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Social support among the elderly in Iran

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Summary

Aim: One of the factors affecting the life of elderly people is the extent of social support they receive from people around them. The present study was designed to determine social support among the elderly in Shiraz city, Iran, in 2015.

Methods: This was a cross-sectional analytical study with a sample size of 143. To collect the data, the Social Support Questionnaire (SSQ) was used. Linear regression was used to analyze the data, and SPSS version 19 was applied for analysis.

Results: Among 143 elderly participants, 43 were male (30.1%) and 100 were female (69.9%). Multivariate analysis indicated that among the factors studied, age, education and previous job (self-employed and housewife) were significantly related to both social networks and social satisfaction ($p < 0.00$).

Discussion: This study aimed to investigate the demographic factors associated with social support for the self-referred elderly residents of two care centers in Shiraz. After controlling for the possible impact of confounding variables, the study showed that age, education and previous job were significantly associated with both social network and satisfaction.

Conclusions: Among the factors studied, age, occupation and education of the elderly people had the greatest roles in social support.

elderly, social support, demographic factors

The world population is aging. In the next 40 years, the population of people over 60 years of age will be twice as much as it is currently [1]. Hence, the aging phenomenon is considered one of the most important economic, social and medical challenges [2]. In Iran in 2006, the elderly over 65 years of age comprised about 5.2% of the total population and it is predicted that by 2050 this number will grow to 24.9% [3], or to as many as 26 million, equivalent to 26% [4].

One of the major needs of the elderly is to participate in social activities and be in touch with others. The elderly who participate in social activities regardless of their age and have relatively good social relations suffer less from various diseases, especially mental illnesses [5]. One of the factors affecting the life of elderly people is the level of social support by individuals around them [6], such as the help of other people in difficulty, and it is a concept which is generally un-

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derstood by an innate sense [7]. Social support is an important factor for those who suffer from mental and physical illnesses caused by stress, and it modifies negative health effects arising from stress [8]. Quantitative aspects of a social support network including the number of people within the network are as important as the qualitative aspect, which refers to the combination of people such as friends and family members [9].

Evidence has shown that the quality of support for the elderly, and not its quantity, is a very important factor. It has also been confirmed that the perception of social support is a better predictor of positive health than actually receiving social support [10]. Social support is one of the main indicators of health in the elderly and has a protective effect on the relationship between sickness and health.

Several studies have clarified the effects of social communication on health. Close communication and social support by family, friends, colleagues and the community contribute to improved physical function and mental health of the elderly. The respect and attention paid to the elderly during social communications and a sense of satisfaction and well-being arising from these communications play a protective role against health problems [11].

Since Iran is among countries where aging is progressing rapidly, this study aimed to determine factors associated with social support for the self-referred elderly (in Iran, elderly individuals opt in to move into a care center) in care centers for the elderly in Shiraz in 2015.

MATERIALS AND METHODS

This was a cross-sectional analytical study. Shiraz has a total of two self-referral healthcare centers for the elderly, and residents of both centers were enrolled in the study through census sampling. Finally, the questionnaires were collected and the data about 143 residents were gathered. The inclusion criteria included age (60 years old or older), being able to speak, being able to sit, lack of serious health problems, and consent to participating in the study. Those who did not fulfill these conditions were not included in the study.

Using the census sampling method, 151 people were selected. That is to say, all the elderly self-referred to two care centers for the elderly in Shiraz between 20 March 2015 to 20 March 2016 were enrolled.

Information on variables under study (age, gender (male, female), marital status (married, widowed), previous job (employee (insured), self-employed and housewife), education (lower than high-school diploma, high-school diploma and academic), number of children) and additional information was obtained using the social support questionnaire (SSQ). The questionnaire contained 27 parts, each including 2 questions. The first question in each part related to circumstances in which the participant thought other people could help them, and they were asked to write the names of those people (maximum 9) – the social network aspect. The second question related to the participant's satisfaction with social support in those special situations. They had to respond on a 6-point scale from very dissatisfied to very satisfied. The score given to each question could be 1 to 6 [12].

To determine the relationship between the variables and social support (network and satisfaction aspects) for the elderly, in the first step a simple linear regression test was used to separately measure the effect of each variable on the network and satisfaction aspects. Then, to determine the concurrent relationship between the variables and the social satisfaction and social network of the elderly, a mock variable was first created using software for the qualitative variables that had more than two modes. To do so for the previous job variable, employees were considered as a reference group. In terms of education, since the nature of the variable was ordinal, there was no need to create a mock variable. In all tests significance level was set at 0.05.

RESULTS

A total of 100 (69/9%) female and 43 (30/1%) male elderly people were examined, amongst whom 28 (19/6%) were widowed and 115 (80/4%) were married. Most (71 participants (49/7%)) had previously been self-employed and only 4 (2/8%) had been employed; the remaining 68 (47/6%) had been housewives. Regard-

ing education, 64 (44/8%) participants had high school diploma, 54 (37/8%) had a degree lower than a diploma and only 25 (17/5%) had an academic degree. The primary characteristics of the elderly population who participated in the study are presented in Table 1.

Table 1: Frequency distribution of primary variables of the elderly participating in the study (N = 143)

Number (%)	variable	
66.26 ±4.47	Quantitative (continuous)	age
3.75 ± 1.05		Number of children
100(69.9%)	female	gender
43(30.1%)	male	
28(19.6%)	widowed	Marital status
115(80.4%)	married	
4(2.8%)	employee	Previous job
71(49.7%)	Self-employed	
68(47.6%)	housewife	
54(37.8%)	Lower than diploma	education
64(44.8%)	diploma	
25(17.5%)	Academic degrees	
20(14%)	average	
61(42.7%)	high	

To determine the relationship between the variables and social support for the elderly (network and satisfaction aspects), first a simple linear regression test was used to separately measure the effects of each variable on network and satisfaction aspects. Univariate results showed that age, marital status, education and previous job were significantly associated with social satisfaction and social network ($p < 0.0001$). Then, to determine the concurrent relationship between the variables and social satisfaction and social networks of the elderly, significant variables were selected as important variables at 0.2 significance level and entered on to the multivariate linear regression model (Table 2). Results of the multivariate test showed that age, number of children, marital status, education and previous jobs were significantly associated with both social satisfaction and social network ($p < 0.0001$).

Table 2: Results of multivariate linear regression test to determine the relationship between social satisfaction and social networks of the elderly people and demographic variables (N = 143)

variable		Social satisfaction aspect					social network aspect				
		Mean SD	univariate		multivariate		Mean SD	univariate		multivariate	
			Beta	p-value	Beta	p-value		Beta	p-value	Beta	p-value
age		66.27±4.46	-3.67	0.00	-2.5	0.00	66.27±4.46	-4.37	.04	-3.2	0.00
Number of children		3.75±1.05	-8.24	0.00			3.75±1.05	-7.95	0.00		
gender	female	79.8±39.73	reference				67.48±45.83	reference			
	male	79.39±36.01	-0.4	0.9			84.53±52.28	1.05	0.9		
Marital status	widowed	62.17±30.67	reference				63.71±44	reference			
	married	83.93±39.15	21.76	0.00			88.66± 49.83	24.94	0.00		
Education level		56.72±25.97	25.14	0.00	6.03	0.00	60.25±35.14	26.15	0.00	5.49	0.01

Previous job	employee	44.25±5.12	reference				58.50±4.12	reference			
	Self employed	94.84±38.26	-50.56	0.00	-16.01	.01	100.33±53.4	-41.83	0.08	-18.63	0.02
	housewife	65.95±33.26	-28.86	0.00	-9.33	0.00	67.97±40.59	-32.36	0.00	-11.2	0.00

DISCUSSION

This study aimed to investigate demographic factors associated with social support for the self-referred elderly in care centers in Shiraz. After controlling for the possible impact of confounding variables, the findings showed that age, education and previous job (self-employed and housewife) were significantly associated with both social network and satisfaction.

The findings of the present study in terms of social support for the elderly showed that the mean scores of satisfaction and social network of the female sample were not significantly different from those of the male sample. This finding was consistent with previous studies [13,14] but it was not consistent with the results of the study by Zare et al. [15]. A study by Okamoto & Tanaka [16] showed that social support had an indirect impact on mental health of women, but its impact on men was direct and useful. Kubzansky et al. discovered that men enjoyed more social support than women [17].

The mean social satisfaction of married people was greater than that of widows and the difference was significant. It was the same for the social network aspect – the network of married elderly was better than that of the widowed elderly. Zare et al. [15] suggested that elderly people who were not living alone enjoyed more social support than those who were living alone, and this was consistent with the results of our study. An opportunity to live with others might enable elderly people, particularly those with a disability, to maintain their social presence and this could prevent hospitalization in nursing homes [18]. Kwan et al. showed that elderly people who were living at home and with family members enjoyed more social support than those who were living alone, and this result was consistent with those of our study [19].

Regarding education, the highest social satisfaction and social network scores were noted in people with academic degrees. Therefore, as education levels increased from lower-than-diploma to higher degrees, the average level of social satisfaction of the elderly people was significantly increasing. Regarding social networks, the highest mean scores were achieved by elderly people with academic degrees and the difference was significant. This result was consistent with those of Li et al. [20], who showed that education level had a significant relationship with social support for the elderly, and that elderly people with academic degrees enjoyed more social support.

In terms of previous jobs, the difference between social satisfaction scores of the elderly people was significant. Thus, the previously self-employed and housewives had lower social satisfaction scores than the previously employed.

No significant relationship was found between the quantitative variables examined (age, number of children) and the average social network and social satisfaction of the older person. Therefore, any one-year increase in an elderly person's age would bring in a decrease of their social network and satisfaction. This result was consistent with the results of a study by Ramírez & Palacios-Espinosa [21]. With an increase in age and incidence of disease among the elderly, their ability to carry out everyday tasks reduces. Hence, their level of social satisfaction could lower and their ability to communicate with others could also reduce as a result of aging. Consequently, their social satisfaction would reduce as well.

Elderly people who had more than one child enjoyed less social support compared with other elderly people in terms of network satisfaction. This finding was not consistent with the results of a study by Bélanger et al. [22], who found that an increase in the number of children would result in a decrease of social support for the elderly. As the number of children increased, elderly people had more concerns and mental engagement and this resulted in less social support.

Finally, the present study showed that paying attention to social support in both aspects of satisfaction and networks of the elderly care center population can be considered as a low-cost eco-

nomic resource and a main source of producing social capital in line with the dynamics and improvement of elderly people's quality of life.

CONCLUSION

The present study investigated factors influencing social support for the elderly, amongst which age, job and education played the greatest roles. Age cannot be changed but regarding employment, some interventions could be applied for job promotion in order to increase elderly people's social presence and social participation. In addition, in terms of education, measures may be taken to educate the elderly and increase their awareness of mental health issues. Therefore, health providers need to implement interventional training and health promotion in order to improve the employment situation in the health system so as to improve elderly care centers' residents' health. Policy and decision makers should focus on targeted health promotion in this area, and more research is needed from health education specialists, doctors, psychologists and academics to devise appropriate evidence-based health promotion programs.

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