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# Supportive Social Network in Twilight Years

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*Abstract:* **Social support is one of most important factors in predicting the physical health and well-being of everyone, ranging from childhood through ageing years. An individual's social support system comprises of multiple network. These networks are various relationships such as family, relatives, friends and neighbors. Social support becomes significant source of help for ageing people, particularly those living with chronic illnesses and acts as a buffer and alters recovery patterns. The significant social contacts are friends, neighbors and family. Urbanization, modernization and globalization have led to a massive change in the economic structure, erosion of societal values, weakening of social values and social institutions such as the joint family and to some extent marriage and kinship. In this changing economic and social milieu, the graying generation is caught between the declines in traditional values on one hand and the absence of adequate social security system on the other. The social networks help to buffer stress and depression and enhance individual's morale and well-being. The aim of this study was to analyze the situation of social support in the form of frequency of social interactions and the social functioning. Social functioning, defined as "the ability to maintain and nurture major social relationships". For the present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e 100=male, 100=female and n = 200 rural i.e. 100= male and 100=female). The result reflected that a high significant difference was found at p<.01 level. Positive social interactions protect against developing difficulties with physical functions in later life. Social networks and social support play cardinal role in the quality of life of older people in societies where formal support and social protection programs are not available.**

*Keywords:* **Social Networks, Social Support, Ageing Adults.**

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## 1. INTRODUCTION

**Ageing life: Social Support:**

Social support is one of most important factors in predicting the physical health and well-being of everyone, ranging from childhood through ageing years. Social Support has been defined "as the existence or availability of people on whom we can rely, people who let us know that they care about, value and love us". It has been conceptualised in many different ways, but two basic elements are considered universal, the perception that there are adequate number of people who are available to turn to when in need and that there is a sense of satisfaction with the support available (**Ostir et. al, 2002**).

Social support is a powerful predictor of living a healthy and long life (**Dykstra, 2007**). Social support in ageing, regardless of individuals' socio-economic status, health risk behaviors and use of health services, has strong bearing on the health status of ageing adults (**Uchino, 2004**).

An individual's social support system comprises of multiple network. These networks are various relationships such as family, relatives, friends and neighbors. Social support becomes significant source of help for ageing people, particularly those living with chronic illnesses and acts as a buffer and alters recovery patterns. The significant social contacts are friends, neighbours and family. The frequency of visits and communication are important aspects of social contact (**Shippy, 2005**). Given the increasing prevalence of frailty and disability with age, social support, particularly instrumental and emotional support, play cardinal role in the quality of life of ageing adult in societies (**Albert, 2004**).

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Emotional support is considered important in making individuals feel cared and comforted. Those individuals who have some support to share their problems/worries with their close ones are considered less likely to be affected by tensions or anxiety as compared to those who do not have some support to share problems/worries (**Ahmad, 2011**).

The elderly population experiences social isolation due to breakage of various bonds like work relationship, loss of relatives and friends, movement of children away from them for jobs. The situation worsens when aged suffer with chronic diseases; lose their physical capabilities and financial insecurity . As the proportion of ageing people in the population increase and more and more people live alone, the problem of social isolation is of concern (**World Health Organisation, 2002**). Social isolation amongst ageing people is emerging as one of the major issues in the industrialised world because of the adverse impact on health and wellbeing (**Robyn, 2003**).

In contemporary Indian society, however, the position and status of the elderly, their care and protection that they traditionally enjoyed has been ignored to some extent due to several factors. Urbanization, migration, the break-up of the extended family system, growing individualism, change in the role of women from being full-time care and increased dependency of the elderly may be a few. The change in terms of education, aspirations, value and availability of resources has also contributed a lot to this decline. Consequently, the family is unable to meet the financial, social, psychological, medical, recreational and welfare needs of the aged, thereby creating need to look for other support sources (**Irudaya, 2001**).

## 2. METHODS

The study was conducted in Jaipur district of Rajasthan, India. The sample selection was done by using 'simple random sampling without replacement (SRSWOR)' technique. This technique gives an unbiased estimate of the target population and is efficient one as compared to other sampling techniques. Jaipur district at the time of the present research work was divided in 77 wards. 20 wards were selected randomly from this list of wards through chit system. From each ward, approximately 10 participants were selected by employing 'simple random sampling with replacement' (SRSWR) technique. The participants were contacted personally through snowball method and participants willing to be part of the study were then contacted on later days. For the present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e. 100=male, 100=female and n = 200 rural i.e. 100= male and 100=female).

Social support refers to the frequency of social interactions with family, relatives and friends and the social participation in community, clubs, voluntary groups and organization.

The social support tool was, constructed by the investigator. Relevant review of literature was thoroughly studied and literature was consulted with Psychologists and Sociologist. On the basis of which, a proto type was constructed. Further baseline survey was conducted on a scattered group of ageing adults. Scores were further analyzed and items that were not significant were either, deleted or reframed. After continuous reviewing the final questionnaire was developed, employed and analyzed.

## 3. RESULTS

**Social Support between Urban and Rural Ageing Adults:**

**Table 1** shows the number of families in neighborhood with whom participants were well acquainted. It can be seen that 41.5 percent rural respondents had a good social interaction among neighbors (5+ families in neighborhood) and they visited each other's homes very frequently. While in urban areas majority of the respondents i.e. 81.5 percent called upon only one family. Neighborhood and social cohesion, sense of belongingness and feelings of trust and respect are very vital emotions for general well being of Ageing Adults. Healthy relationship with neighbours helps the ageing population to share their feeling, sorrows and pleasures and aids as a catharsis of emotions. Although we witness that neighborhood interaction was limited and controlled among urban ageing adults. The reason for this may be the, self centered or ego centrique life style of urban population, poor and deprived access to resources to commute, lack of companionship etc. A highly significant association was found between neighborhood acquaintance among urban and rural respondents at p<. 01. **King2008; Bowling, 2007, Richard et al., 2009** have reported it**,** that good neighborhood cohesion is related to higher frequency of social and community participation. Ageing adult's participation optimized when neighborhoods have few barriers to mobility, good social consistency and sense of safety.

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**Table 1: Neighborhood Acquaintance among Ageing Adults (N=400)**

| Number of Families Visited | Rural (n=200) | | | Urban (n=200) | | | Chi Square (R vs U) | p-value |
|---|---|---|---|---|---|---|---|---|
| | Male % | Female % | Total % | Male % | Female % | Total % | | |
| 1 | - | - | - | 64 | 99 | 81.5 | 364.804 | 0.000** |
| 2 | 9 | 1 | 5 | 36 | - | 18 | | |
| 3 | 34 | 2 | 18 | - | 1 | 1 | | |
| 4 | 24 | 47 | 35.5 | - | - | - | | |
| 5 or More | 33 | 50 | 41.5 | - | - | - | | |
| Chi Square (M vs F) | 45.777 (0.000)** | | | 44.515 (0.000)** | | | | |

*Note.* **p<.01; *p<.05; NS=Not Significant

**Table 2: Social Outings with Family or Friends among Ageing Adults (N=400)**

| Frequency | Rural (n=200) | | | Urban (n=200) | | | Chi Square (R vs U) | p-value |
|---|---|---|---|---|---|---|---|---|
| | Male % | Female % | Total % | Male % | Female % | Total % | | |
| Once in a month | 1 | 33 | 17 | - | 64 | 32 | 26.380 | 0.000** |
| Two or Three times in a month | - | 22 | 11 | 16 | 12 | 14.0 | | |
| Once in a week | 1 | 27 | 14 | - | 24 | 12.0 | | |
| Two or Three times in a Week | 18 | 18 | 18 | 46 (46.0) | - | 23 | | |
| Daily | 80 (80.0) | - | 80 (40.0) | 38 (38.0) | - | 38 (38.0) | | |
| Chi Square (M vs F) | Q | | | 172.571 (0.000)** | | | | |

*Note.* **p<.01; *p<.05; NS=Not Significant

**Table 2** shows the percentage profile of ageing respondents' frequency of social outing with family and friends. The table above reveals that 80 percent of rural male respondents and 38 percent of urban male respondents had daily interaction with their friends or a relative that is, they either go for walks together, go for social events like marriage or temple visits. Urban females were lagging behind, as they could not be very active in daily social outing. This may be because of the distance and their dependence on other family member. Women also prefer to be at home either alone or if in joint family then intermingle with grand children more. A high significant association was found between social outing of urban and rural population at p<.01. It has been reported by **PMSEIC (2003) &Maier (2005)** that engagement in social activities is associated with optimal cognitive and physical functioning and a rewarding emotional life. One important benefit is that people can be socially engaged even though they might have physical limitations that restrict their participation in other kinds of activities, and this engagement can contribute to a sense of competence in ways that other activities cannot. Time spent with family and friends has been found to have a positive impact on the survival of elderly people, whether or not they actually engage in leisure activities together. It would seem that it is the mere presence of other people that is advantageous, rather than the activities undertaken.

**Table 3: Religious Participation among Ageing Adults (N=400)**

| Frequency of Religious Participation | Rural (n=200) | | | Urban (n=200) | | | Chi Square (R vs U) | p-value |
|---|---|---|---|---|---|---|---|---|
| | Male % | Female % | Total % | Male % | Female % | Total % | | |
| Once in a month | - | - | - | 10 | 20 | 15 | 105.953 | 0.000** |
| Two or Three times in a month | 48 | 28 | 38 | 61 | 60 | 60.5 | | |
| Once in a week | 47 | 9 | 28 | 29 | 19 | 24.0 | | |
| Two or Three times in a Week | - | 1 | 0.5 | - | - | - | | |
| Daily | 5 | 62 | 33.5 | - | 1 | 0.5 | | |
| Chi Square (M vs F) | 80.541 (0.000)** | | | 6.425 (0.093) NS | | | | |

*Note.* **p<.01; *p<.05; NS=Not Significant

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**Table 3** confirms the frequency of visits made to religious institutes by ageing participants during the past month. It is observed from the data that majority of the urban respondents i.e. 60.5 percent attended religious institutes two or three times in a month. Sixty two percent rural females were attending or participated in religious activities daily.

**Dube, (2012)** explored that gender difference on the religious attitude and reported that females were significantly higher on religious beliefs as compared to males. According to **Krause, (2002)** the relationship between emotional support, religious and social network has a positive impact on health.

**Table 4** shows the community involvement among ageing adults in civic groups and clubs during the past month. It can be also witnessed from the table that 92.5 percent rural and 95 percent urban respondents did not belong to any group or club. Therefore, we can say very low community participation was found in the group.

According to **(Keysor et al. 2010; Hovbrandt, 2007)** physical barriers such as uneven sidewalks and high stepson buses can limit participation in ageing adults. Greater community mobility barriers (e.g. uneven sidewalks, lack of places to sit or curb cuts) are linked to greater limitation in community participation and less limitation in home and social participation. Greater community mobility barriers also increase the likelihood of limitation in overall participation. Sociologists have identified low participation in social activities, particularly volunteering and religious attendance, as a health risk **(Benjamins, 2004; Thoits, 2001).**

**Table 4: Participation in Community group and clubs among Ageing Adults (N=400)**

| Participation in Community group and Clubs | Rural (n=200) | | | Urban (n=200) | | | Chi Square (R vs U) | p-value |
|---|---|---|---|---|---|---|---|---|
| | Male % | Female % | Total % | Male % | Female % | Total % | | |
| Do not belong | 91 | 94 | 92.5 | 99 | 91 | 95 | 1.990 | 0.370 NS |
| Not active | 9 | - | 4.5 | 1 | 3 | 2 | | |
| Very active | - | 6 | 3 | - | 6 | 3 | | |
| Chi Square (M vs F) | 15.049 (0.001)** | | | 7.337 (0.026)* | | | | |

*Note.* **p<.01, *p<.05, NS=Not Significant

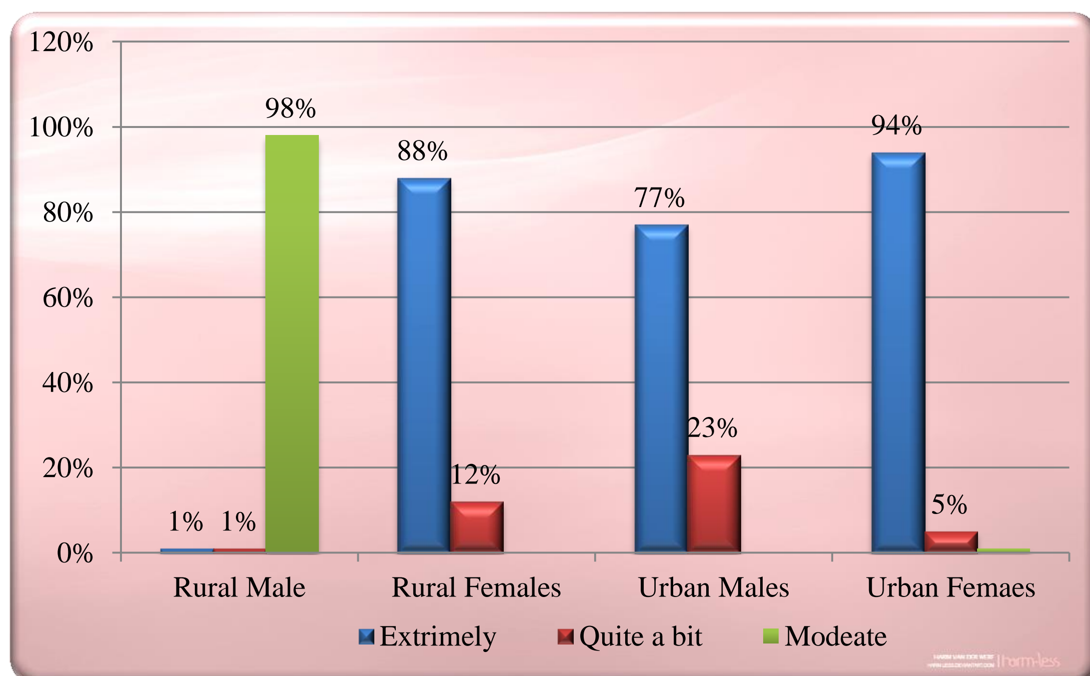


**Figure 1: Role limitation of the participants (N=400)**

**Figure 1** revealed interference of physical and emotional health problems in normal social activities of ageing adults. These discomforts hindered their day-to-day interaction with family, friends, neighbors and other groups during the past 4 weeks. It was surprising and sad to see that due to physical health problems 88 percent rural females, 94 percent urban females and 77 percent urban males had extreme difficulty in getting involved in social interests and activities. This was a

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major limitation of their life at this stage. A high significant association was found between gender, physical health problems, emotional health problems and social activities of urban and rural respondents at p<.01. **Barefoot et al. 2005** pointed out that social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health. Social network research has demonstrated health risks associated with having a small social network, infrequent contact with network members and a lack of social network diversity.

**Table 5: Over all Social Support among Ageing Adults (N=400)**

| Social Support Category | Rural n=200 | | | Urban n=200 | | | Chi Square (R vs U) | p-value |
|---|---|---|---|---|---|---|---|---|
| | Male % | Female % | Total % | Male % | Female % | Total % | | |
| **Low (mean-1SD)** | - | - | - | 15 | 61 | 19 | 123.187 | 0.000** |
| **Medium** | 81 | 55 | 34 | 78 | 39 | 29.2 | | |
| **High (Mean+1SD)** | 19 | 45 | 16 | 7 | 0 | 1.75 | | |
| **Chi Square (M vs F)** | 15.533 (0.000)** | | | 47.842 (0.000)** | | | | |
| **Df** | 1 | | | 2 | | | 2 | |

*Note.* **p<.01; *p<.05; NS=Not Significant

**Table 5** concise the total social support scores among the participants. Sixty one percent urban female respondents were low on social support. It can be perceived from the above results that the urban females were more at risk as compared to their counter parts, also on the other hand rural females had high social support. A high significant difference was found between gender and social support of urban and rural respondents at p<.01 level.

**Dykstra, (2007)** reported that friends are considered as an important source of support because they provide emotional support through advice and exchange relations. The frequency of contacts with friends/relatives has a great impact on the well being of senior people. Contacts with friends/relatives may not only decrease substantially with the age but the pattern of visiting friends may also vary. Those who maintain their contacts with their friends/relatives are less likely to be socially isolated than those who are not.

## 4. CONCLUSION

Social support is a powerful predictor of healthiness and longevity. Social support in ageing adults, regardless of individuals' socio-economic status, health risks, behaviors and use of health services, has strong bearing on their health status and vivacity. Although ageing adults are enmeshed in their families and envisage respect from their families, changing socio-economic structure may affect the availability of support towards them by their respective families in future. An affirmative and optimistic social interactions protects them against developing complications and challenges in later life. Social networks and social support play cardinal role in the quality of life of elderly in societies where formal support, social protection and security programs are not available.

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