r_s = .372, p < .001), environmental QOL (r_s = .529, p < .001), and total QOL (r_s = .706, p < .001). Social QOL was positively correlated with environmental QOL (r_s = .466, p < .001) and total QOL (r_s = .616, p < .001).

The strongest association was observed between environmental QOL and total QOL (r_s = .878, p < .001), followed by physical QOL and total QOL (r_s = .804, p < .001). Overall, the findings suggest that social support is an important psychosocial factor associated with enhanced quality of life, whereas locus of control appears to have a limited role in influencing overall quality of life among the participants.

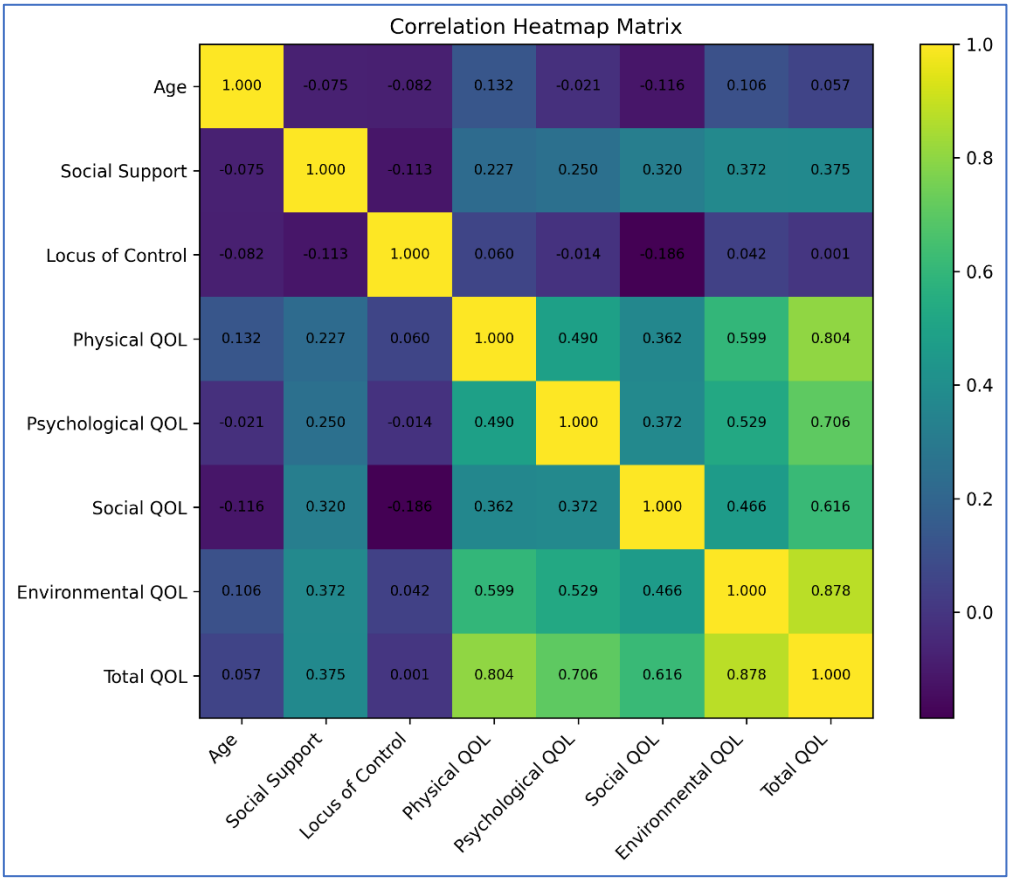

Table 3. Hierarchical Multiple Regression Analysis Predicting Quality of Life (N = 209).

Predictor Variables	**Model 1 β (p)**	**Model 2 β (p)**
Age	.144 (.037)*	.152 (.020)*
Gender	.051 (.468)	.038 (.560)
Education	.242 (.001)**	.205 (.003)**
Marital Status	-.067 (.345)	-.055 (.411)

Occupation	-.141 (.054)	-.060 (.399)
Income	-.105 (.139)	-.075 (.262)
Locality	.019 (.781)	-.025 (.703)
Number of Children	-.188 (.007)**	-.196 (.003)**
SES	.070 (.321)	.048 (.468)
Health Status	-.013 (.849)	-.011 (.867)
Social Support	—	.326 (<.001)***
R	**.401**	**.504**
R^2	**.161**	**.255**
Adjusted R^2	**.119**	**.213**
ΔR^2	—	**.094**
F	**3.797***	**6.114***

Note. Model 1 included age, gender, education, marital status, occupation, income, and locality, number of children, SES, and health status. Model 2 additionally included social support. β = standardised beta coefficient. ΔR^2 = change in explained variance. *p < .05, **p < .01, ***p < .001.

A hierarchical multiple regression analysis was conducted to examine the extent to which demographic variables and social support predicted quality of life among participants.

In Model 1, age, gender, education, marital status, occupation, income, and locality, number of children, SES, and health status were entered as predictors. The model was statistically significant, $F(10, 198) = 3.80$, $p < .001$, and explained 16.1% of the variance in quality of life ($R^2 = .161$, Adjusted $R^2 = .119$). Within this model, education ($\beta = .242$, $p = .001$), age ($\beta = .144$, $p = .037$), and number of children ($\beta = -.188$, $p = .007$) emerged as significant predictors of quality of life. **In Model 2**, social support was added to the regression model. The inclusion of social support significantly improved the model, accounting for an additional 9.4% of variance in quality of life ($\Delta R^2 = .094$). The final model was statistically significant, $F(11, 197) = 6.11$, $p < .001$, explaining 25.5% of the total variance in quality of life ($R^2 = .255$, Adjusted $R^2 = .213$). The final model was statistically significant, $F(11, 197) = 6.11$, $p < .001$, explaining 25.5% of the total variance in quality of life ($R^2 = .255$, Adjusted $R^2 = .213$). Social support was the most significant positive predictor of quality of life in the final model ($\beta = .326$, $p < .001$) meaning that those who perceived greater social support had a better quality of life. In addition, education ($\beta = .205$, $p = .003$) and age ($\beta = .152$, $p = .020$) were significant and positive predictors, indicating that education and older age were associated with better quality of life. In contrast, more children was a significant negative predictor ($\beta = -.196$, $p = .003$), with those who reported a higher number of children indicating lower quality of life.

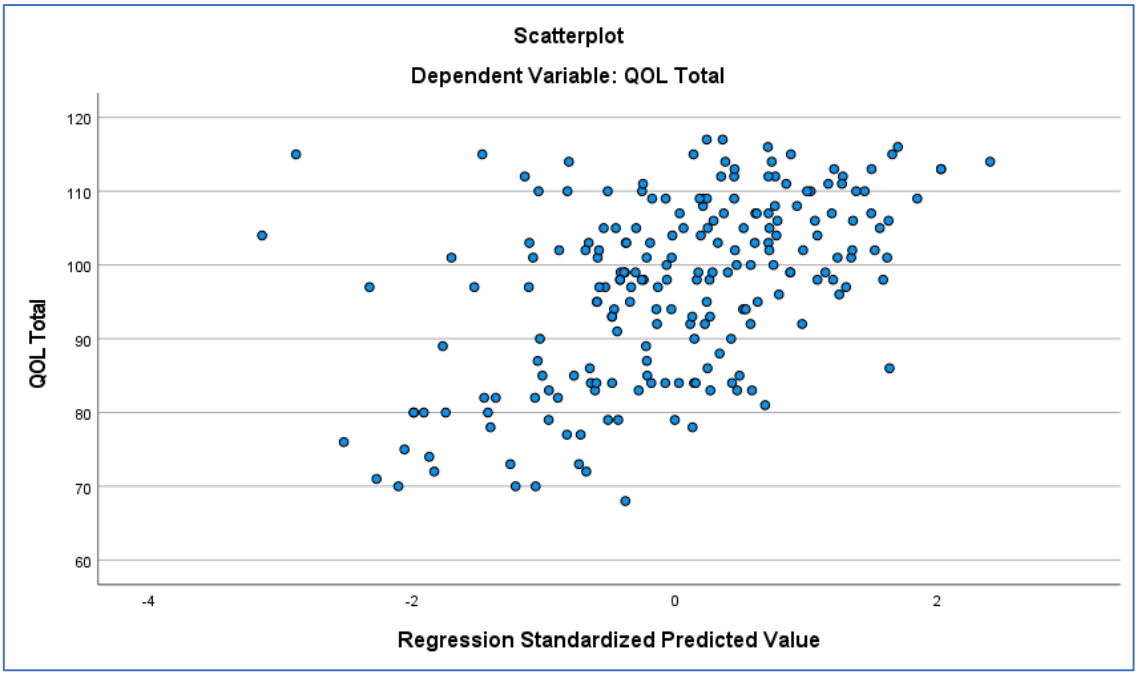

Figure X. Scatterplot of Standardised Predicted Values and Quality of Life Scores: The scatterplot shows the relationship between regressions standardised predicted values and observed total quality of life (QOL) scores. There is little obvious curvilinear pattern in the data, with the data points reasonably spread out across the range of predicted values, indicating an approximately linear relationship between the predictors and quality of life. Observations are fairly evenly spread with no significant outliers that would overpower the regression model. Overall, the scatter plot lends support to the linear model used to model the data for predicting the quality of life of the individuals in the study.

Discussion:

The present study examined the relative contributions of social support, locus of control, and sociodemographic factors to quality of life among adults. The findings indicate that perceived social support was positively associated with all domains of quality of life, suggesting that individuals with stronger support from family, friends, and significant others experienced better physical, psychological, social, and environmental well-being. These findings are consistent with previous studies that have identified social support as an important predictor of health and quality of life (Cohen & Wills, 1985; Uchino, 2009).

Locus of control showed a significant negative association only with the social domain of quality of life, while no significant relationships were observed with the other domains. This finding suggests that perceived social support has a greater influence on quality of life than locus of control in the present sample.

The hierarchical regression analysis further demonstrated that social support remained the strongest predictor of quality of life even after controlling for sociodemographic variables. Education and age were positive predictors, whereas having a greater number of children was negatively associated with quality of life. These findings highlight the importance of both psychosocial and demographic factors in promoting overall well-being.

Overall, the study emphasizes that strengthening social support networks may improve individuals' quality of life. Future studies should employ longitudinal designs and larger, more diverse samples to better understand the causal relationships among social support, locus of control, and quality of life.

Conclusion:

In the current research, relative contribution of social support, locus of control and sociodemographic variables to quality of life among adults were investigated. The results showed that social support was positively correlated with all domains of quality of life and that this correlated most strongly with overall quality of life when sociodemographic characteristics were controlled for. Those who perceived high social support had reported a better physical, psychological, social and environmental health. Locus of control, on the other hand, was only somewhat related to quality of life, and was significantly associated with only one domain of quality of life, the social domain. The hierarchical regression analysis also showed that social support was a significant source of variance in quality of life after demographic variables had been entered. The following factors were found to be positive predictors of quality of life: education and age, while having more children was associated with lower quality of life. The results indicate the significance of the psychosocial and demographic factors on the well-being of the individuals.

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