



Social Support and Community Disaster Preparedness: The Mediating Roles of Resilience and Social Cohesion in Coastal Communities

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Abstract

Disaster preparedness is essential for reducing the risks faced by communities in coastal areas. This study examined the associations of social support with resilience and social cohesion, and the associations of resilience and social cohesion with disaster preparedness. It also assessed the indirect pathways linking social support to disaster preparedness through resilience and social cohesion. A cross-sectional correlational study was conducted among 312 residents of coastal Sukabumi Regency, selected using stratified random sampling. Data were collected using questionnaires and analyzed using partial least squares structural equation modeling (PLS-SEM). Social support was positively associated with resilience ($\beta = 0.592$, 95% bootstrap CI [0.513, 0.662], $p < 0.001$) and social cohesion ($\beta = 0.572$, 95% bootstrap CI [0.486, 0.653], $p < 0.001$). Resilience ($\beta = 0.358$, 95% bootstrap CI [0.279, 0.434], $p < 0.001$) and social cohesion ($\beta = 0.479$, 95% bootstrap CI [0.404, 0.550], $p < 0.001$) were positively associated with disaster preparedness. Significant indirect pathways linked social support with disaster preparedness through resilience ($\beta = 0.212$, 95% bootstrap CI [0.155, 0.270], $p < 0.001$) and social cohesion ($\beta = 0.274$, 95% bootstrap CI [0.213, 0.337], $p < 0.001$). These findings support the proposed indirect pathways and suggest that social cohesion and resilience are relevant considerations in community disaster preparedness. Because the study used a cross-sectional design, the findings do not establish causal relationships.

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1. INTRODUCTION

Natural disasters can cause loss of life, damage infrastructure and the environment, disrupt economic activity, and create public health and psychological consequences. Earthquakes and tsunamis are among the hazards affecting communities in Indonesia (Deswita et al., 2023; Lestari et al., 2022). Because coastal communities may face these hazards, disaster preparedness is essential to help residents anticipate emergencies and respond appropriately. Preparedness involves planning and actions that enable individuals and communities to manage disaster threats and reduce their potential impacts (Virgiani et al., 2022; Vonnisa, 2025).

Disaster preparedness is influenced by both individual resources and social conditions. Social support includes emotional, informational, and practical assistance that people receive through relationships with family, friends, community members, and other sources. Such support may help individuals access information and resources, feel more capable of coping with disaster-related challenges, and take preparedness actions (Hasibuan, 2025; Sasmito & Prawito, 2023). Previous disaster research has also proposed that social support may relate to preparedness through perceived collective efficacy and self-efficacy, illustrating how social resources can be linked to people's confidence and capacity to act (Bakic & Ajdukovic, 2021).

Social capital theory helps explain the proposed pathway from social support through social cohesion to disaster preparedness. Social networks, trust, reciprocity, and shared norms can make it easier for people to exchange information, coordinate, and mobilize assistance. These resources can strengthen social cohesion, understood here as perceived trust, solidarity, belonging, and cooperation among community members. In turn, cohesive relationships may support collective action, such as sharing warnings, coordinating evacuation, and participating in preparedness activities. Research on disaster recovery and resilience similarly describes social capital as a resource that enables collective action and access to assistance and services (Aldrich & Meyer, 2015; Partelow, 2021). Thus, social cohesion provides a plausible social mechanism through which support may be associated with preparedness.

Community resilience provides a second proposed pathway. It refers to a community's capacity to adapt, maintain or restore functioning, and respond to disruption. Resilience frameworks identify social capital, information and communication, and community competence as capacities that contribute to disaster readiness (Kang, 2025). Social support may contribute to these capacities by facilitating access to information, practical help, and relationships that residents can draw on when preparing for or responding to hazards. Greater resilience may, in turn, be associated with preparedness because communities with stronger adaptive capacities may be better able to plan, coordinate, and act before a disaster. This provides the conceptual basis for examining resilience as a mediator between social support and preparedness.

These pathways are relevant to the coastal area of Sukabumi Regency, where communities face earthquake and tsunami hazards (Kasman & Triokmen, 2021). A regional tsunami-modeling study estimated that, under a worst-case scenario involving simultaneous rupture of two megathrust segments, modeled tsunami heights could reach approximately 20 m on the southern coast of West Java and 12 m on the southern coast of East Java, with an average maximum height of approximately 4.5 m along the southern coast of Java (Widiyantoro et al., 2020). These values are scenario-based model outputs, not predictions or return-period estimates for the entire southern coast, and they should not be interpreted as estimates specific to Sukabumi.

Although previous studies have examined relationships involving social support, social cohesion, resilience, and disaster preparedness, the manuscript's cited literature

addresses these factors across different relationships and settings. The specific gap addressed here is the simultaneous testing of two proposed indirect pathways social support through social cohesion and social support through resilience in one structural model among residents of the coastal area of Sukabumi Regency. The study therefore examines the direct paths from social support to social cohesion and resilience, the paths from these two variables to disaster preparedness, and the corresponding indirect paths.

2. METHODS

This study employed a cross-sectional correlational design and was conducted in the coastal area of Sukabumi Regency, Indonesia. Data were collected at one point in time to examine the associations among social support, community resilience, social cohesion, and disaster preparedness. The study population comprised residents of the coastal area of Sukabumi Regency. A total of 312 participants were selected using stratified random sampling with proportional allocation across strata. Eligible participants were residents of the study area who were able to understand the study information and complete the written questionnaire.

Mental health status was not assessed using a validated screening instrument or medical records; therefore, it was not treated as a clinically assessed eligibility criterion. Hearing impairment was not used as an exclusion criterion because the questionnaire was administered in written form. Visual impairment alone was also not an exclusion criterion; participants needed to be able to complete the questionnaire.

Data were collected using a questionnaire covering participant characteristics and the study variables. Participant characteristics included age, gender, educational level, marital status, employment status, sources of disaster-related information, and experience of earthquakes. The questionnaire also measured social support, resilience, social cohesion, and disaster preparedness.

Descriptive analyses were conducted using SPSS version 27.0. The structural relationships among the study variables were examined using partial least squares structural equation modeling (PLS-SEM) with SmartPLS version 3.0. The measurement model was assessed for internal consistency, convergent validity, and discriminant validity. Variance inflation factor values were examined to assess potential multicollinearity. The structural model was evaluated using path coefficients, the coefficient of determination (R^2), predictive relevance (Q^2), and effect size (f^2). Bootstrapping was used to assess the statistical significance of the hypothesized direct and indirect paths. Statistical significance was set at $p < 0.05$.

Because the data were cross-sectional, the estimated paths were interpreted as hypothesized associations and indirect associations consistent with the proposed mediation model; they were not interpreted as evidence of causality. The study was conducted in accordance with the ethical principles of beneficence, confidentiality, and justice. Ethical approval was granted by the Ethics Committee of the Sukabumi College of Health Sciences (Approval No. 000038/KEP STIKES SUKABUMI/2023). Participant information was kept confidential and used exclusively for research purposes.

3. RESULTS AND DISCUSSION

Table 1. Characteristics of Respondents (n = 312)

Respondent Characteristics	n	%
Age (Years)		
18 - 40	80	25.6
41 - 60	145	46.5

> 60	87	27.9
Gender		
Male	135	43.3
Female	177	56.7
Last Education		
Elementary School	24	7.7
Junior High School	118	37.8
High School	161	51.6
College	9	2.9
Marital Status		
Single	113	36.2
Married	183	58.7
Divorce	16	5.1
Employment Status		
Doesn't Work	155	49.7
Working	157	50.3
Sources of Information About Disaster		
Healthcare Workers	162	51.9
Family	30	9.6
Social Media	107	34.3
Others	13	4.2
Experience of Earthquakes		
Yes	297	95.2
No	15	4.8

Based on Table 1, most respondents were aged 41–60 years (46.5%), followed by >60 years (27.9%) and 18–40 years (25.6%). Female respondents were more dominant (56.7%) than males (43.3%). Regarding educational level, the majority had completed high school education (51.6%), followed by junior high school (37.8%), elementary school (7.7%), and college education (2.9%). Most respondents were married (58.7%), while 36.2% were single and 5.1% were divorced. Employment status was relatively balanced between respondents who were working (50.3%) and those who were unemployed (49.7%). The main source of disaster-related information was healthcare workers (51.9%), followed by social media (34.3%), family (9.6%), and other sources (4.2%). Furthermore, the vast majority of respondents had experienced earthquakes (95.2%), indicating high exposure to disaster events among the study population. These findings indicate that respondents' demographic characteristics and high exposure to earthquake experiences may influence their level of disaster knowledge, risk perception, and preparedness behaviors.

Table 2. Univariate analysis.

Variables	Item	Mean	Index (%)
Social Support (SS)			
Emotional	4	3.1	77.6
Appraisal	4	3.16	79.05
Instrumental	4	3.03	75.7
Informational	4	3.08	76.94
Social Cohesion (SC)			
Psychological Sense of Community	7	3.16	78.88

Neighboring	5	3.13	78.27
Attraction	6	3.16	78.99
Resilience (R)			
Competencies	4	3.02	75.62
Trust	4	3.02	75.46
Admissions	4	2.96	74.04
Control	4	2.85	71.29
Spiritual	4	2.94	73.56
Disaster Preparedness (DP)			
Knowledge	5	0.78	78.01
Attitude	5	0.8	80.26
Planning	5	0.8	80.19
Early Detection	5	0.84	84.36
Mobility	5	0.85	84.55

Table 2 presents descriptive statistics for the indicators of the study constructs. For social support, indicator mean scores ranged from 3.03 to 3.16 on the 1–4 response scale. The mean scores were 3.10 for emotional support, 3.16 for appraisal support, 3.03 for instrumental support, and 3.08 for informational support. For social cohesion, mean scores ranged from 3.13 to 3.16 across psychological sense of community (3.16), neighboring (3.13), and attraction (3.16). For resilience, the reported indicator means ranged from 2.85 to 3.02. For disaster preparedness, indicator mean scores ranged from 0.78 to 0.85, with corresponding index values ranging from 78.01% to 84.55%. These values describe respondents' scores in this sample and should not be interpreted as evidence of clinically or practically meaningful levels. They are indicator-level statistics and do not provide the overall mean, standard deviation, or observed range for each latent construct.

Multicollinearity Test

The multicollinearity assessment indicated that all exogenous constructs were within the acceptable range, with VIF values from 1.965 to 2.892. These values are far below the cutoff of 5, showing that the predictor constructs were sufficiently distinct and did not distort estimation in the structural model.

Assessment Measurement Model

The measurement model showed satisfactory psychometric performance. All constructs met the recommended thresholds for internal consistency, convergent validity, and discriminant validity, with outer loadings exceeding 0.700, composite reliability above 0.70, Cronbach's alpha above 0.70, and AVE above 0.50.

Construct Reliability

All indicators loaded adequately on their intended latent variables, with outer loading values ranging from 0.700 to 0.909. The reliability indices were also acceptable, indicating that the items consistently represented social support, social cohesion, resilience, and disaster preparedness.

Convergent Validity

Convergent validity was confirmed because all AVE values exceeded the recommended minimum of 0.50. This means that each construct explained more than half of the variance of its indicators.

Discriminant Validity

Discriminant validity was supported by the Fornell-Larcker criterion, as the square root of each construct's AVE was greater than its correlations with other constructs. This indicates that the four constructs were empirically distinct.

Structural Model Assessment

The structural model was evaluated using path coefficients, R^2 , Q^2 , and f^2 . In the PLS-SEM framework, these indices were used to assess the explanatory power, predictive relevance, and practical magnitude of the hypothesized relationships, while significance testing was performed using bootstrapping.

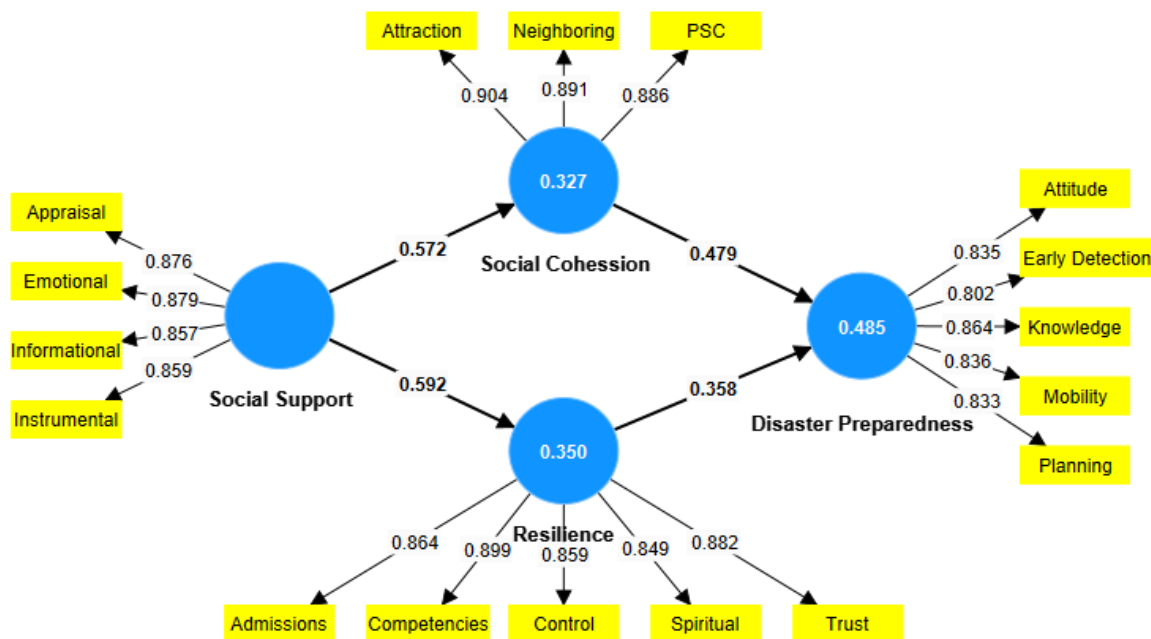


Figure 1. PLS-SEM Algorithm.

Measuring the Coefficient of Determination Values (R^2)

The R-square analysis showed that Disaster Preparedness had an R^2 value of 0.485, indicating that 48.5% of the variance in disaster preparedness could be explained by Social Cohesion and Resilience, while the remaining 51.5% was influenced by other factors outside the model. Resilience obtained an R^2 value of 0.350, meaning that Social Support explained 35.0% of the variance in resilience. Meanwhile, Social Cohesion had an R^2 value of 0.327, indicating that 32.7% of the variance in social cohesion was explained by Social Support. Overall, these findings demonstrate that the structural model has a moderate explanatory power in predicting the endogenous constructs, particularly Disaster Preparedness as the primary outcome variable.

Measuring the Effect Size (f²)

The effect size (f²) analysis demonstrated that Social Support had a moderate effect on Resilience (f² = 0.538) and Social Cohesion (f² = 0.486), indicating that Social Support substantially contributed to the development of both constructs within the structural model. Furthermore, Social Cohesion showed a moderate effect on Disaster Preparedness (f² = 0.383), suggesting that stronger social cohesion was associated with higher levels of disaster preparedness. In contrast, Resilience had a small effect on Disaster Preparedness (f² = 0.214), indicating that although resilience contributed to preparedness, its influence was relatively weaker compared to social cohesion.

Measuring Predictive Relevance (Q²)

Blindfolding showed that the model had predictive relevance because Q² values were greater than zero for all endogenous constructs. The predictive relevance for social support, social cohesion, resilience and disaster preparedness was moderate which is acceptable.

Direct and Indirect Effect Analysis

The bootstrapping results demonstrated that Social Support had significant direct effects on Resilience ($\beta = 0.592$, $t = 16.061$, $p < 0.001$) and Social Cohesion ($\beta = 0.572$, $t = 13.52$, $p < 0.001$). Furthermore, Resilience significantly influenced Disaster Preparedness ($\beta = 0.358$, $t = 9.024$, $p < 0.001$), while Social Cohesion also showed a significant direct effect on Disaster Preparedness ($\beta = 0.479$, $t = 12.727$, $p < 0.001$). The indirect effect analysis revealed that Social Support significantly affected Disaster Preparedness through Resilience ($\beta = 0.212$, $t = 7.282$, $p < 0.001$) and through Social Cohesion ($\beta = 0.274$, $t = 8.558$, $p < 0.001$). These findings indicate that both Resilience and Social Cohesion functioned as significant mediating variables in the relationship between Social Support and Disaster Preparedness. Since the indirect pathways were significant and the mediators successfully transmitted the influence of Social Support toward Disaster Preparedness, the model suggests the presence of indirect mediation mechanisms in which social support enhances adaptive capacity and collective social connectedness before ultimately improving disaster preparedness.

Table 3. Path Coefficient Result

Path Relationship	Original Sample	T Statistics	p-value	95% CI	Decision
SS → R	0.592	16.061	< 0.001	0.592-0.662	Supported
SS → SC	0.572	13.52	< 0.001	0.486-0.653	Supported
R → DP	0.358	9.024	< 0.001	0.279-0.434	Supported
SC → DP	0.479	12.727	< 0.001	0.404-0.550	Supported
SS → R → DP	0.212	7.282	< 0.001	0.155-0.270	Supported
SS → SC → DP	0.274	8.558	< 0.001	0.213-0.337	Supported

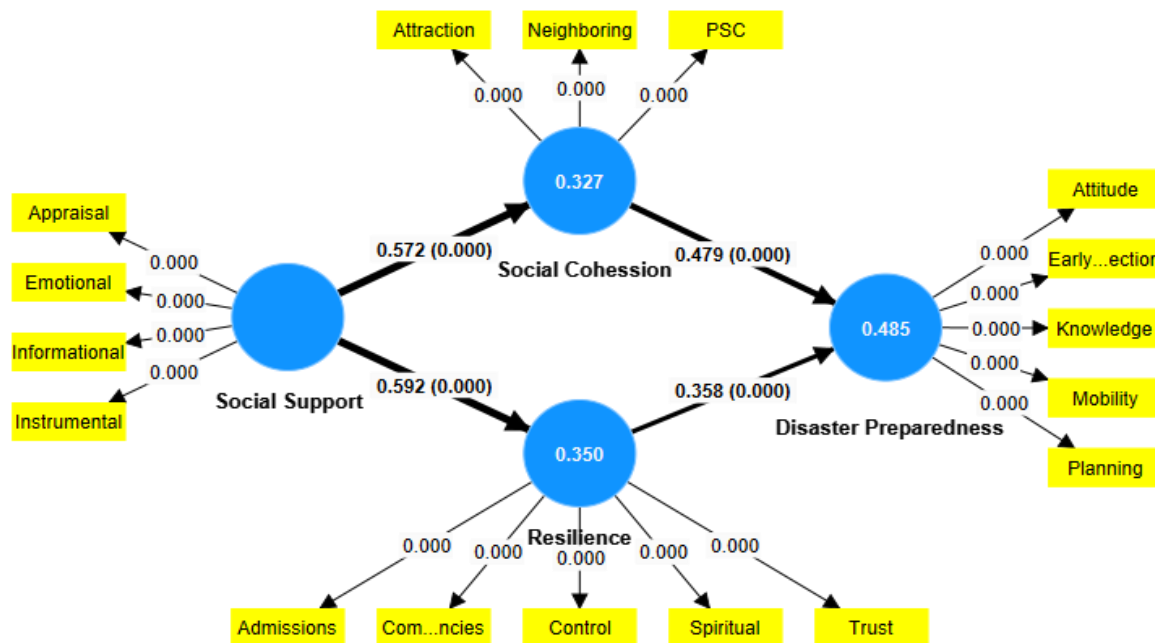


Figure 2. Bootstrapping model test.

Based on the research findings, there is a direct effect of social support on social cohesion. This aligns with Lee et al. (2022), who state that social relationships and community support play a crucial role in strengthening social cohesion. Social support refers to the process of interaction that occurs between individuals within their social environment. In the concept of social provision, social support is understood as a specific social function or interpersonal need fulfilled through an individual's social relationships, which plays a vital role in maintaining psychological well-being and helping individuals adapt to stressful situations (Sembiring et al., 2026).

Social support acts as a psychosocial mechanism that supports the formation of social cohesion. When social relationships are able to provide functions such as a sense of security, solidarity, and confidence in the availability of support, individuals and groups will have adequate emotional and social resources to cope with post-disaster stress. These conditions can strengthen a sense of togetherness, enhance mutual trust, and build the community's collective capacity to recover and rebuild their lives. This indicates that the stronger the social networks capable of providing social support, the greater the community's capacity to support one another, adapt, and recover from the traumatic impacts and material losses resulting from disasters (Sembiring et al., 2026).

The research results also indicate a direct effect of social support on community resilience. These findings align with Andarmoyo (2024), who noted that social support is significantly and positively correlated with resilience. Social support refers to an individual's perception of the extent to which support is available from their social environment and the quality of that support when facing stressful or challenging life situations (Afrashteh et al., 2023).

Social support serves as a vital resource that provides emotional validation, practical assistance, and access to information and other resources. It mitigates the impact of stress on individual well-being by fostering a sense of safety, comfort, and belonging. At the individual level, social support enhances self-efficacy, self-esteem, and psychological well-being, enabling individuals to better cope with pressures and challenges. At the

interpersonal level, social support strengthens trust and a sense of belonging in social relationships. Meanwhile, at the community and societal levels, social support fosters cooperation, solidarity, collective action, and the development of social capital, which contributes to the formation of a culture of community resilience (Saraswati, 2025).

Individuals with strong social support networks tend to be more proactive in problem-solving and seeking help when facing difficulties, thereby demonstrating better coping and recovery abilities. Conversely, a lack of social support or social isolation can increase psychological stress and hinder the recovery process. In the context of disasters, social support also plays a crucial role in enhancing community preparedness, response, and recovery through the development of collective efficacy. However, the effectiveness of social support is influenced by the source, type, timing of support, and the quality of the social relationships formed. Relationships grounded in empathy, mutual trust, and mutual respect tend to provide more meaningful support compared to superficial or transactional relationships. Therefore, the presence of social support, whether formal or informal, is a critical factor in enhancing the resilience of both individuals and communities, particularly among victims of natural disasters, as it can influence psychological well-being and the coping strategies employed (Saraswati, 2025).

The research findings indicate that social cohesion influences community preparedness. This study is consistent with Ekawati et al. (2020), who found that social cohesion influences community preparedness for disasters. Social cohesion refers to the process of communication and the development of shared values that bind community members together, thereby reducing divisions and fostering a sense of involvement in the community's shared endeavours and challenges (Shalma et al., 2023).

Strong social cohesion can certainly influence a community's preparedness for disasters. This is because a community's strong perception of its resilience to the impacts of disasters is underpinned by the social fabric of that community. They build resilience through the perception that disasters are a part of their lives, and through strong social bonds and a sense of care that enable individuals to recover from past traumatic events (Razi et al., 2022).

The research findings indicate that resilience influences community preparedness. This study is consistent with Kurnia & Pandjaitan (2021), who found that community resilience influences public preparedness for natural disasters. Community resilience is defined as the ability to withstand pressure through resistance or adaptation, the organisation of basic structures during a disaster, and the ability to recover after experiencing a disaster (Kurnia & Pandjaitan 2021).

Strong resilience within a community influences disaster preparedness, as disaster preparedness efforts become a collective priority for the whole community, thereby reducing the impact of such disasters. Every individual can rise from adversity through the resilience factors within them. This will help them to endure the difficulties they face, navigate life's crises, and cope with stressors, enabling them to emerge stronger than before. Consequently, past disaster experiences can be transformed into valuable lessons to enhance disaster preparedness should a disaster strike again (Yulianti et al., 2023).

Enhanced resilience in community preparedness for earthquakes and tsunamis aims to empower communities living in disaster-prone areas to take the initiative and implement measures to mitigate the knock-on effects of disasters that could strike at any time in those areas. Resilient communities have experience of disasters that can help them carry out disaster preparedness drills (Tessa & Sudjatmiko, 2021).

The research findings indicate that social support influences preparedness, with this effect mediated by social cohesion. Social support is a form of social capital that can

enhance a community's capacity to cope with disasters. Individuals who receive social support tend to have a greater sense of security, higher motivation, and greater confidence in taking preparedness measures (Permana, 2023). When people feel supported by their families, friends, healthcare workers and the wider community, a sense of trust, togetherness and solidarity is fostered within the community. This situation subsequently enhances social cohesion the community's ability to connect with one another, work together, and share a sense of collective responsibility in the face of disaster threats. Strong social cohesion encourages the community to be more active in sharing information, conducting preparedness drills, assisting with evacuation processes, and participating in disaster risk reduction activities, thereby improving overall preparedness (Amberson et al., 2024).

In line with the research by Budhiana et al., (2023), the higher the level of social cohesion, the greater the community's ability to act collectively, help one another, and be prepared to face disaster risks. This indicates that disaster preparedness is influenced not only by individual factors, but also by the quality of social relationships within the community.

The research findings indicate that social support influences preparedness, a relationship mediated by community resilience. Social support acts as a source of psychological and social strength for communities in the face of disaster threats. Support from families, neighbours, healthcare workers, volunteers and the government can enhance people's sense of security, self-confidence and ability to cope in difficult situations. This support subsequently fosters community resilience—the community's ability to adapt, recover, and maintain social functions when facing disasters. As community resilience increases, communities become better prepared to undertake preparedness actions such as evacuation planning, stockpiling of supplies, disaster training, and emergency response (Lee, 2024).

These findings are also consistent with the research by Kang, (2025), which states that community resilience is a key factor in disaster risk reduction, as resilient communities are better able to anticipate, mitigate, respond to, and recover from disasters. Social support contributes to the development of trust, solidarity and the community's adaptive capacity, thereby ensuring that communities are better prepared to deal with emergency situations.

This study has several limitations. Firstly, the use of the cross-sectional design has not been able to establish a strong causal relationship, as all variables were measured at the same point in time. Secondly, the use of self-report questionnaires may introduce response bias and subjectivity in respondents' perceptions. Thirdly, the specific characteristics of the sample and the study location limit the generalisation of the results to other populations with different conditions. Furthermore, this study only examined the mediating roles of resilience and social cohesion, whilst other factors such as work experience, disaster training, organisational leadership, and the availability of resources may also influence community preparedness. Future research is recommended to employ a longitudinal or mixed-methods design and to include additional contextual variables to ensure more comprehensive findings.

4. CONCLUSION

Social support was positively associated with resilience and social cohesion, while resilience and social cohesion were positively associated with disaster preparedness. Both resilience and social cohesion showed significant indirect pathways linking social support with disaster preparedness. Because this study used a cross-sectional design, these findings indicate associations and do not establish causality. Disaster preparedness planning may consider social cohesion and community resilience when developing activities related to information sharing, community coordination, and preparedness. The effectiveness of these activities was not tested in this study and should be evaluated in future research.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

Iwan Permana contributed to the conceptualization, methodology, data collection, data analysis, and writing of the original draft. Johan Budhiana contributed to the methodology, data interpretation, and critical review of the manuscript. Ady Waluya contributed to supervision, validation, and writing—review and editing. All authors read and approved the final manuscript.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

The authors declare that artificial intelligence (AI) tools were used solely to assist with language refinement and grammatical editing of the manuscript. The authors reviewed and verified all content and take full responsibility for the accuracy, integrity, and originality of the manuscript. AI tools were not used to generate or fabricate research data, results, or scientific findings.

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