



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

International Journal of Recent Scientific Research
Vol. 7, Issue, 9, pp. 13357-13359, September, 2016

**International Journal of
Recent Scientific
Research**

Research Article

THE SUPPORT AGEING ADULTS PERCEIVED

Kirti Sharma and Shubha Dube

Department of Home Science, University of Rajasthan, Jaipur

ARTICLE INFO

Article History:

Received 17th June, 2016

Received in revised form 21st July, 2016

Accepted 05th August, 2016

Published online 28th September, 2016

Key Words:

Social Networks, Social Support, Ageing Adults

ABSTRACT

The Social support of family and friends during a crisis has long been seen to have a positive emotional and physical benefit effect on people. Social support is an important issue for ageing adults as common life events may put at risk the support networks of this age group. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. The prevalence of each type of support varies according to union, parental, and socioeconomic statuses, as well as gender, age, and ethnicity. Family, friends, and neighbours are important sources of support to elderly people. These 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 informal social relationships as family, friends and neighbours among aging men and women. The sample comprised of 200 ageing adults both males and females, in the age range of 60 to 75 years belonging to urban setting of Jaipur district (n = 100 male and n = 100 female). The result reflected that only 2 percent of the female respondents reported poor social support, although no significant difference was found between the two groups on social support. Positive social interactions protect against developing difficulties with physical functions in later life.

Copyright © Kirti Sharma and Shubha Dube., 2016, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Social support plays a cardinal role in the quality of life of the ageing adults. It has a strong impact on individuals, with health problems. At the individual level, social support refers to the companionship, the practical, informational and esteem support which derive from a person's social network. The most common sources of social support are spouse (or partners), children, and siblings, followed by close friends (Ahmad, K., 2010). The convoy model of social support postulates that each individual is surrounded by a convoy, a set of people to whom the individual maintains reciprocal emotional and instrumental support. This convoy includes specific people who make up the person's social network and affects his/her well being, for married people in particular. The prevalence of each type of support, however, varies according to union, parental, and socioeconomic statuses, as well as gender, age, and ethnicity (Antonucci, 1986).

It has been theorised that the more opportunities an individual has to interact with other people, the more social support will be available, which, in turn, will have a beneficial effect on health, health related behaviour and general wellbeing (DuBois, et al., 2002). Emotional support is considered important in making individuals feel cared and comforted. Those individuals who have some support to share their

problems with their close ones are considered less likely to be affected by tensions or anxiety compared to those who do not have some support to share problems (Dykstra, 2007).

With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks (Singh, 2009). It is mainly significant matter for ageing adults as common life events may put at risk the support networks of this age group (Kahn, Hessling, & Russell, 2003). A lack of support network or social relations may be crucial in later life, and represent risk factors for elder (Melchiorre, 2013).

METHODS

The present study was conducted in Jaipur district of Rajasthan. For the purpose of this study, a group of 200 ageing adults in the age group of 65-75 years were selected. The sample was selected by using purposive sampling technique. The subjects were contacted personally through snowball method and people willing to be part of the study was then be contacted on later days. The data were gathered by interviewing 200 respondents (100 males and 100 females) aged 65-75 years from District Jaipur. For sample selection firstly, wards was selected by using 'simple random sampling without replacement (SRSWOR)' which gives an unbiased estimate about the target

*Corresponding author: **Kirti Sharma**

Department of Home Science, University of Rajasthan, Jaipur

population and is most efficient one as compared to other sampling techniques. Out of 90 (total) wards 20 wards were selected from the list of wards at random through chit system. Thus identification of the 20 wards, from where sampling in first phase was carrying out, was done. From each ward, approximately 10 subjects were selected by employing 'simple random sampling with replacement (SRSWR).

Social support, in the present study, refers to the support ageing adults received from their close ones in sickness, financial matters, visiting friends/relatives and sharing their problems during last one year. There are a variety of instruments currently used to assess social support; there is no single, "best" measure. Social support measures suffer from two major limitations. One is the lack of established, 'gold standard' measures. The variety of different measures currently in use makes it difficult to draw conclusions based on comparisons of results across studies. Social support systems are never one-sided, rather reciprocal in nature (Hobfoll, 2002).

Interview Schedule for social support system made by Kumari 2001 was modified in accordance to the presence study. The schedule was validated though pilot study.

Major Findings and Results

Social Support in Ageing Adults

Table 1 Support in Sickness

	Female	Male	Chi square	p-value
Spouse, Children, Grand Children	89.0%	91.0%	0.244	0.885 NS
Relatives, Friend, Neighbour	1.0%	1.0%		
Other or Nobody	0%	0%		

Table 1 presents information about percent distribution of respondents by support received in sickness over the last one year by gender. The data shows that a substantial percentage of the respondents (89% women and 91%men) received support in sickness by their close ones over the last one year. Positive social support (family or friends) plays an important role in one's ability to make healthier choices. Social support means being able to access people that a person can rely upon if needed (Gallant, 2003).

Table 2 Support for Financial Resources

	Female	Male	Chi Square	P-value
Spouse, Children, Grand Children	92.0%	94.0%	1.450	0.484 NS
Relatives, Friend, Neighbour	5.0%	2.0%		
Other or Nobody				

Table 2 shows percent distribution of respondents by financial support received from the close ones during the last one year by gender. The data show that about 92% respondents female and 94%men received financial support from their close ones. Financial support is a type of instrumental support, and it is associated with the wellbeing of older people. Financial support helps people, particularly those having low income, to cope with the setbacks and promotes access to medical services (Ahmad, 2010).

Table 3 presents percent distribution of respondents by source of support to share problems/worries by gender. About 60 % of female as compared to 91% men reported spouse with whom they shared their worries/problems. This was expected in a patriarchal structure where women could have lesser liberty to

discuss their problems with their husbands. It was possibly a reason that they did not report sharing their problems with their spouses. The data also show that greater fraction 25 % female compared to 8% men reported 'daughters' with whom they shared their problems and worries. It is understandable that older females were more comfortable to share their problems with their daughters than sons. However, sons were also a source of emotional support to their mothers. Very few respondents reported friends and neighbors as a source of support in sharing problems or worries. Overall, close family members seem to be the important source of support in sharing problems and worries.

Table 3 Emotional and Psychological Support

	Female	Male	Chi square	p-value
Spouse, Children, Grand Children	60%	91%	0.244	0.885 NS
Children, Grand Children	25%	8%		
Relatives, Friend, Neighbour	14%	1%		
Other or Nobody	1%			

The support of family and friends during a crisis has long been seen to have a positive emotional effect on people. This support also has a physical benefit as well. During stressful times, people tend to experience higher blood pressure and heart rates. The presence of friends or family members has been shown to reduce these rates among people during difficult periods (Gallant, 2003).

DISCUSSION

Greater fractions of respondents, reported their 'spouses' as the main source of support followed by 'sons' and 'daughters'. Relatively greater percentage of respondents aged were reported 'son' as the main source of support. It might be one of the factors that male births are cherished in India. It is also possible that when daughters get married, they move away to their in-laws and could not attend to the needs of their elderly parents.

CONCLUSION

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

Although elderly people are enmeshed in their families and command respect from their families, changing socio-economic structure may affect the availability of support to ageing adults by their respective families in future. It warrants the need of devising formal strategies to cater to the social protection demands of the growing ageing population of India.

Reference

Ahmad, K. (2010). "Management of Chronic Conditions as Predictor of Healthy Ageing: An Analysis of Urban Population, Lahore, Pakistan". An unpublished PhD thesis submitted to the University of Punjab, Lahore.
 Antonucci, T.C. (1986): Measuring social support networks: Hierarchical mapping technique. *Generations*, 3, 10-12.
 Bharati Kanchan, (2013) Ageing in India: Need for a Comprehensive Policy, working paper no: 421, Centre for Culture and Development, Vadodara, kbharati82@gmail.com

- Burleson, B.R., Albrecht, T.L., Goldsmith, D.J., and Sarason, I.G. (1994): The communication of social support. In Burleson, B.R., Albrecht, T.L., and Sarason, I.G.: *Communication of Social Support: Messages, Interactions, Relationships, and Community*, xi-xxx. Thousand Oaks: Sage Publications.
- Chalise, Hom Nath, (2010). Social support and its correlation with loneliness: A cross-cultural study of Nepalese older adults, *int'l. J. Aging and human development*, vol. 71(2) 115-138, 2010
- Dykstra, P. (2007). 'Aging and Social support'. In *The Blackwell Encyclopedia of Sociology, Volume (I)*, G. Ritzer, ed. Pp. 88-92. Malden: Blackwell Publishing Ltd.
- Gallant, Mary P. The influence of social support on chronic illness self-management: A review and directions for research. *Health Educaion and Behavior* 30:170-195, 2003.
- Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, 6(4), 307-324. doi: 10.1037//1089-2680.6.4.307
- Kahn, J. H., Hessling, R. M., & Russell, D. W. (2003). Social support, health, and well-being among the elderly: What is the role of negative affectivity? *Personality and Individual Difference*, 35, 5-17.
- Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, *et al.* (2013) Social Support, Socio-Economic Status, Health and Abuse among Older People in Seven European Countries. *PLoS ONE* 8(1): e54856. doi:10.1371/journal
- Pierce GR, Sarason BR, Sarason IG (1990) Integrating social support perspectives: Working models, personal relationships and situational factors. In Duck S, editor. *Personal relationships and social support*. London: Sage Publications.73–215.
- Singh Archana, Misra Nishi(2009), Loneliness, depression and sociability in old age, *Ind Psychiatry J*; 18(1): 51-55.
- Uchino, B.N. (2004). *Social Support and Physical health: Understanding the Health Consequences of Relationships*. New Haven: Yale University Press.

How to cite this article:

Kirti Sharma and Shubha Dube.2016, The Support Ageing Adults Perceived. *Int J Recent Sci Res.* 7(9), pp. 13357-13359.