

The Relationship Between Peer and Familial Social Support and Mental Well-Being of Indonesian College Students During the COVID-19 Pandemic

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ARTICLE INFO	ABSTRACT
Manuscript Received: 19 Apr, 2025 Revised: 28 Jul, 2025 Accepted: 31 Jul, 2025 Date of Publication: 11 Sept, 2025 Volume: 8 Issue: 9 DOI: 10.56338/mparki.v8i9.7849	<p>Introduction: Student mental well-being was a concern prior to the COVID-19 pandemic. During COVID-19, mental health problems increased due to heightened anxiety and concern. Family and friends' support plays a crucial role in maintaining students' mental health. This study examines the impact of social support on students' mental well-being during the pandemic.</p> <p>Methods: This analytic observational study employed a cross-sectional design with a total of 400 active student participants. Psychometric instruments used in this study were the Sallis Social Support Scale and the short version of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS-7). Data were analyzed using Spearman correlation to determine the relationship between family and friends' support and students' mental well-being.</p> <p>Results: There was no significant relationship between family support and students' mental well-being. However, only support from friends showed a statistically significant positive relationship with students' mental well-being ($r = 0.176$, $p = 0.001$), while support from family was not significantly associated ($p = 0.073$).</p> <p>Conclusion: Social support from friends played a crucial role in maintaining students' mental well-being during COVID-19. Encouraging peer support, such as reminding each other to complete tasks, can positively influence mental health.</p>
KEYWORDS	
Social Support; Mental Well-Being; Pandemic COVID-19; Public Health	

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INTRODUCTION

Mental well-being among university students was already a concern prior to the COVID-19 pandemic (1). Several studies explained that students' mental health problems had increased significantly due to technological developments affecting their mindset and lifestyle (2). Adolescents, including university students in their late teens, faced growing mental health concerns. Adolescence is a transition period from children to adults, so it often causes anxiety, worry, and depression (3). Many developmental theories stated that many physical and psychological changes occur during adolescence and in the environment. This transition period often results in psychological issues such as anxiety, depression, and stress, which are highly prevalent among college students in early adulthood and have been widely reported across various academic contexts (4–7).

During the pandemic, students' mental well-being declined due to lockdowns and social restriction policies causing students to study online (8). This caused reduced physical activities, such as a lack of direct communication with friends and teachers (9). Some studies suggested that mental health increases during a pandemic compared to before a pandemic (10). Research in Hong Kong reported that 255 university students experienced mental health problems (11). Research in India also stated that around 68.8% of students in India experienced depression during the pandemic (12). Research in UK universities showed that around 58% of health problems occurred during the COVID-19 pandemic. Mental health problems have increased in several countries during the COVID-19 pandemic due to anxiety and fear about the COVID-19 pandemic (13).

Mental health in students is an essential concern because it considerably impacts student character and learning processes (14). Good mental health is often associated with strong social support and positive relationships with one's surroundings (15). Several studies stated that someone with mental health problems has a poor perception of the surrounding social support (16). Even when individuals with mental health challenges receive social support, their perception of the surrounding environment did not provide social support (17). Social support is felt to influence how people perceive themselves and the world around them (18). Social support is also a perception of being cared for by others and having a reliable network or relationship when needed (19). Social support can be obtained from family and friends. Therefore, social support can also be understood as the frequency of support actions given by others (17). Social support is needed because the risk of health behavior affects the mental health of students' well-being during the Covid-19 Pandemic (20).

Research conducted in the United States explained that family and friends' support positively impacted students' mental health (21). Family support is more related to elements related to personal growth and optimal development in students (22). Another study stated that when students felt more excellent social support from their families, they felt good mental health in themselves (23). Social support from family for students is a valuable resource to support their living needs. Most students feel that they have matured since entering university (24). However, students in the process of dealing with learning at university feel they need support from their families. Research showed that social support from the family had a positive impact on students' mental health and academic achievement (25).

The social support needed by students is not only supported by family but also by their friends (26). Social support from friends needs to be considered because, in university learning, students are much more involved with their peers (27). Several studies explained that positive social support from friends would positively impact students' mental health problems (28). Students with positive social support from friends feel happier and more satisfied with their lives, thereby reducing depression (29). Research on Portuguese students revealed that there was a relationship between social support from peers and students' mental health (30). Academic institutions were expected to develop peer interventions and social programs to improve student welfare (31). The development process in students with peers can positively impact the future and increase student academic achievement (32).

Research conducted in Korea explained that social support during the COVID-19 pandemic positively impacted students' mental health. Students' mental health during the pandemic experienced many problems due to online learning activities, so they could not communicate with their peers. Research conducted in the UK found that 68% of students experienced mental health problems during the COVID-19 pandemic (33). Research in Jakarta also explained that 76% of students experienced increased mental health problems during the COVID-19 pandemic (34). This caused most students to perceive that social support from family and friends is lacking during the pandemic. Several studies have stated that learning limitations during a pandemic make students feel like they are struggling

alone and are haunted by anxiety about pandemic issues, causing increased mental health problems in students (35,36). Research in Jakarta explained that students who received social support from their families and patients positively impacted student health (37). Therefore, this study aimed to evaluate the relationship between social support and college students' mental well-being during the pandemic era.

METHOD

Participants and protocol

The population in this study were all active students in Indonesia, ranging from undergraduate to postgraduate. 400 participants were involved in this study.

Study design

This quantitative, cross-sectional study aimed to examine the relationship between social support and students' mental well-being during the Covid-19 pandemic. The research was conducted online by distributing questionnaires via a google form. Participants were asked to carefully read the instructions about the purpose and how to fill out the questionnaire. This study's social support measurement used the Sallis Social Support from family and friend measurement scale, which consisted of 20 question items (38). The instrument had a 5-point Likert-type scale ranging from 1 (none) to 5 (very often). This instrument had two subscales, including family support with 15 items and friend peer support with five items (39). This instrument comprised two subscales: family support (15 items) on family support and peer support (5 items), reflecting the original structure of the validated Sallis Social Support Scale. Both subscales demonstrated acceptable internal consistency in our sample on peer support. The difference in item count is based on the original validated structure of the Sallis Social Support Scale. Despite the imbalance, both subscales were tested separately for internal consistency and showed acceptable reliability scores (Cronbach's $\alpha \geq 0.70$), permitting valid comparisons despite differential item weighting ensuring valid comparisons.

Items for questions on social support from family and friends can be seen in table 1. Well-being in this study was assessed using the 7-item Warwick scale. -Edinburgh Mental Wellbeing Scale (WEMWBS) (40). The WEMWBS 7-item score ranges from 7 to 35. Higher scores indicate higher positive mental well-being. WEMWBS question items can be seen in table 2.

Data Analysis

The analysis was carried out using the IBM SPSS 26 version. The data analysis used bivariate analysis using cross-tabulation. Cross tabulation was carried out using the spearman correlation test to determine the correlation between the social support variable and the mental well-being variable in students during the Covid-19 pandemic. Prior to the analysis, assumptions for Spearman correlation were assessed and met, including monotonic relationships between variables. The strength of association was interpreted using the correlation coefficient (r), and 95% confidence intervals (CIs) were calculated where appropriate to provide effect size estimation.

Ethical Approval

The research has been approved by the Health Research Ethics Commission, Faculty of Nursing, Universitas Airlangga, with registration number 2347-KEPK. All participants are guaranteed confidentiality regarding responses, and participant consent was obtained online.

RESULTS

Table 1. shows the characteristics of respondents to students. It was found that most of the respondents were male (68.5%), aged under 20 years old (55.2%), and the average age was 19.9 years. Most respondents received a moderate level of social support (from friends) and a low level of social support (from family). The majority of respondents had a moderate level of mental health. The majority used a bicycle as their transportation to the university.

Table 1. Demographic Characteristics of Respondents (N=400)

Variable	N	%
Gender		
Male	274	68.5
Female	126	31.5
Age		
<20 years old	221	55.2
≥ 20 years old	179	44.8
Location		
On campus	17	4.2
Off campus	383	95.8
Time travel to campus		
≤ 2 hours	293	73.3
>2 hours	107	26.8
Walk		
Yes	136	34.0
No	264	66.0
Ride by Bicycle		
Yes	192	48.0
No	208	52.0
Motorbike		
Yes	70	17.5
No	330	82.5

Source: Primary Data

Table 2. shows that most respondents received moderate social support (from friends) (49%). Social support (from friends) was essential for students because they acquired an identity and support from peers. Most respondents (51%) reported low levels of family support. Students perceived a lack of social support (from family) because most of them were young adults who had gone through the self-discovery phase and felt mature enough to solve their own problems. Most respondents had a moderate level of mental health (64.5%). In comparison, 25% of respondents had good mental health levels.

Table 2. Dependent and Independent Variables

Variable	N	%
Social Support (from friend)		
High	33	8.3
Moderate	196	49.0
Low	171	42.8
Social Support (from family)		
High	32	8.0
Moderate	164	41.0
Low	204	51.0
Mental Well-Being		
High	101	25.2
Moderate	258	64.5
Low	41	10.3

Source: Primary Data

Table 3. shows that students who received moderate social support (from family) had moderate mental well-being (64.0%). Students who received good social support (from family) had a high level of mental well-being (34.4%). Social support (from family) to students had no relationship with the mental health level of students during the pandemic era (p-value =0.073).

Students who received moderate social support (from friends) had a moderate level of mental well-being (63.8%). Students with good social support (from friends) had good mental well-being (39.4%). Social support (from a friend) to students correlated with the level of mental health of students during the pandemic era (p -value = 0.001). The relationship between social support (from a friend) and mental well-being had a significant relationship (p -value = 0.001, r = 0.176). Most students in the pandemic era with good social support (from friends) would have a high level of mental well-being.

Table 3. Relationship of Social Support with Mental Well-Being

No.		Mental well being						P-value	R
		Low		Moderate		High			
		n	%	n	%	n	%		
Social support (from family)									
1.	Low	23	11.3	137	67.2	44	21.6	0.073	0.090
2.	Moderate	13	7.9	105	64.0	46	28.0		
3.	High	4	12.5	17	53.1	11	34.4		
Social support (from friends)									
1.	Low	24	14.0	116	67.8	31	18.1	0.001	0.176
2.	Moderate	14	7.1	125	63.8	57	29.1		
3.	High	2	6.1	18	54.5	13	39.4		

Source: Primary Data

The findings showed a statistically significant correlation between peer support and mental well-being (r = 0.176, p = 0.001). However, the weak strength of this association implies that peer support alone may not strongly predict mental health outcomes. It should therefore be understood as one of multiple interacting psychosocial factors contributing to student well-being.

DISCUSSION

Female students generally reported higher levels of mental health problems than male students (41). In addition, men tend to be less likely to receive social support and access health services (42,43). Women were easier to express their problems and stress than men, and women needed more protection than men. (44). College students were vulnerable to mental health problems (45). College students are in a critical transition from adolescence to adulthood. This period was also marked by various mental health problems such as stress, depression, and anxiety (46). Students generally seek help with their mental health problems through social support from friends and family (44).

Social support is generally classified into emotional, tangible, informational, and companionship (47). This study examined the relationship between social support and student mental well-being during the Covid-19 Pandemic. Of the four classifications of social support, the research focused on one type of support, companionship support, which included friends and family support. (48,49). This study supported previous research, which stated that social support was significantly related to students' mental health during the COVID-19 Pandemic (50–55). Social support is a key psychosocial coping mechanism and plays a vital role in maintaining mental well-being (56,57). This statement was proved by an increase in life satisfaction and a reduction in the adverse effects experienced by students during the Covid-19 Pandemic (57). Conversely, students with low social support are more likely to experience mental health problems, as also reflected in our findings.

The results showed that social support from friends during the Covid-19 Pandemic was at a high level, social support from family was at a low level, and the mental well-being of students was at a high level. In Indonesia, where off-campus boarding houses (kost) are prevalent among university students (95.8% of our sample), reduced familial proximity likely diminished daily family interactions. Consequently, peers become the primary proximate source of emotional and instrumental support-acontextual factor potentially explaining the significant peer support-well-being linkage observed many college students live independently in kost, reducing day-to-day interaction with family. This setting elevates the role of peers as the immediate source of emotional and instrumental support, which may explain

the stronger association between peer support and mental well-being (45). In some cases, the family also had an essential role in overcoming the problems faced during the Covid-19 Pandemic (58,59). In particular, the support obtained from the mother (60). A study involving 18 countries reported that family support was reported to have increased during the Covid-19 Pandemic (45).

The research findings showed that social support from friends was related to mental well-being, while social support from family did not have a significant relationship with students' mental well-being during the COVID-19 pandemic. The lack of significant correlation between family support and mental well-being may be attributed to the increasing independence of college students, particularly those who live away from home. In the Indonesian context, many university students reside in boarding houses or kost, limiting the frequency and immediacy of familial interaction. Additionally, cultural expectations of self-reliance during higher education may reduce the perceived importance or relevance of parental involvement in day-to-day emotional support. The findings were in line with previous research, which stated that social support from friends was a protective factor against anxiety and stress (61). Furthermore, social support from friends could make people 1.87 more likely to have prosperous mental health (62). During the lockdown, some students did miss out on peer interaction, but a qualitative study found that young adults made more effort to stay in touch with their close friends (63). Social support from friends is very much needed, considering that the Covid-19 pandemic has put the entire education system in a difficult situation. Most undergraduate students had to continue their studies online (44). A qualitative study revealed that students found adapting to new college life challenging during the Covid-19 Pandemic and reported losing professional and social experience (64). Students also find it challenging to do lectures at home, especially if they have a terrible relationship with their family (65). In this case, friends' support was needed to adapt to the learning system during the Covid-19 Pandemic.

Previous research stated that family support was a protective factor for students' psychological well-being during the Covid-19 pandemic (66). In addition, people with higher family support of 1.80 were more likely to have prosperous mental health (67). Social expectations may have an impact on gender disparities in mental health outcomes; female students are more socially connected and emotionally expressive, whereas male students tend to repress their emotions and underuse support networks. Gendered socialization patterns may contribute to mental health disparities: females reported higher emotional expressiveness and support utilization, whereas males exhibited greater emotional suppression (5,6). These patterns align with earlier research on university students' help-seeking behavior and gender norms. This aligns with global patterns of gendered help seeking behaviors, suggesting culturally ingrained barriers to male mental health support. Social support from families reportedly increased during the Covid-19 Pandemic (45). However, the findings showed the opposite: there was no relationship between social support and students' mental well-being during the Covid-19 pandemic. Because students were pretty empowered, considering that before the Covid-19 Pandemic, not all students lived with their families while in college. Most of them were independent. In college, they trained to be more responsible and independent.

Colleges should ensure students' mental health through social support from friends. Universities can strengthen peer education activities. Previous literature studies revealed that peer education could improve adolescent knowledge, attitudes, behavior, and self-efficacy, improving adolescent health (68). Peer education also makes it possible to reach areas that cannot be reached by professionals (69). because peer education makes sharing personal problems without shame and comfortable discussing (54). Generally, the credibility of participants with the same culture may have had similar experiences (70).

Limitations and Cautions

This study has several limitations. First, it used a cross-sectional design, which limits the ability to infer causality between social support and mental well-being. Second, the data were collected using self-report questionnaires, which may be subject to response bias or social desirability effects. Third, the sample was limited to undergraduate students recruited online, which may not represent all student populations in diverse educational or cultural settings.

Recommendations for Future Research

Future studies should use longitudinal designs to examine the causal relationship between social support and mental well-being over time. Expanding the sample to different demographics and educational levels could improve generalizability. Additionally, incorporating qualitative methods (e.g., interviews) could provide deeper insights into how students perceive and utilize social support. Future research should also explore the role of digital social support (e.g., online communities) and its effectiveness in improving student mental health.

CONCLUSION

This study demonstrated that among the types of social support examined, only peer support showed a statistically significant association with students' mental well-being during the COVID-19 pandemic ($r = 0.176$, $p = 0.001$). In contrast, family support did not exhibit a meaningful relationship with well-being outcomes ($p = 0.073$). These findings highlight the pivotal role of peer interactions in supporting psychological resilience among university students during periods of social disruption. Higher education institutions should consider integrating peer-based mental health strategies, especially when traditional family support is less accessible.

AUTHOR'S CONTRIBUTION STATEMENT

IN: Conceptualization, Methodology, Writing – original draft, Writing - review. JDES: Methodology, Writing – original draft. FF: Conceptualization, Methodology, Writing – original draft, Writing – review & editing. MM: Methodology, Project Administration, Writing – review & editing. DSMS: Data collection, data curation, Writing – draft, Writing – editing. AHMA: Data collection, data curation, Writing – draft, Writing – editing. YPD: Data collection, data curation, Writing – draft, Writing – editing. NALK: Writing – draft, Writing – review & editing. LWT: Writing – draft, Writing – review & editing. HH: Writing – draft, Writing – review & editing. ACS: Writing – draft, Writing – review & editing.

CONFLICTS OF INTEREST

All the authors declare that there are no conflicts of interest.

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