

Original Article

Social Support and its Relation with Daily Activities among Elderly People of Yazd

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Received: 2014/6/30

Accepted: 2015/2/20

Abstract:

Introduction: Aging period has special features and causes many problems in all dimensions of human life and increased supportive needs. During recent years the rapid increase in the senior population, their disabilities, reduced independence, and increased dependence have drawn more attention toward issues related to social support in this group. Social support impacts different dimensions of health of the elderly population. Therefore, the aim of this study was to determine the social support and Activities of daily living of elderly in Yazd.

Materials and Methods: This study was a cross-sectional study was conducted on 265 elderly people in the city of Yazd. A cluster sampling was random. The data are composed of items demographic and "Activities of daily living" questionnaire "social support Phillips". then using the software SPSS 16 analysis were with statistical tests of Kruskal-Wallis, Mann-Whitney, Spearman correlation and crosstabs .

Results: The results showed that the average total social support in the elderly ($19/84 \pm 3/43$) of the range acquisition score was (0-23). The results also indicate that between social support and age, type of housing, and Activities of daily living, there was a statistically significant, negative direct solidarity between social support and age were observed, there was a statistically significant, positive direct solidarity between social support and Activities of daily living were observed.

Conclusion: According to the results of this study, increased social support in performing Activities of daily living and health promotion can be effective in elderly. Therefore enhance social support and protection needs of the elderly should expand their networks of support for elderly.

Keywords: Social Support; Activities of daily living; Elderly; Yazd

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Introduction

The increase in the population of the elderly is one of the most important economic, social and health challenges in the 21st century ^[1]. Today, the elderly of over 60 years old include about 700 million of the world's population that would increase to more than one billion by 2020. Sixty percent of these populations live in the developing countries ^[2]. The world's population growth rate is about 2.1 percent, while the elderly's population growth rate [people of age 60 and older) is about 1.9 percent ^[3].

The elderly population of our country is currently 7.8 percent, which is estimated to grow to 28 percent by 2050 ^[4]. Studies show that there are three major factors that affect the activities of the elderly: health status, economic status and social support ^[5]. Limited support from family and friends is among major age issues of the elderly. An old person has to be in contact with others so that he could ask them for help in case of need and enjoy the benefits of a good social support ^[6]. Social support is proposed as the mental sense of belonging, being loved and accepted as well as receiving help in the necessary conditions ^[7]. Social support is in connection with the development of adaptability mechanisms and psychological accordance helps the elderly feel calm and secure under pressure and stress ^[8]. Perceiving social support prevents the occurrence of undesirable physiological complications of illnesses, increases self-care, has a positive effect on physical, psychological,

and social condition of patients, and finally increases the functionality to reach the full recovery ^[9]. According to some studies, increased social support results in lower rates of hospitalization, better treatment compliance, and reduced risk of death associated with chronic diseases. The need for social support is urgent, particularly in the elderly in lower states of physical health as they lose some of their crucial abilities to manage daily life due to physical or mental weakness and this can lead to numerous difficulties ^[10]. No comprehensive study has been published so far in the field of social support and activities of daily living among the elderly of Yazd city. Therefore, conducting this research seemed necessary. The present study aims to investigate the condition of perceived social support and its relationship with activities of daily living in elderly people living in Yazd city.

Methods

This is a cross-sectional descriptive study, conducted in regards with similar studies with a confidence level of 95%, $s = 5$, and estimation error of 0.7 ^[11]. The number of samples was 250 individuals, although in reality it was 265 just to be safe. The sampling was cluster random among 10 urban regions. Twenty-five people from each region were included in the study after obtaining their consent. Enquiring about activities of daily living, the questionnaire called

" instrumental activities of Daily living "(IADL) was used. It consists of 20 questions, which validity and reliability have been confirmed in Yaghmaee's study ^[12]. In this instrument, the degree of independence was assessed in two parts of daily activities and instrumental activities and the scope of responses of these tools were 5 degrees including: absolutely independent (80-60); relatively independent (60-40); relatively dependent (40-20); absolutely dependent (20 and below), and failure due to reasons other than health.

The Phillips social support questionnaire consists of 23 articles and assesses the social support perceived by individuals. It is a yes/no questionnaire, scored from zero to 23. Higher score means a higher perception of social support. The sub scale of family is 8 questions, 7 questions consider friends, and 8 questions discuss other related issues. In the study of Pashae & et al (2007), two methods of Cronbach alpha and Bi-section method were used and the reliability coefficient was obtained as 0.84 and 0.82, respectively. This reveals the desirable level of reliability of the social support questionnaire ^[13].

The questionnaires were filled out using the interview method. The collected information by the questionnaires were used in SPSS software and analyzed using the Kruskal-Wallis test, Mann-Whitney, Spearman and the data.

Results

Less than half (46.4 %) of the elderly under study were male and 53.6 were female. According to the resulted findings, the mean age was 71.92 ± 6.85 . Most (62.6%) of them were married (note that 57.4% of them were living with their spouse, 15.9% with their children, and 26% alone, 1.9% of which had no children at all). Some (36.6%) of these people were retired and 2.50% of them were housewives/husbands. The level of education of people in the study was as follows: 66.8% were illiterate, 28.7% had high school level education or lower, and 3.8% had graduated from university.

The findings of this study shows a significant correlation between perceived social support and age ($P=0.015$) such that the level of social support significantly reduced with increasing age.

However, the findings of the study on the relationship between the mean of the perceived social support score and gender ($p=0.29$), perceived social support and education level ($p=0.28$), indicates no significant differences (Table 1).

Table 1. The distribution of the connection between the variables of gender, marital status, education level, housing type, and fields of perceived social support among the elderly of Yazd city.

Social support	Number	Family support		Friends' support		Others		Total social support		
		Mean	S.D.*	Mean	S.D.*	Mean	S.D.*	Mean	S.D.*	
Gender	Male	123	6.86	1.28	6.33	2.21	6.42	1.06	19.59	3.67
	Female	149	6.9	1.24	6.67	1.94	6.45	1.04	20.5	3.22
	Statistical test		0.9		0.17		0.63		0.29	
Marital statuses	With spouse	166	7.04	1.10	6.5	2.08	6.51	0.93	2.08	3.2
	Without spouse	99	6.61	1.46	6.53	2.06	6.30	1.21	19.44	3.6
	Statistical test		0.008		0.83		0.27		0.015	
Education	Illiterate	177	6.77	1.34	6.58	2.08	6.42	1.08	19.08	3.5
	Elementary Adult School	53	6.94	1.12	6.07	2.27	6.41	1.02	19.44	3.5
	Middle school	17	7.29	0.84	6.6	1.4	6.6	0.49	20.58	1.8
	High school or more	16	7.3	0.89	7.06	1.8	6.3	1.25	20.73	3.61
	Statistical test		0.12		0.13		0.96		0.28	
Housing type	Owner	246	6.9	1.26	6.58	2.03	6.48	0.96	19.98	3.24
	Not owner	17	6.58	1.27	5.58	2.37	5.76	1.78	17.94	4.16
	Statistical test		0.23		0.03		0.02		0.009	

*S. D. means Standard deviation

According to the results, there is no statistically significant difference between the average social support score and marital status ($p = 0.15$). But regarding family support, this relationship was significant ($p = 0.008$), such that the elderly with spouses were granted better family support (table 1).

Also, there was a statistically significant relationship between the average social support score and the housing type ($p = 0.009$), such that the elderly who were owner-occupiers received better perceived social support (Table 1). The average Activities of Daily living (ADL) score

was 36.03 ± 5.99 and the average instrumental activities of Daily living (IADL) score was 24.25 ± 8.22 (ranged from 0 to 40).

The results of the Spearman test revealed a significant correlation between all the domains of social support perceived by the elderly with Activities of Daily living such that as the level of social support in the domains of support from family and friends increases, the ability to do Activities of Daily living of the elderly also increases. (Table 2).

Table 2. The correlation between the fields of perceived social support and Activities of Daily living

Type of social support	ADL	IADL	Total social support
Family support	-0.003	0.120	0.536**
Other's support	0.126*	0.112	0.779**
Friends' support	0.182**	0.089	0.805**
Total	0.162*	0.151*	1

Spearman: $p^{**} < 0.001$, $p^* < 0.01$,

Discussion

Different studies emphasize different aspects of social support on health [14]. The results of this study showed that the mean score of social support in the elderly was 19.84 ± 3.43 , which was in line with the results of Pashae's study [13]. Our findings are consistent with findings of Pashae, representing the strong family connections and close relationships in our society, which provides support. Therefore, as

expected, due to strong family relationships among the Iranians, the level of perception of social support is fairly high [15].

There was a statistically significant inverse relationship between age and perceived social support such that as age increased, their perception of social support also decreases and these results were as well consistent with Albokordi & et al. as their results [16] had shown

a significant correlation between age and social functionality of the elderly. It is also in contrast with the study of Sayers et al ^[17] that showed the level of perceived social support increases with increasing age, which is justified by higher sense of responsibility among others.

While studying the social support, there was no significant difference between women and men to be consistent with the study of Pashae & et al ^[13]. In total, different studies found different results on this subject. Motamedi Shalamzari & et al ^[18] also believe that social support influences men and women in different ways, but these findings are not in line with Keikhosrabi's findings that claimed women ^[19], compared to men, received more support and viewed no significant differences in components of family and friends between the two genders. It is also in contrast with the study of Thompson et al ^[20] that showed Elderly women with low perceived family support had poorer psychological well-being regardless of perceived support from friends.

In the present study, people with higher education level were entitled to higher social support from family and friends, but this relationship was not significant. These results were also in line with the results obtained from the study of Khalili & et al ^[9]. People with high levels of education have more interpersonal communication. They also participate in different associations and societies and

therefore, they find opportunities to find friends to benefit from their support.

Regarding marital status and its effect on our variable, we found that the mean score of social support in all aspects of life in the elderly who live with their spouse was higher than those who lived alone for any reason including the death of the spouse. This finding indicates the critical role of spouses in providing a supportive atmosphere especially in older ages. These findings also agree with the findings of many other research works ^[9, 21, 22]. On a related subject, Rosenberg and Aouriet realized that the elderly with spouses are admitted to be fewer times hospitalized ^[23]. Also, the study results of Heidari & et al reflects the strong relationship between having a spouse and the quality of life in comparison with other supportive sources, for the people under study claimed their spouses and family to be their most important sources of support. Different studies have also introduced having a spouse as the most influential resource of support in the crises and stressful occasions ^[15].

In the present study, there proved to be a direct and significant correlation between the perceived social support and the ability to perform activities of daily life in the elderly. This confirmed the findings of Bozo, who studied the same subject on American and Turkish seniors ^[24, 25].

Conclusion

According to the findings of this study, the increase in social support can influence the ability to do Activities of Daily living and lead to the health promotion of the elderly. And therefore, regarding the needs of the elderly,

actions must be taken to improve and expand their social support networks. Also, appropriate methods considering the culture of the city under study must be introduced and applied and constantly evaluated to increase the social support.

References

1. Lunenfeld B. An Aging World – demographics and challenges. *Gynecological Endocrinology*, January 2008; 24(1): 1-3
2. Baraz S, Rostami M, Farzianpor F, et al. Effect of Orem Self Care Model on ederies' quality of life in health care centers of Masjed Solaiman in 2007-2008. *Arak University of Medical Sciences Journal*. 2009;12(2):51-9 (persian).
3. Cook RC, *World Population Prospects*. Ohio: S.L.J. 1966;(27): 634
4. Habibi A, Nikpour S, Seyedoshohadaei M, et al. Health promoting behaviors and its related factors in elderly. *Iran Journal of Nursing*. 2006;19(47):35-48(persian).
5. Saberian M, Hajiaghajani S, Ghorbani R. Survey of health, social and economic conditions of the elderly and their leisure time. *Koomesh*. 2003;4(3-4):129-36 (persian).
6. Salarvand S, Abedi H. The elders' experiences of social support in nursing home: a qualitative study. *Iran Journal of Nursing*. 2008;20(52):39-50 (persian).
7. Alizadeh Z, Ashktorab T, Nikravan Mofrad M, et al. Correlation between perceived social support and self-care behaviors among patients with heart failure. *Journal Of Health Promotion Managemen*. 2014;3(1):27-34 (persian).
8. Zarifnejad G, Saberi Noghabi E, Delshad Noghabi A, et al. The Relationship between social support and morale of elderly people in Mashhad in 2012. *J Rafsanjan Univ Med Sci* 2014; 13(1): 3-12 (persian).
9. Khalili F, Sam S, Shariferad G, et al. The relationship between perceived social support and social health of elderly. *Health System Research*. 2012;7(6):1216-25 (persian).
10. Avund K, Damasgaard M, Holstien B. Social relation and mortality :An eleven year follow up study of 70 year old man and women in Denmark. *Social Science and Medicine*. 1998;47:635-43.
11. Moeini b, barati m, jalilian f. Factors associated with the functional independence level in older adults. *Medical Journal of Hormozgan University*. 2012;15(4):318-29 (persian).
12. Yaghmaie F. Introducing a new scale for activities of daily Living. *Journal of Nursing and Midwifery, Shahid Beheshti University*. 2005;15:3-12 (persian).
13. Pasha G SS, Mashak R. Comparison of general health and social support among elderly sited in family. *Journal of Family Research* 2007;3(9):503-17 (persian).

14. Tan M, Karabulutlu E. Social support and hopelessness in Turkish patients and cancer. *Cancer Nurs* 2005;28(3):236-242.
15. Heydari S, Salahshourian-fard A, Rafiee F, et al. Correlation of perceived social support from different supportive sources and the size of social network with quality of life in cancer patients. *Iran Journal of Nursing (IJN)* .2009; 22(61):8-18
16. Albockordi M, Ramazani MA, Qraizi FS. A study on the quality of life among elderly shahinshahr area of Isfahan province in year 2004. *Scientific Medical Journal* 2007;5(4(51)):701-07
17. Sayers SL, Riegel B, Pawlowski S, et al. Social support and self-care of patients with heart failure. *Annals of Behavioral Medicine*. 2008; 35(1):70-9
18. Motamedi Shalmzary A, Ejei J, Azad Fallah P, et al. Sarvay on the role of social support in satisfaction of life, Public health and sense of lonely among octogenaria upper of 60 year (research report of tarbiat modarres university). *Psychology Journal*. 2002;22:115-33 (persian).
19. Keikhosravi baikzade z. The relationship between social support and life satisfaction with happiness and depression in elderly Shiraz. 2010;2(4):141-61 (persian).
20. Thompson MG, Heller K. Facets of support related to well-being: quantitative social isolation and perceived family support in a sample of elderly women. *Psychology and Aging*. 1990; 5:535-44
21. Lang FR, Carstensen LL. Close emotional relationships in late life: further support for proactive aging in the social domain. *Psychol Aging*. 1994;9(2):315-24
22. Gold DT, Woodbury MA, George LK. Relationship classification using grade of membership analysis: a typology of sibling relationships in later life. *Journal of Gerontol*. 1990;45(2): 43-51
23. Rosenberg M, Everitt J. Planning for aging populations: inside or outside the walls. *Progress in Planning*. 2001;56(3):119-168
24. Bozo Ö, Guarnaccia C. Activities of daily living, social support, and future health of older Americans. *Journal of Psychology*. 2009;144(1):1-14
25. Bozo Ö, Toksabay NE, Kürüm O. Activities of daily living, depression, and social support among elderly Turkish people. *Journal of Psychology: Interdisciplinary and Applied*. 2009;143(2):193-206