Perceived Social Support among Elderly Individuals Residing in Urban Bengaluru: A Cross-Sectional Study

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Introduction: An increase in life expectancy results in an increasing elderly population which contributes to 9.3% of the global population. With the epidemiological transition of diseases, the burden of chronic morbidity conditions will also increase with an effect on Quality of life, which demands social support, especially among elderly individuals. Hence the present study was taken up to assess social support among elderly individuals residing in the urban field practice area of Bangalore Medical College & Research Institute (BMCRI), Bengaluru. **Objective:** To assess the perceived social support among the elderly population residing in the urban field practice area of BMCRI. **Methodology:** A cross-sectional study was conducted to assess the perceived social support among 100 elderly populations residing in the urban field practice area of BMCRI. A simple random sampling technique was used. Data was collected using a validated Multidimensional Scale of Perceived Social Support (MSPSS) questionnaire along with socio-demographic factors. **Results:** In this study, the mean age of the elderly individuals was 65.60 + 4.68 years, total social support score was 59.2 + 17.97. Perceived social support was found to be statistically significant found between characteristics of gender, educational status, marital status, earning status, marital status, earning status, support obtained for medication and previous hospitalization. (p<0.05).

Keywords: Elderly, Social support, Chronic condition

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Introduction

People today are living longer and healthier life due to improved social and economic conditions, and advancements in medical science. In the past few decades, life expectancy at birth in developed countries is over 70 years representing a triumph in public health [1,2]. Besides, Sustainable Development Goals with a target of 3.8 towards Universal Health Coverage are furthermore contributing towards progression in health, life expectancy and longevity [3].

The momentum of population ageing is happening at a much faster rate than in the past. The share of older persons in the global population is expected to increase from 9.3% in 2020 to 16.0% in 2050 [1,4–6]. Almost 80% of this will be living in low- and middle-income countries. This shift in the distribution of a country's population towards older ages – is known as Population ageing [6].

With the increase in life expectancy, Older people encounter remarkable physical, physiological and mental health changes and challenges which need to be recognized [4,7]. Elderly people come across stressful situations, such as the loss of a spouse, relatives, or friends which lead to loneliness, health problems and isolation more often than younger people. As people live longer and have fewer children, family structures are transformed. Henceforth the requirement for geriatric care has also increased [1,4,8].

As a result of globalization and economic development, youth are migrating for a better jobs, educational and economic opportunities. With this progression, joint families are dissolving, leaving the elderly economically and physically dependent. Economic security among the elderly is primarily and predominantly based on savings, self-earning and to a certain extent by assistance from children, family members and support from the state and central government. With the advancement in age self-earning capacity by physical labour decreases and dependency on children, family and state increases. Such economic dependency also paves the path for abuse among the elderly which is commonly reported in the recent past [9].

Perceived social support refers to how an individual will perceive his or her friends, family members, partner and others as sources available to provide Material, psychological and overall support during times of need. Perceived social support has been consistently correlated to well-being, as the perceived levels of support, love, and care can provide positive experiences [10]. When social supports are strong, older people fare better than their younger counterparts and contribute to emotional well-being [11].

Perceived social support is an important psychological construct. Social support tends to strengthen self-esteem, a positive attitude towards life, and alleviate feelings of distress, irrespective of stressful life events and also reduce mortality [11,12].

With the epidemiological transition of diseases, the burden of chronic morbidity affects Quality of life, which demands social support, especially among elderly individuals. Hence the present study was taken up to assess social support perceived among elderly individuals residing in the urban field practice area of Bangalore Medical College & Research Institute (BMCRI), Bengaluru.

Methodology

This descriptive cross-sectional study was conducted among the elderly population aged 60 years and above in the urban field practice area of Bangalore Medical College Research Institute (BMCRI) from May to July 2019.

Inclusion criteria: Elders (aged 60 years and above) who were present on the day of the visit to the house

Exclusion criteria: Elders who had difficulty in comprehension.

Sampling Method: Simple random sampling technique was applied.

Sample size calculation: Sample size was calculated based on a study done by Unsar et al, in which the mean total social support score was 58.01 ± 20.01[8]. Using the formula, n = $Z\alpha_2\sigma_2$ / d_2, where $Z\alpha$(constant) = 1.96, σ(standard deviation) = 20.01 and d(absolute precision) = 4, a sample size of 96 was obtained which was rounded off to 100.

Instruments: The Multidimensional Scale of Perceived Social Support (MSPSS) is a validated questionnaire, which was designed to assess the

Adequacy of social support from family, friends, and significant others of the participants. The instrument focuses on the individual's perception of socio-emotional support from the above-mentioned sources. The MSPSS comprises 12 items, with 3 subscales having 4 items. Items for each source are scored on a seven-point Likert-type scale ranging from "very strongly disagree" {1} to "very strongly agree" {7}. Each set of items in the questionnaire acts as a guide for the support perceived from each source viz. family, friends, and significant others.

The subscale score for each respondent is computed by summing the ratings for each item for each support scale and then dividing the resulting total by 4. For the total score, ratings are summed and divided by 12. Total and subscale scores range from 1 to 7, with an increase in the scores, authenticates the social support perceived [13].

The table below is a scoring guide based on the response received in terms of social support from all three groups(subscales) and is categorized as follows.

Table 1: A scoring guide for MSPSS [13]

MSPSS	Mean total scale score
Low support	1- 2.9
Moderate support	3 - 5
High support	5.1 - 7

Any mean total scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support.

Data collection: Written Informed consent was obtained from the participants. After explaining the study purpose, data were collected by interview method using a validated MSPSS questionnaire along with socio-demographic factors and chronic ailments if any. Socio-demographic factors include age, gender, religion, education, employment and marital status, type of family living with and so on and chronic ailments like Diabetes, hypertension, osteoarthritis, cardiovascular diseases, chronic kidney diseases and others were recorded.

Data analysis: Data were coded and entered in MS Excel and analyzed using statistical software SPSS version 20.0. Appropriate Descriptive statistics such as mean, standard deviation median, frequency and percentage were used to show the distribution of sociodemographic and health-related characteristics

And social support. Results were expressed in terms of percentages, tables and graphs. The Mann–Whitney U test and Kruskal–Wallis test were used in the comparison of social support.

A p-value <0.05 was considered statistically significant.

Results

Our study sample consisted of 100 elderly participants aged 60 years and above, with a mean age of 65.60 $\pm$ 4.68 years.

In this study, participants from both genders were almost equal in number. The majority were Hindu by religion (79.0%). The majority had done schooling (65.0%) and were not earning (64.0%). Nearly half of the participants had lost their spouse/partner (52.0%) and were having a chronic condition (56.0%). (Table 2.1)

Table 2.1: Socio-Demographic characteristics of the Elderly with a total mean score of MSPSS and its association (N=100)

Variables		N (%)	Total Mean score of MSPSS	p-value
Mean Age (in years)		65.60+4.68 years		
Gender	Male	44(44.0)	66.43 + 17.467	0.00*
	Female	56(56.0)	66.91 + 10.573	
Religion	Hindu	79 (79.0)	64.56 + 15.86	0.03*
	Muslim	17(17.0)	73.65 + 5.23	
	Christian & others	4(4.0)	78.00 + 0.00	
Education	Illiterate	12(12.0)	56.00 + 8.22	0.00*
	Primary school	26(26.0)	60.69 + 15.52	
	Middle school	13(13.0)	61.62 + 10.06	
	High school	17(17.0)	61.94 + 17.04	
	PU	24(24.0)	78.67 + 3.42	
	Graduate	8(8.0)	64.00 + 0.00	
Earning	Yes	36(36.0)	74.44 + 12.92	0.00*
	No	64(64.0)	62.25 + 14.07	
Marital status	Single	8(8.0)	64.00 + 0.00	0.00*
	Married	40(40.0)	69.22 + 10.98	
	Widow/widower	52(52.0)	34.64 + 0.00	

Based on the type of family with which they were living in were of almost equal distribution.

Around 47% of the participants were living with their children. 56% reported chronic conditions and 67% had family support in procuring medicine. Around 16% had a history of hospitalisation in past 1 year. (Table 2.2)

Table 2.2: Socio-Demographic characteristics of the Elderly with a total mean score of MSPSS and its association (N=100)

Variables		N (%)	Total Mean score of MSPSS	p-value
Type of family	Nuclear	20(20.0)	66.07 + 16.73	
	Joint	31(31.0)	66.14 + 14.47	0.385
	Three generation	15(15.0)	74.78 + 2.10	
	others	34(34.0)	60.00 + 0.00	
Currently living with	Spouse	32(32.0)	72.31 + 10.23	
	Children	47(47.0)	55.73 + 15.06	0.00*
	Others	21(21.0)	64.00 + 0.00	
Chronic condition	Present	56(56.0)	66.43 + 17.46	0.373
	Absent	44(44.0)	66.91 + 10.75	
Support for Medicine	Family	67(67.0)	64.21 + 12.48	0.00*
	Self	33(33.0)	71.58 + 17.90	
Hospitalisation in the past 1 year	Yes	16(16.0)	59.25 + 14.66	0.00*
	No	84(84.0)	68.05 + 14.51	

Note: **p value*** of <0.05 considered as statistically significant

A significant difference in perceived social support was found between characteristics of gender, religion, educational status, earning a livelihood, marital status, person living with any one of subgroups, support obtained for medication and previous hospitalization. (p<0.05). (Table 2.1 & 2.2) No significant difference was found between characteristics like having a health problem, or type of family (p>0.05). (Table 2.2)

Participants reported multiple co-morbid conditions. Common ailments reported among the participants were diabetes (47.0%), osteoarthritis (46.0%) hypertension (42.0%), and few also reported with other cardiovascular and chronic renal diseases (4%), eye (39.0%) and dental (49.0%) problems. (Figure 1)
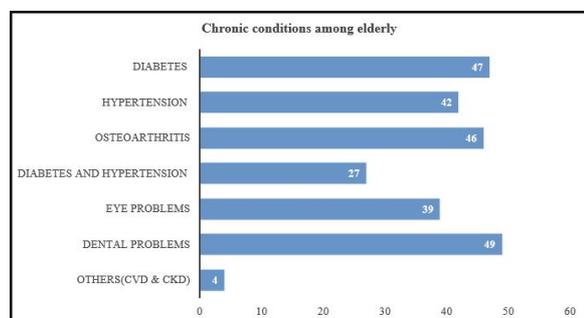
Fig 1: Chronic conditions among the Elderly (N=100)

Table 3: Multidimensional Scale of Perceived Social Support

Variables	Mean score	SD
I. SIGNIFICANT OTHER		
A special person who is around me when needed	4.37	2.17
A special person to share joys and sorrows	4.64	1.96
A special person who is a source of comfort to me	4.57	1.83
A special person cares about my feelings	4.61	1.53
II. FAMILY		
Family tries to help me	6.04	0.82
Emotional help & support from family	4.53	1.98
Can talk about problems with family	4.96	1.58
Family helps me make decisions	5.66	1.12
III. FRIENDS		
Friends help me	4.78	0.20
Can count on friends when things go wrong	5.43	1.68
Friends to share my joys and sorrows	5.18	1.30
Can talk about my problems with friends	4.43	1.25

The above table shows the mean score and standard deviation, which are obtained after the calculation of the responses. Here the responses were recorded based on a Likert scale from 1-7 as mentioned in the methodology, from all three subscales. (Table 3)

Table 4: Multidimensional Scale of Perceived Social Support – subscales

MSPSS	Mean+ SD	Mean scale score	Social Support
Significant others	18.19 + 7.49	4.54	Moderate
Family	21.19 + 5.50	5.29	High
Friends	19.82 + 4.98	4.95	Moderate
Total score	59.2 + 17.97	4.93	Moderate

The above table shows the mean scale score of all the subscales, where social support perceived from Significant others, family and friends are moderate, high and moderate respectively. So the overall total mean score ($\pm$ SD) was 59.2 $\pm$ 17.97 and the Mean scale score was 4.93 which implies Moderate Social Support was received. (Table 4)

Discussion

The present study was conducted to study the perceived social support among elderly individuals settled in urban field practice area BMCRI, Bengaluru

The elderly refers to persons aged 60 years and above. In this study, the mean age is found to be 65.60 $\pm$ 4.68 years which corresponds

To the study conducted by Unsar et al, Dindar et al, Valeria et al and Seby et al which states mean age is 68.0 ± 5.9 years, 68.05 ± 6.6 years, 73 ± 6.9 years and 73.9 years respectively [8,14–16]. The mean age of our study findings corresponds with the expectation of life at birth in India [17].

As the individuals grow old physical and physiological changes occur and eventually to chronic conditions. In our study, participants reported having chronic health problems was around 56 % which was almost similar to the finding of a study by Unsar et al which mentioned 60% [8]. Another study by Rajeshwar et al also mentioned that 30% of the participants have one chronic disease [18].

In this study, participants reported multiple co-morbid conditions. Common ailments reported among the participants were diabetes (47.0%), osteoarthritis (46.0%) hypertension (42.0%), and a few also reported other cardiovascular and chronic renal diseases (4%). In comparison to the study conducted by Valeria et al findings were almost similar for diabetes (31.6%), osteoarthritis (42.7%), and others (10.0%) except for Hypertension (83.3%) which was much higher when compared to the current study [15].

Social support refers to the quality of relationships and their interaction with their partner, family and others. Researchers found out that people with stronger social relationships had an increased survival was observed than the ones with weaker relationships. Higher levels of social support might have more positive health status, role function and behaviors, and psychosocial adjustment [19].

In our study, the Social support score reported was 59.2 ± 17.97 indicating moderate social support, which is almost the same as findings in a study by Dindar where the score was 60.6 ± 17.1 [11]. A Study by Valeria et al reported Social support was satisfactory in 74.4% [15].

Social support score from the current study from each subgroup was found to be 21.19 ± 5.50 by family, 18.19 ± 7.49 by Significant others and 19.82 ± 4.98 by Friends which was much higher when compared to scores in a study by Ali et al and scores were 12.60 ± 4.57 by Family support, 9.06 ± 4.15 by Significant Others and Friends by 5.43 ± 1.40 [20].

Conclusion

In this study, the mean age is found to be 65.60 ± 4.68 years. Common ailments reported among the participants were diabetes (47.0%), osteoarthritis (46.0%) hypertension (42.0%), and a few also reported other cardiovascular and chronic renal diseases (4%). Social support score from the current study from each subgroup was found to be 21.19 ± 5.50 by family, 18.19 ± 7.49 by Significant others and 19.82 ± 4.98 by Friends. Overall Social support score reported was 59.2 ± 17.97, with a mean scale score of 4.93 indicating moderate social support.

Recommendation: To strengthen Social Support establishing neighbourhood Elderly Day care centres where they can meet each other during day time which is managed by trained and qualified social workers and other healthcare professionals- where the elderly can indulge themselves in recreational and vocational activities.

To avoid long-term complications of Chronic diseases like Diabetes mellitus, Hypertension etc., regular follow-up and screening are advised at the Community level through outreach camps.

Elderly-friendly parks can be developed to keep them physically active.

In this study, there is moderate social support for the Elderly, In-depth interviews and Focus Group Discussions are recommended to get more understanding of factors influencing the same.

Limitations: This current study had a few limitations. Since this study had a cross-sectional design and less sample size, results could not be generalized to the elderly population. Further in-depth interviews and longitudinal studies involving detailed examination of physical, social, cognitive and health problems and social relationships of the elderly should be investigated and studied in detail using larger samples.

What does this study add to existing knowledge?

The elderly population is one of the most vulnerable and neglected groups in any part of the world. Literature related to the elderly concerning Social support among the elderly is meagre. This study has attempted to assess social and emotional support received from spouses/partners, family and friends among the elderly population which is of utmost importance in that particular age group.

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