Araştırma

AN ANALYSIS OF THE FACTORS AFFECTING THE PERCEIVED SOCIAL SUPPORT AMONG THE ELDERLY

Yaşlılarda Algılanan Sosyal Destek Üzerinde Etkili olan Faktörlerin İncelenmesi

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ABSTRACT

Prevention of diseases and the reduction of deaths through effective treatment methods as a result of the medical and technological developments have rapidly increased the elderly population almost in all countries. Given the fact that the decrease of the perceived social support creates a reduced quality of life among the elderly, the sustainability of the current quality of life of the elderly that con- stitutes a significant portion of the society has become more important. Therefore, the cur- rent study aims to provide valid suggestions for the sustainability of the quality of life of the elderly population through its findings to be obtained by analyzing the factors affecting the perceived social support among the eld- erly aged 65 and above. The research sample consists of 348 elderly subjects. In the analysis of the research data; methods of percentage, arithmetic mean, t-test, ANOVA, Pearson Cor- relation and Regression Analysis were used. The research found a positive correlation be- tween the participants' quality of lives, activ- ity levels in daily life and life satisfactions and the perceived social support; and a negative correlation between the participants' levels of depression and the perceived social support.

Key Words: *Elderly, Quality of life, Multidi- mensional scale of perceived social support*

ÖZET

Tıbbi ve teknolojik gelişmeler sonucunda has- talıkların önlenmesi ve etkin tedavi yöntem- leriyle ölümlerin azalması hemen her ülkede yaşlı nüfus oranını hızla arttırmıştır. Algıla- nan sosyal desteğin azalmasının yaşlı bireyle- rin yaşam kalitelerinde düşüşe neden olduğu göz önünde bulundurulduğunda artan ve top- lumun önemli bir bölümünü oluşturan yaşlı nüfusun mevcut yaşam kalitesinde sürdürüle- bilirliğin önemi daha da artmıştır. Bu nedenle bu çalışma, 65 yaş ve üzeri yaşlılarda algıla- nan sosyal destek üzerinde etkili olan faktör- leri inceleyerek elde edilen bulgular doğrul- tusunda yaşlı nüfusun yaşam kalitesinde sür- dürülebilirliğin sağlanmasına yönelik geçer- li önerilerde bulunmak amacıyla gerçekleşti- rilmiştir. Araştırmanın örneklemini 348 yaş- lı oluşturmaktadır. Araştırma verilerinin de- ğerlendirilmesinde; yüzdelik, aritmetik orta- lama, T Testi, Anova, Pearson Korelasyonu ve Regresyon Analizi kullanılmıştır. Araştır- ma sonucunda yaşlıların yaşam kalitesi, gün- lük yaşam aktivite düzeyleri ve yaşam doyum- ları ile algıladıkları sosyal destek arasında

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pozitif yönde, depresyon düzeyleri ile algıla-dıkları sosyal destek arasında da negatif yön-de bir ilişkinin olduğu saptanmıştır.

Anahtar Sözcükler: *Yaşlı, Yaşam kalitesi, Çok boyutlu olarak algılanan sosyal destek ölçeği*

INTRODUCTION

The old age is one of the main periods in which the quality of life decreases. The decline of the perceived social support among the elderly is considered to be an important factor that speeds up this process (Aslan, 2009:199). The issue of social support among the elderly has been increasingly becoming important since the social support systems for the elderly continue to decline as a result of the factors prevalent throughout the world and particularly in Turkey such as; the rapid population growth, industrialization, urbanization, turning to the nuclear family as a result of migration, economic problems, women's increased participation in professional life, the contraction of sizes of houses as a result of the proliferation of the nuclear family, youths' perception of the old-age, communication problems between generations, health problems and addiction. Social support is generally defined as the support an individual receives from his family and friends; who share the individual's duties, who help the individual mobilize his psychological sources to be able to cope with his emotional problems, and who help him cope with the situations he encounters by providing him with the required money or material, skills, knowledge and guidance. The social network composed of the family members and friends of the elderly person satisfies people's basic requirements such as love, interdependence, self-respect and belonging. The

prestige that emerges through social support positively contributes to morale, satisfaction with life, and the ability to cope not only with stressful events but also with age-related problems (physical, psychological etc.) (Helman and Stewart, 1994:51; Patterson, 1995:682).

When considered the fact that the population has increased rapidly in the last fifty years and that this increase will continue in the next century, the need for the examination of the factors affecting the perceived social support that are influential in the quality of life becomes more prominent. This will contribute not only to the betterment of the quality of lives of elderly individuals and families, but also to the production of services and policies concerning the elderly. Therefore, this research has been planned and conducted in order to examine the correlation between the perceived support among the elderly and their various socio-demographic characteristics, depression which is one of the most common problems in old age, incompetence in daily life activities, well-being and life satisfaction.

METHOD
Participants

This study was conducted with 65 and over age elderly individuals on June-July 2008. The study sample comprised of 348 elderly has been registered in Kurtuluş Health center in Ankara, Turkey and agreed to participate the research. More than half (56%) of the participants are female. Of the participants, 23.3% fall into the age group of 65-66 years, followed by 79 years and above (17.8%) and 67-69 years (16.1%). Whereas more than half (65.2%) of them are married, 31.1% of them are widowed. Primary

school graduates or below (56.6%), those residing in their own properties (84.5%), those who are able to go by foot to the shopping mall (85.6%), to the bus stop (84.2%), to the bank or to pay their bills (79.3%), and those who have regular income (79.3%) lead in percentage. Almost half of them (45.4%) are married for 30 or more years, and 2.7% of them have never been married. The percentage of those who have both male and female children is more than half (64.7%). On the other hand, 4.6% of them do not have children. While most (49.4%) of them live only with their spouses (49.4%), 19.3% of them live alone. Almost all of them (94.3%) are working. The percentages of those who reported their states of health as good (41.7%) and as fairly well (40.2%) are high and close to each other.

Data Collection

A structured questionnaire was developed for this study. The first part of the questionnaire consisted of questions that defining the socio-demographic characteristics of elderly such as age, gender, marital status, education, and living conditions. The second part of the questionnaire consisted of Multidimensional scale of perceived social support (MSPSS) to measure perceived social support, The Yesavage Geriatric Depression Scale (YGDS) to measure depression, The Katz Index of Independence in Activities of Daily Living (ADL), The Lawton & Brody Instrumental Activities of Daily Living (IADL) to perform activities of daily living, The WHO-Five Well-being Index (WBI) to determine well-being, and The Life Satisfaction Index (LSI) to measure life satisfaction.

Socio-demographic Questionnaire It is composed of items aimed at determining certain variables, namely; age, gender, educational level, marital status, number of children, wedding year, having regular income, employment status, health conditions, ownership of the house, duration of residence in the house, number of inhabitants sharing the house, and the status of ability to go by foot from the house to the shopping mall, to the bus stop, to the bank or to the place where bills can be paid.

Multidimensional Scale of Perceived Social Support (MSPSS) The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988:34) is a 12-item scale, rated on a 7-point Likert scale, ranging from (1) very strongly disagree to (7) very strongly agree. It measures social support from three sources: family, friends, and a special person, measured on three subscales: FA (family), FR (friends), and SO (significant other), each with four items. The total social support is the sum of the scores from 12 items. The higher the sum of the 12 items, the higher the level of social support.

Yesavage Geriatric Depression Scale (GDS) The Geriatric Depression Scale, first created by Yesavage, Brink and Rose (1983:41), has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt on the day of administration. Scores of 0-9 are considered normal, 10-19 indicate mild depression and 20-30 indicate severe depression.

The Katz Index of Independence in Activities of Daily Living (ADL) commonly

referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently. The index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. Clients are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment (Katz et al, 1970:24).

The Lawton & Brody Instrumental Activities of Daily Living Scale (IADL) assesses a person's ability to perform tasks such as using a telephone, doing laundry, and handling finances. The Lawton & Brody (IADL) scale contains eight items, with a summary score from 0 (low function) to 8 (high function). Each ability measured by the scale relies on either cognitive or physical function, though all require some degree of both (Lawton and Brody, 1969:182).

The WHO-Five Well-being Index (WBI) was derived from a larger rating scale developed for a WHO project on quality of life in patients suffering from diabetes and adapted by Eser (1998) into Turkish. Each of the five items is rated on a 6-point Likert scale from 0 (not present) to 5 (constantly present). The theoretical raw score ranges from 0 to 25 and is transformed into a scale from 0 (worst thinkable well-being) to 100 (best thinkable well-being). Thus, higher scores mean better well-being (Brod et al., 1999:27).

The Life Satisfaction Index (LSI) Life satisfaction is one factor in the more general construct of subjective well being. The Life Satisfaction Index (LSI) consists of 20 questions and the attendants were scored over 20 points. This scale was first published by Neugarten, Havighurst and Tobin in 1961 and its application to the Turkish population was undertaken by Karataş in 1988. In the latter, the mean score was between 8 and 12 for the Turkish population and scores lower than 8 were considered "low".

Data Analyses

All data were analyzed with the SPSS 15.0 statistical analysis software package. T-test was used to compare two independent samples and loneliness score. One-way ANOVA was used to compare more than two independent samples and loneliness score. The association between selected scales scores and social support score were explored with Pearson's correlations.

RESULTS

The mean for Multidimensional Scale of Perceived Social Support, administered to the participants, was found to be 63.43 ± 18.116. According to the findings of the research, the perceived social support mean points scored by high school graduates and above ($p<0.05$), married individuals ($p<0.05$), individuals with child(ren) ($p>0.05$), and individual who live only with their spouses, who live with their spouses and children, or who live alone are higher than those of secondary school graduates and below, individuals who are single and who are widowed, individuals who do not have children, and individuals who live only with their children or with their children and relatives or alone ($p>0.05$) (Table 1).

Table 1. The Correlation Between the Multidimensional Scale of Perceived Social Support (Min: 12 Max: 84) and Certain Socio-Demographic Variables

Variables		N	M	SD	T	P
Gender	Female	195	63,45	18,147	0,018	0,986
	Male	153	63,41	18,136		
Marital status	Married	227	65,86	17,60	3,485	0,001*
	Widowed or single	121	58,87	18,24		
Children/ childlessness	Yes	332	63,79	18,052	1,699	0,090
	No	16	55,94	18,383		
Regular income	Yes	276	63,39	18,133	-0,087	0,930
	No	72	63,60	18,176		
Variables		**N**	**M**	**SD**	**F**	**P**
Education	Primary school and less	197	59,32	18,755	10,893	0,000*
	Secondary school	37	63,97	16,847		
	High school	63	73,11	11,315		
	University	51	66,96	18,387		
Household composition	Living with only spouse	172	67,35	16,787	5,579	0,000*
	Living with only children	37	53,95	18,357		
	Living with spouse and children	53	62,04	18,520		
	Living with children and relatives/only relatives	19	57,95	19,876		
	Living alone	67	61,27	18,115		

*p<0,05

A positive significant correlation was found between the Multidimensional Scale of Social Support and Lawton and Brody's Instrumental Activities of Daily Living Scale (p<0.01), WHO Well-Being Index (p<0.01) and Life Satisfaction Scale (p<0.01); and a negative significant correlation was found between the Multidimensional Scale of Social Support and Yesavage Geriatric Depression Scale (p<0.01). On the other hand, no significant correlation was found between the Multidimensional Scale of Social Support and Katz Index of Activities of Daily Living (p>0.05) (Table 2).

DISCUSSION
The Presence or Absence of Correlation between the Multidimensional Scale of Social Support and various socio-demographic variables

No significant correlation was found in the study for the Multidimensional Scale of Social Support in terms of gender (T: 0,018 p>0.05) (Table 1). However, the results of the study carried out by Altıparmak (2009:162) suggest that the perceived social support score is higher in women than in men. Similarly, studies that examine the correlation between the perceived social support

Table 2. Correlations Between the Multidimensional Scale of Social Support and Various Other Scales

		WBI	GDS	ADL	IADL	LSI
	Correlation	0,341	-0,418	0,086	0,191	0,439
MSPSS	P	0,000**	0,000**	0,107*	0,000**	0,000**
	N	348	348	348	348	348

** $p<0,01$,* $p<0,05$

and gender indicate that men attach importance in the socialization process to autonomy, self-confidence and independence, and therefore, these traits might hinder the development and utilization of the perceived social support. It has been proposed that characteristics peculiar to the masculine role make it difficult for the individual to provide explanations about his problems and to ask for help (Sorias, 1988a:1034). Also the term "hegemonic masculinity" represents why men perceived less social support. Hegemonic masculinity embodied the currently most honored way of being a man, it required all of the men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men (Connell, 2005). Hegemonic masculinity, particularly as it appears in the works of Carrigan, Connell and Lee, Connell, Litchterman, involves a specific strategy for the subordination of women. A culturally idealized form, it it both a personal and a collective project, and is the common sense about breadwinning and manhood. On the other hand, it has been suggested that it is easier for women to use social support sources, since they are generally friendly and sensitive and they tend to share their problems with others (Sorias, 1988b:806).

In the research, a significant difference was found between the mean points of perceived social support among elderly individuals at different educational levels (F: 10,893 $p<0.05$) (Table 1). The mean points scored by high school graduates in the Multidimensional Scale of Social Support are higher than secondary school graduates and primary school graduates and below. In parallel with this finding, the study conducted by Aksüllü and Doğan (2004:80) found that the perceived social support mean points were significantly higher than those of people with lower educational levels. In a similar fashion, the findings of the research carried out by Altıparmak (2009:162) suggest that the perceived social support mean points of individuals with educational levels above elementary education are higher than those of individuals received education at the elementary school and below.

In the research, it was found that the perceived social support mean points scored by married participants are higher that single or widowed participants. In the results of the independent samples t-test, a significant difference was found between the Multidimensional Scale of Perceived Social Support mean points with respect to marital status (T:3,485 $p<0.05$) (Table 1). Studies carried out by Helman and Stewart (1994:56) and

Aksüllü and Doğan (2004:80) have found parallel results. Altıparmak (2009:162), too, found that the perceived social support mean points were higher among married, widowed and divorced participants compared to singles. The finding that the perceived social support mean points are lower among single and widowed participants compared to married ones might stem from the fact that the social support sources of these people are inadequate. In other words, this situation can be considered to be the lack of spouses and/or children from whom social support can be received.

It was found in the study that the perceived social support mean points scored by elderly individuals who have child(ren) are higher than those of others who do not. However, the applied independent samples t-test did not suggest any difference between the Multidimensional Scale of Perceived Social Support mean points with respect to having children (T:1,699 p>0.05) (Table 1). Various other studies also demonstrated that the perceived social support mean points of people who have children are higher than those of others who do not (Aksüllü and Doğan, 2004:80; Altıparmak, 2009:162).

Income, which is among the social indicators, is one of the factors affecting the perceived social support among the elderly (Tremethick, 1997:4). However, as Table 1 demonstrates, the perceived social support mean points scored by those who have regular income and by those who do not are very close to each other. In addition, the applied independent samples t-test did not yield any significant difference any difference between the Multidimensional Scale of Perceived Social Support mean points

with respect to having regular income (T:3,485 p<0.05) (Table 1). In the study carried out by Aksüllü and Doğan (2004:80), it was found that the perceived social support was higher among those elderly individuals who earn well compared to those who do not. On the other hand, in the study conducted by Durrnaz and Ünal (2000:144) in order to explore the relationship between the socioeconomic status and the social support, it was found that the perceived social support was lower among elderly individuals at the high economic level than that among the elderly individuals at the lower economic level Spitzer, Bar and Golander (1995:852) have found that higher socioeconomic status positively influences social support.

The one-way variance analysis demonstrated a significant difference between the Multidimensional Scale for Perceived Social Support mean points of elderly individuals who live with different people (F: 5,579 P<0,05) (Table 1). It was found after the Tukey B test, performed to detect the source of the difference, that the Multidimensional Scale for Perceived Social Support mean points of elderly individuals who live only with their spouses were higher than those of participants who live only with their children. This finding gives rise to the idea that the social support that elderly individuals receive from their spouses is far higher than that they receive from their children.

The Presence or Absence of Correlation between the Multidimensional Scale of Social Support and Various Other Scales

When certain scales, which were thought to have correlation with the

Multidimensional Scale of Social Support and Various Other Scales, were examined;

A significant correlation was found in the study between the perceived social support and the participants' well-being at the level of 34.1% significance (p<0.01) (Table 2). Numerous other studies have also found that social support is beneficial for the well-being especially of the elderly (Baxter et al., 1998:41; Litwin, 2001:520, 2003; Saito et al., 2005:34).

Numerous studies have demonstrated that there exists an important correlation between depression and social support and that low perceived social support is among the factors that increase depression (Chi and Chou, 2001:248; Oxman and Hull, 2001:39-40; Aksüllü and Doğan, 2004:80; Baqar et al., 2006:15; You and Lee, 2006:197; Glass et al., 2006:622; Bozoğlu et al., 2009:41). Some researchers, on the other hand, suggest that social support serves as a "relief valve" against the psychological difficulties that emerge throughout life (Spitzer et al., 1995:853; Kurlowicz, 1993:34). In the current study, similarly, a negative correlation was found between the perceived support and experiencing depression at the level of 41.8% significance (p<0.01) (Table 2). This finding demonstrates that social support is an important factor for the elderly to maintain their psychosocial well-being.

Elderly individuals experience difficulties in maintaining the activities of daily living independently and become dependent to others due not only to numerous factors such as the deficiency in physical capacity, loss of the beloved ones, and changes in roles, but also to the contraction of the social network. Therefore, the need for social support and especially for instrumental support increases with age (Rodgers, 1989:19; Fees et al., 1999:233). In the current study, a positive significant correlation at the level of 19.1% was found, through Lawton and Brody's Instrumental Activities of Daily Living Scale, between the perceived social support and activities of daily living (p<0.01) (Table 2). However, in the assessment conducted using Katz Index of Activities of Daily Living, no significant correlation was found between the perceived social support and activities of daily living (p>0.05). These findings suggest that elderly individuals need social support in terms of the Lawton and Brody's Instrumental Activities of Daily Living Scale that includes the ability to use telephone, to shop, to houseclean, to launder, to travel, to take medicine and to manage financial affairs, and that social support is of more importance in the performance of the above activities. However, the obtained findings give rise to the thought that the elderly individuals are able to perform the activities included by Katz Index of Activities of Daily Living such as dressing, going to the toilet, moving, continence and nutrition without needing social support, or the elderly individuals included in the sample are competent enough to perform these activities without receiving social support.

Yet another factor related to social support is life satisfaction, which is defined as the situation or the result obtained through comparing an individual's expectations (what s/he has) and what s/he possesses (what s/he has achieved) (Florence, 2001). In this study, a positive correlation was found between the perceived social support and life satisfaction at the level of

43.9% significance (p<0.01) (Table 2). Similarly, in the study carried out by Altıparmak (2009:163), a medium-level positive correlation was found between social support and life satisfaction.

With the increase in the elderly population, the maintenance and betterment of the quality of lives of the elderly is, and will be, one of the prioritized objectives. Therefore, for the creation and increase of support sources for the elderly, especially those whose perceived social support mean points are low (secondary school graduates and below, single or widowed, who do not have children, who live only with their children); the entire society, more particularly those who are in close relationship with elderly individuals, should be informed and educated on issues such as the old age and the importance of social support. Besides, sources that provide elders with social support should be qualitatively and quantitatively increased, and works should be performed to render easily accessible the social support provided by these sources.

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