RELATIONSHIP BETWEEN QUALITY OF LIFE AND MENTAL HEALTH MEDIATED BY SOCIAL SUPPORT IN MILLENNIALS

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ABSTRACT

The COVID-19 transition period makes changes that can affect a person's mental health and quality of life. The state of a person's quality of life has an impact on his mental health as well. The determining factors of a person's quality of life are good social relationships, help and support from the environment that can provide pleasure and a sense of security. Direct social support can improve psychological well-being and reduce the risk of depression. Good quality of life requires social support from those closest to you. This study aims to determine the relationship between quality of life and mental health with social support as a mediator. The research method used in this study is quantitative research. The QOL measuring instrument used is the Indonesian version of WHOQOL-BREF which consists of 26 items using 5-point Likert. The mental health measurement tool uses the Mental Health Inventory (MHI) which consists of 24 items with 4-point Likert, and for social support using the Multidimension Scale Perceived Social Support (MSPSS) consists of 12 items with 7-point Likert. The number of participants in this study was 34 millennial generation people with 21 women and 13 men. The results of this study suggest that there is a significant positive relationship between quality of life and mental health. The higher the quality of life, the higher the mental health. Social support cannot be a mediator because social support has no relationship with quality of life.

Keywords: Social support, quality of life, mental health, millenials

1. PREFACE

Coronavirus Disease 2019 or COVID-19 entered Indonesia since March 2, 2020, it was confirmed by the President of the Republic of Indonesia Joko Widodo (Detikcom, 2020). Indonesia has experienced significant changes for more than a year, starting from an online learning system, mandatory implementation of health protocols when outside the home, and the difficulty of holding events and meetings. Accustomed to living with freedom, we now have to feel that various restrictions have been imposed on people's movements to prevent the transmission of COVID-19 (Banerjee & Rai, 2020).

Movement restrictions occur in the business sector where most companies that are not classified as essential businesses need to implement a Work from Home (WFH) work system. This condition attacks all circles, including millennial adults. COVID-19 can affect people's quality of life and health well-being, especially in people with chronic health problems (Samlani et al., 2020).

Experts state that the millennial generation is those born in 1980 to 2000 (Budiati et al., 2018). The millennial generation born in 1981 is the first wave of children of the baby boomer generation. The defining characteristic of this generation is its familiarity with technology early on. The emergence of internet as a commercial information medium in the mid-1990s. The rapid spread of the internet into technological innovation occurred in this generation (Lyons, 2003).

The millennial generation is included in the productive age (Jayani, 2021). Individuals who are being productive have to face the challenge of having to do everything from home. The challenges

that occur are miscommunication with colleagues or difficulty communicating through online media. Humans are used to interacting with other humans, we will experience discomfort if we have to be constantly at home (Muslim, 2020). Changes that occur can be stressful for those who experience. The burden and stress experienced during quarantine can have a devastating impact on a person's mental health (Banerjee & Rai, 2020).

The definition of mental health according to the World Health Organization (WHO) is a state of well-being that individuals are aware of, which includes the ability to manage life stress reasonably, the ability to work productively and produce something, and also participate in their group (BEM FPPsi UM, 2018). Research conducted by Ahorsu et al. (2022) shows that government measures regarding social distancing as a form of public health measure are indeed effective in reducing COVID-19 infections. However, it can lead to other diseases such as psychological distress and fear (Ahorsu et al., 2022).

According to Williams [10], stress is a normal response when faced with a crisis, stress is known to cause a decrease in the immune system and immune dysregulation. Therefore, quarantine can significantly increase anxiety or other mental health disorders. The study was conducted on 510 adult participants aged 18 years and over. This study is about the impact of COVID-19, namely 41.4% experienced severe impacts, 34.1% experienced stress due to work, 55.7% stress due to finances, 62.7% stress due to home, 53.9% fear, 52% feelings of helplessness, and 66.3% felt worried (El-Zoghby et al., 2020).

Mental health affected by COVID-19 can affect a person's quality of life. There are several factors that affect the quality of life namely education, gender, age, and occupation (Fadda & Jirón, 1999; Moons et al., 2004; Rahmadani & Fahrudin, 2020; Unalan et al., 2015).

Quality of life has a broad concept and is affected in something complex with physical health, psychological state, social relationships and their relationship with salient features of the environment (Unalan et al., 2015). Mental well-being is one of the determining factors in a person's quality of life. Individuals who are mentally poor, such as having stress, depression, or dementia can reduce their quality of life. In addition, lack of concentration, feeling dissatisfied with oneself gives rise to negative feelings, anxiety, loneliness, and hopelessness can affect the quality of life (Juniastira, 2018).

In overcoming stress that arises, social support from the surrounding environment is needed. Social support is defined as an individual's perception or experience in his or her engagement with a mutually supportive social group (Koelmel et al., 2017). Social support from a healthy environment helps individuals feel a sense of belonging and a sense of security towards the environment (Fiona & Fajrianthi, 2013). Most of an individual's quality of life is expressed in social interaction. Social contact can meet an individual's need for compassion and self-esteem to maintain mental health. According to research by Latipun et al. (2019), family support in people with schizophrenia is significantly and positively a predictor of well-being. Social support impacts the well-being and health of individuals because it provides purpose, security, and comfort. In addition, according to Hauken, social support can also lower stress, help solve problems, and improve one's quality of life (Santoso, 2020).

Gabriel and Bowling stated that the determining factors of an individual's quality of life are having good social relationships, help and support from an environment that can provide pleasure and a sense of security, having a positive psychological outlook and acceptance of circumstances that

cannot be changed (2004). Social support directly improves psychological well-being and reduces the risk of depression (Bruce, 2002). Depression is associated with physical and mental suffering, decreased quality of life and increased risk of death (Blazer et al., 2001). Studies have suggested that those with strong social support survive up to 50% of those without social support (Holt-Lunstad et al., 2010).

Research conducted during the pandemic by Grey et al. (as cited in Samlani et al., 2020), showed that a person who has high social support is stronger in self-isolation and does not experience anxiety or difficulty sleeping. The existence of social support in individuals who get problems and pressures can help these individuals to be able to overcome the problems experienced and improve the quality of life (Santoso, 2020).

Based on the explanation above, researchers aim to determine the role of social support as a mediator in the relationship between mental health and the quality of life of millennial adults during the transition period of the COVID-19 pandemic in Indonesia.

This study was conducted to determine Social Support as a mediator of the relationship between quality of life and mental health in millennials.

Subsequently, the paper is structured as follows. Section 1 introduces the preliminaries used in this paper, our contribution, and paper structure. Section 2 discusses social methods. Section 3 discusses the table of results along with discussion, conclusions, acknowledgments and references.

Quality of Life
According to WHO, quality of life is a perception of life for a person related to an individual's standard of living, goals, expectations, and assessment of their position in the context of culture and norms (Lara & Hidajah, 2016). Quality of life is defined as an assessment of physical and mental health, which is influenced by the values and culture in the surrounding environment including the social and economic aspects of the individual (Endarti, 2015).

Quality of life is divided into four aspects, namely (a) physical health is measured from the internal condition of the health of the individual body biologically which is seen from how well the function of organs, body parts, systems in the body, and the biological function of the body as a whole; (b) psychological Well-being is related to the mental state of the individual, how the individual can adapt his abilities to various demands. Psychological health will bring individuals into positive thoughts which ultimately have an impact on the assessment that they have a good quality of life; (c) Social Relations are activities that connect two or more people, where behavior can affect each other (Samlani et al., 2020; Santoso, 2020). This aspect comes from the interaction of the individual with the surrounding community, the quality of interaction, the quality of relationships can help the individual develop those roles in society and improve the quality of life; and (d) Relationship with the environment which includes security, safety, health, quality of residence, financial resources, recreation as a source of entertainment, freedom, and physical safety and physical environmental conditions [13]. Good environmental and residential conditions are able to support activities and can create positive feelings and will have an impact on improving the quality of life (Antoni, 2018; Kiling & Kiling-Bunga, 2019).

Mental Health
Mental health is a branch of psychology that emphasizes one's mental condition, avoiding one's mental disorders and illnesses due to complete harmony in various mental functions (Bikriyah,

2020). Another opinion says mental health is a state in which individuals feel well-being (Aziz, 2015). Veit and Ware (1983) define mental health as the realization of harmony between psychiatric functions and the creation of self-adjustment between individuals and themselves and the environment.

According to Veit and Ware (1983) Mental health is divided into two conditions, namely positive and negative. For the positive ones are divided into three, namely: (a) emotions ties is an intense feeling directed towards someone or something, emotion is a reaction to a person or event. Emotions can be shown when feeling good about something, angry with someone, or afraid of something; (b) general positive affect is sympathy and love, because love and sympathy foster assurance, courage and hope in the future; (c) life satisfaction is man's awareness of self-judgment and self-mastery that will give him a sense of pleasure, satisfaction, and pride.

Negative mental states divided into three dimensions, namely (a) anxiety is a general feeling, where a person feels fear or loss of confidence that is not clear in origin or form; (b) Depression is an increasingly common mood disorder in modern society. Mild depression affects a person's daily activities, whereas major depression can lead to suicide attempts; (c) loss of behavior/emotional control is the inability of the individual to resist the associated desires with socially inappropriate behavior.

Social Support
Social support is an individual's belief in the availability of support from family, friends and loved ones when he or she is in need (Zimet et al., 1988). According to Zimet et al. (1988) social support has three dimensions, namely (a) family support, which is support provided by the family to individuals, such as helping in emotional needs or in making decisions. The family is a place for a person to grow and develop, physical and psychological needs are first met from the family (Juniastira, 2018). The family is the closest group to the someone; (b) friend support is support given by friends you have, such as helping in daily activities; (c) significant others support is provided by people who have meaning in the someone's life, such as making someone feel comfortable and valued (Fiona & Fajrianthi, 2013).

2. RESEARCH METHOD
The design of this research is a non-experimental quantitative, using a measuring instrument in the form of a questionnaire. Participants in the study were those born in 1980-2000. Dissemination of questionnaires were done online, to reach participants from different regions, it is not possible to be given out directly. Data collection was carried out by distributing three kinds of questionnaires to participants.

The first measuring instruments used are World Health Organization Quality of Life-BREF (WHOWOL-BREF). The measuring instrument consists of 26 items (23 favorable and 3 unfavorable), with two of them measuring the overall quality of life and general health conditions of the participants. The other 24 items are divided into four dimensions, namely the physical health, psychological, social relations and environmental dimensions. The Indonesian version of the WHOQOL-BREF uses five Likert scale options, ranging from very bad (score of 1) to very good (score of 5).

The second measuring instrument used Mental Health Inventory (MHI). Consists of 24 items (12 favorable and 12 unfavorable), divided into 6 dimensions, namely anxiety, depression, loss of behavior/emotional control, emotions ties, general positif affetct, life satisfaction. The Indonesian

version of the MHI uses four Likert scale options, ranging from never (score of 1) to almost every time (score of 4).

The third measuring instrument used Multidimensional Scale of Perceived Social Support (MSPSS) that consists of 12 favorable items. MSPSS divided into 3 dimensions, namely family, friends, and significant others. The Indonesian version of the MSPSS uses seven Likert scale options, ranging from very strongly disagree (score of 1) to very strongly agree (score of 7).

3.   RESULT AND DISCUSSION
Participant
Participants in this study amounted to 34 people. An overview of demographic can be seen in table 1.

Table 1

Participants Demographic

Demographic		N	%
Gender	Male	13	38.2
	Female	21	61.8
Age	22	10	29.4
	23	10	29.4
	24	8	23.5
	25	3	8.8
	28	1	2.9
	35	1	2.9
	43	1	2.9
Education	High school	6	23.5
	Bachelor degree	28	76.5
Occupation	Government employees	1	2.9
	Private employee	17	50
	Businessman	3	8.8
	Does not work	13	38.2

Main Data Analysis

Quality of Life

The WHOQOL-BREF using Likert scale 1-5, so it has a hypothetical mean of 3. The overall quality of life measurement result was an empirical mean higher than the hypothetical mean, so the quality of life is high. An overview of quality of life can be seen in table 2.

Table 2

Empirical Mean of Quality of Life

	Score Value		Mean	Standard Deviation
	Min.	Max.		
Quality of Life	2.31	4.32	3. 5727	0.46658
Physical health	2.33	4.67	3.7451	0.52422
Psychological	2.17	4.33	3.4412	0.52845
Relation with others	2.50	4.50	3.7059	0.57889
Environment	2.50	4.50	3.5735	0.46376

Mental Health

The MHI-scale using Likert scale 1-4, so it has a hypothetical mean of 2.5. The overall mental health measurement result was an empirical mean higher than the hypothetical mean, so mental health is classified as high. An overview of mental health can be seen in table 3.

Table 3

Empirical Mean of Mental Health

	Score Value		Mean	Standard Deviation
	Min.	Max.		
Mental health	1.88	3.46	2.7451	0.35486
Anxiety	1.75	3.25	2.6103	0.39500
Depression	1.25	3.75	2.7794	0.51036
Loss of behaviour/emotional control	2.00	3.75	2.8897	0.50072
Emotion ties	2.00	4.00	2.7868	0.45282
General positive affect	1.25	4.00	2.6618	0.55008
Life satisfaction	2.00	3.75	2.7426	0.45429

Social Support

MSPSS scale using Likert scale 1-7, so it has a hypothetical mean of 4. The overall mental health measurement was that the empirical average was higher than the hypothetical average, so social support is high. An overview of mental health can be seen in table 4.

Table 4

Empirical Mean of Social Support

	Score Value		Mean	Standard Deviation
	Min.	Max.		
Social Support	2.17	6.58	5.1544	1.01652
Family	3.00	7.00	5.2132	1.43027
Friends	2.50	7.00	5.1912	1.33578
Significant Others	1.00	7.00	5.0588	1.07860

Normality Test

Normality testing was carried out using the Shapiro-Wilk Test to determine the correlation technique that will be used. The quality of life variable has a significant value of $p = 0.221$ (> 0.05), which means that the data is found normally distributed, the mental health variable has a significant value of $p = 0.494$ (> 0.05), which means that the data is normally distributed whereas social support variable has a significant value of $p = 0.033$ (< 0.05), which means that the data is found not normally distributed.

Correlation Test

Based on the results the overall data is not normally distributed because one of the variables has a significance value below 0.05. With the data not being normally distributed, Spearman correlation was being used to calculate the correlation of the variables. It is known that the correlation between quality of life and mental health shows that there is significant relationship based on the value of $r = 0.595$, $p = 0.000$ (< 0.05).

The correlation test was performed with the Spearman correlation. Quality of life had no significant relationship with social support based on $r = 0.250$, $p = 0.154$ (>0.05). There is a positive significant relationship between mental health and social support based on $r = 0.343$, $p = 0.047$ (<0.05).

Linearity Test

Linearity testing cannot be done because there is no relationship between quality of life and social support.

Difference Test

Analysis of the difference test of additional quality of life data based on gender, used by Mann-Whitney U. The results showed no significant difference in quality of life by gender. As shown in Table 5.

Table 5
Quality of Life Based on Gender

Gender	Sig.	Information
Male Female	0.330	Insignificant

Kruskal-Wallis Test was used in the processing of quality of life differences test based on age. The results showed no significant difference in quality of life by, as shown in Table 6.

Table 6
Quality of Life Based on Age

	Sig.	Information
Age	0.566	Insignificant

Kruskal-Wallis Test was used in the processing of quality of life differences test based on education. The results showed no significant difference in quality of life by education, as shown in table 7.

Table 7
Quality of Life Based on Education

	Sig.	Information
Education	0.310	Insignificant

Kruskal-Wallis Test was used in the processing of quality of life differences test based on occupation. The results showed no significant difference in quality of life by occupation, as shown in table 8.

Table 8
Quality of Life Based on Occupation

	Sig.	Information
Occupation	0.698	Insignificant

Analysis of the difference test of additional mental health data based on gender, used by Mann-Whitney U. The results showed no significant difference in mental health by gender,as shown in table 9.

Table 9
Mental Health Based on Gender

	Sig.	Information
Gender	0.656	Insignificant

Kruskal-Wallis Test was used in the processing of mental health differences test based on age. The results showed no significant difference in mental health by age, as shown in table 10.

Table 10

Mental Health Based on Age

	Sig.	Information
Age	0.504	Insignificant

Kruskal-Wallis Test/ was used in the processing of mental health differences test based on education. The results showed no significant difference in mental health by education, as shown in table 11.

Table 11

Mental Health Based on Education

	Sig.	Information
Education	0.220	Insignificant

Kruskal-Wallis Test was used in the processing of mental health differences test based on occupation. The results showed no significant difference in mental health by occupation, as shown in table 12.

Table 12

Mental Health Based on Occupation

	Sig.	Information
Occupation	0.178	Insignificant

Analysis of the difference test of additional social support data based on gender, used by Mann-Whitney U. The results showed no significant difference in social support by gender, as shown in table 12.

Table 12

Social Support Based on Gender

	Sig.	Information
Gender	1.000	Insignificant

Kruskal-Wallis Test was used in the processing of social support differences test based on age. The results showed no significant difference in social support by age, as shown in table 13.

Table 13

Social Support Based on Age

	Sig.	Information
Age	0.069	Insignificant

Kruskal-Wallis Test was used in the processing of social support differences test based on education. The results showed no significant difference in social support by education, as shown in table 14.

Table 14

Social Support Based on Education

	Sig.	Information
Education	0.699	Insignificant

Kruskal-Wallis Test was used in the processing of social support differences test based on occupation. The results showed no significant difference in social support by occupation, as shown in table 15.

Table 15
Social Support Based on Occupation

	Sig.	Information
Occupation	0.753	Insignificant

4.   CONCLUSIONS AND RECOMMENDATIONS

The researchers concluded that there is a significant relationship between qualuty of life and mental health. Social support cannot be a mediator in the relationship between quality of life and mental health. The results of the difference in quality of life, mental health, and social support in millennials are that there are no differences in terms of gender, age, education, occupation.

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