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Social Support Predictors of Iranian Older People

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Abstract

Introduction: Older people regularly encounter decreased social support, have their social needs ignored and their social welfare and quality of life threatened and underwent social abuse. Community and social support are essential to maintaining dignity later in life and overcoming these obstacles. Therefore, nurses need to understand the factors related to social support. This study identified factors predicting social support for older people in Tehran.

Methods: The Canadian Community Health Survey, translated to Farsi by a panel of experts, was used to assess the degree of assistance and encouragement, love, support, and respect from family members, friends, and others in a sample of 400 people over age 60 in five regions of Tehran in 2017.

Results: The average age of participants was 69.04 (± 7.09), and 76.4% were male. The mean score of social support was 72.77 (± 2.03) on a 100-point scale. A positive and significant correlation was found between social support and the level of income and education of older people ($P \leq 0.05$). Social support was not significantly correlated with gender, age, number of children, or concurrent illness ($P \leq 0.05$). The multiple regression analysis revealed that living with spouse and offspring or relatives ($P \leq 0.05$), being married ($P \leq 0.05$), and having a personal house ($P \leq 0.05$) were respectively the best predictors of social support.

Conclusions: Results revealed that older people receive most of their social support from family and relatives in Iran. Having social support helps people to remain in their own houses, and there is no threat of going to a nursing home. Targeted strategies are needed to improve older people's social support based on the results of this study in a vulnerable group.

INTRODUCTION

Aging is a global phenomenon that involves all countries in the world [1, 2]. Although population aging was first begun in developed countries like Japan with a ratio of 30 percent of the population, nowadays, the developing countries such as Chile, China, Russia, and Iran are more facing this phenomenon [1]. At the moment, concerning the improvement of health care, economic, and social indicators, Iran has 10 percent of older people population [3]. It is predicted that with an annual 2.1 percent growth, this value would rise to 14 percent in 2035 and 22 percent in 2045 [4].

Although aging does not equal illness, older people experience a large number of pathological conditions and social problems that are apparent in the social aspect of the life of older people [5, 6]. Older people need different kinds of social and welfare supports to eliminate these problems [7]. Social supports are services dealing with an individual's mental, social, and functional needs [8]. The exact definition of social support is the amount of love, help, and attention from family members, friends, and others that a person receives [9]. This social support includes emotional support (listening or paying attention to the individual), instrumental support, financial support, access to the others' help in solving practical situations in daily life [10], and informational support [11].

The studies show that maintaining the health [11-13], reducing physical and cognitive diseases [8, 14] and enjoying high social support in older people increases the quality of life [6, 13, 14], reduces depression [8, 10], decreases stress [6, 11, 15, 16], prevents elderly abuse [17], and finally acts as a protective factor against incomplete medical treatment [18]. Hence, older people's social support has been introduced as the basis of successful aging[3, 19]. Social support is dependent on culture, and it may vary in different geographical places [2].

The evidence shows that social support depends on demographic, economic, social, and geographical factors [6, 8]. To date, a few studies [5, 6, 9] have examined the social support of older people in a developing country like Iran and found that older people have a noticeable rate of chronic diseases, social problems, financial problems, and low life satisfaction. Nurses working with older people need to become clear about how social support can be facilitated. The present study identified factors predicting social support for older people in Tehran.

METHODS

This exploratory study was conducted on older people visiting public parks in Tehran from May 1st to July 30th, 2017. The population included all older people visiting parks of the five districts in Tehran. Four hundred older people were selected using cluster sampling. In the first stage, a list of the public parks of the 22 communities in Tehran was prepared from the Tehran municipality website. In the next step, Tehran was divided into areas of north, east, west, south, and center; according to the list of the available parks in each district, four parks were randomly selected from each region. Then, using convenience sampling, 20 older people who met the inclusion criteria were chosen as the sample. In this study, older people who were willing to participate live in their own or their children's house did not live in a nursing home, were at least 60 years old, and spoke Farsi (National Language of Iran) were inclusion criteria. Four hundred older people were selected as the sample of the study based on Cochran's sample size formula and the probability of 20 percent sample attrition.

$$n = \frac{z^2_{1-\frac{\alpha}{2}}.p\ (1-p)}{d^2}\frac{(1.96)^2\ 0/30\ (1-0.30)}{(0.05)^2} = 330-400$$

The personal information questionnaire and the Canadian Community Health Survey (CCHS)-Social Support questionnaire were used for data collection [20]. The personal information questionnaire contained the individual variables of age, gender, marital status, educational level, life companions, number of children, housing status, and insurance status. The Canadian Community Health Survey (CCHS)-Social Support questionnaire consisted of 20 items about three domains of social support. These domains included emotional support on a 5-point Likert scale with 11 questions (like having some friends to have a comfortable talk with and individuals who are good listeners for older people), instrumental support with five items (like helping older people while hospitalizing and doing daily affairs), and informational support with four questions (like giving advice in time of crisis and providing information to understand the issues). The calculation of the score of this questionnaire was done by calculating the average rating of the total items. A score above the average indicates better social support for older people. This questionnaire has been used for different groups of older people in Canada, including elderly Iranian residents in that country. According to the World Health Organization (WHO) protocol [21], the original questionnaire was first translated into Farsi (the national language of Iran) by two people who were knowledgeable of the English-speaking culture and whose mother tongues were Farsi. Then, the first translated questionnaire was reviewed and revised by a panel of three bilingual experts. Finally, the survey was translated into English by two independent translators, whose mother tongue was English. The differences and contradictions between the original and the translated questionnaires were modified and the final version of the questionnaire was provided. Then, the content validity of questionnaires was confirmed by 10 experts with a specialty in aging and social support. The reliability of this questionnaire was confirmed as 0.76 using Cronbach's alpha based on the scores of 30 older people who participated in the present study. After receiving the informed consent of older people, these questionnaires were completed in the form of self-report of older people, or if the participants were illiterate, the researcher asked the questions and completed the polls in a face-to-face situation.

After completing the answers to the questionnaire, each domain was separately scored, and then a total score in the range of 20 to 100 was obtained for each person. The Statistical Package for the Social Sciences (SPSS) version 21 was used for data analysis. Normal distribution of data was investigated and confirmed using the Kolmogorov–Smirnov test. Multiple linear regressions were used to determine the predictive factors of social support with the Enter method. The Durbin-Watson test was used to investigate the assumption of the lack of residual autocorrelation and independence of the error in linear regression. To examine the premise of the lack of multicollinearity, the tolerance value with at least the amount of 0.51 in the study, and the variance inflation factor with the maximum value of 3.51 in the study, were investigated. The significance level was considered as $P < 0.05$ in the present study.

The Ethics Committee approved the present research of Shahid Beheshti University of Medical Sciences under the code of IRSBMU.PHNM1395-675.

RESULTS

In this study, 400 older people from Tehran five districts completed the questionnaire. The average age of the participants was 69.04 (± 7.09) years old. The other demographic data of older people are provided in Table 1.

Table1. Demographic Characteristics of Participants

Personal Information	Frequency	Percentage
Gender		
Male	305	76.4
Female	95	23.7
Marital status		
Married	322	80.4
Single	78	19.6
Educational level		
Illiterate	70	17.5
Junior school	166	31.6
High school	86	21.5
University	78	19.5
Occupation		
Employed	87	21.7
Retired	223	55.8
Unemployed	22	5.5
Housekeeper	68	17
Housing		
Personal	316	79
Rental	69	17.2
Children's house	15	3.8
Supplemental health insurance		
I have	198	49.5
I do not have	202	50.5
Number of children		
0-2	103	25.7
3-5	239	59.8
6 and above	58	13
Life companions		
Spouse and children	200	50
Spouse	110	27.5
Children	38	9.5
Relatives	13	3.2
Alone	39	9.8

The average score of the older people's social support was 72.77 (± 2.03) on a 100-point scale. It was 74.89 (± 20.84) for the male and 76.78 (± 19.43) for the female. The scores are presented in Table 2 based on the domains. Multiple linear regression showed that the variables of life companions (B = 3.41), marital status (B = 2.47), and housing status (B = -2.87) explain the maximum variance of social support as the predictive variables. A significant regression was obtained with F (4,395) = 6.869, P = 0.001, and determination coefficient of R2 = 0.56. Therefore, the amount of social support in the married older people was 2.47 points more than the single older people; also, for older people having a personal house, it was 2.87 points more than other groups. Furthermore, the amount of social support in older people living with their spouse and children was 3.41 points more than the other older people.

Table2. Means of Social Support Score in different Areas

Social support areas	Mean ± SD
Emotional area	40.71 ± 11.8
Instrumental area	20.24 ± 5.32
Informational area	14.38 ± 5.84

DISCUSSION

This study aimed to determine the predictive factors of the social support of older people in Tehran. Results indicated the score of social support of older people is more than the scale midpoint; it is similar to the mean of other studies [13, 22, 23]. Therefore, there is no significant difference in the social support rate among older people in other studies. Although having more children makes it more probable for older people to live with them and increases the probability of receiving family support by older people (REF), this variable was not a predictive factor in this study. The limitations due to the busy life in a large city like Tehran and the constraints caused by economic conditions would lead to the limited support of the parents by the children [17].

The married elderly experienced more social support than the other ones. This finding was consistent with the results of other studies [8, 22, 24]. The current finding indicates that married older people enjoy more social support because of having a life partner and companion. For older people, the active presence of the spouse is the primary source of social support [18]. The spouses support each other more than the others because of having a lot of common benefits like children, sexual relationships, financial benefits, love, and interest [17, 23]. Life companion was another factor that had a significant relationship with the score of the older people's social life and was in line with the findings of the other studies [16, 23, 24].

The older people who lived with their spouse and children had a higher social support score compared to the other older people. The family is the essential supportive source and interpersonal relationship, which controls and decreases the older person's stress by providing enough support [14, 18, 23]. Presence in the family increases the sense of social support and welfare of older people [9]. Family integration and solidarity are

fundamental elements of the social integrity of older people [7]. It seems that the family support of older people is higher in the societies in which family relationships are powerful [19]. In Iran, people much respect older people and regard them as the blessing of life; when older people become older, their ability to care for themselves and do daily life affairs decreases. Therefore, family members feel more responsibility to support and care for older people.

According to the results, older people having a personal house had a higher score of social support compared to the other older people. Owning a private home relatively shows the economic status of older people, and on the other hand, it lets the elderly decide independently to interact with friends and relatives. This condition leads to increased social support [5, 8, 19].

CONCLUSIONS

The results of this study revealed that the variables of life companions, marital status, and housing status were respectively, the best predictors of older people's social support. The married older people or those living with their spouse and children or the ones owning personal houses enjoy higher social support than the other older people. Family members are always considered as the most critical source of support. Social support creates mutual obligations by which the person feels loved and valued; this increases the motivation of older people to care for themselves and their physical problems, encourages them to select healthier ways of life, and leads to better health. Therefore, illness burden and hospitalization expenses for the families and the health care system decrease. As a result, social support is an active component in the life and health status of older people and can be taken into account as a social and improvement of the quality of life of older people. However, the families of older people need to be governmentally and non-governmentally supported so that older people can be socially endorsed to a greater extent. It seems that increased support for older people caregivers, training specialist forces for older people, and organizing family consultation for older people and their families are effective in increasing emotional support. However, the role of health workers, such as nurses, should be taken into consideration for training families and society to support older people socially. It is suggested that the opinion of older people relatives about the provided supports be investigated in future studies.

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ETHICAL CONSIDERATIONS

Ethical Code: (IRSBMU.PHNM1395-675) from Shahid Beheshti University of Medical Sciences.

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AUTHORS' CONTRIBUTION

All stages of the research have been completed in collaboration with all authors.

CONFLICT OF INTEREST

The authors have declared no conflict of interest.

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