ORIGINAL ARTICLES

Social support and related factors among the elderly in Thuy Bieu ward, Hue city

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ABSTRACT

Objectives: To describe the status of social support and to find out the related factors among the elderly in Thuy Bieu ward, Hue City in 2019.

Methods: A cross-sectional descriptive study conducted on 400 elderly people in Thuy Bieu ward, Hue City from November to December 2019. The Social Support Rating Scale (SSRS) was used to evaluate the situation of social support.

Results: The average score of social support in the elderly was 33.32 ± 6.73; in which, objective support, subjective support and support seeking-behavior had an average score of 7.97 ± 2.41; 19.01 ± 3.95 and 6.35 ± 1.99. The proportion of elderly people with social support at the average level accounted for the majority (51.0%); 45.2% of elderly people had low social support; 3.8% of the elderly had high social support. Multivariate linear regression analysis showed that high social support is often found in highly educated people, married, living together, club/group participation, regularly communicate with people.

Conclusions: Social support in the elderly was not high. This study aims to provide some possible implications to impact on relevant factors to improve social support for the elderly.

Keywords: social support, the elderly, Thuy Bieu ward, Hue city.

INTRODUCTION

The United Nations warns that the "era of the elderly" will emerge in the twenty-first century, in which Vietnam is one of the countries with the fastest aging population rates in the world (1). According to the General Department of Population and Family Planning, Vietnam's population structure has changed from the period of "golden population structure" to the "old population structure" from 2011. Up to the end of August 2018, the country had more than 11.31 million elderly people (aged 60 and over), accounting for about 11.95% of the population (2). It is forecasted that by 2038, Vietnam will become a country with a very old population with the proportion of people aged 60 and over reaching 20.1% and by 2049, the proportion of the elderly will account for about 25% of the population (3). Aging population poses challenges in health care as well as social support for the elderly in the community (1). The elderly are one of the vulnerable groups, with less social resources and less social support as

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aging is closely related to increased dependence on support services related to health (4).

Social support is defined as help from family, friends, neighbors and other members of the community (5). Social support has been recognized as an important social determinant of health, and many studies have demonstrated a relationship between social support and health including mortality, chronic illness, cognition, depression and well-being (6,7). For the above reasons, we conducted research on the topic "Social support and related factors among the elderly in Thuy Bieu ward, Hue city in 2019" to provide information and evidence for social workers and policy makers. From there, it was posible to offer necessary solutions to improve social support for the elderly. Research included the following goals: 1)To describe the current situation of social support among the elderly in Thuy Bieu ward, Hue City in 2019. 2) To find out some factors related to social support of study subjects.

METHODS

Study design and settings

We conducted a cross-sectional study from October to December 2019. Data were collected on elderly people at Thuy Bieu Ward, which is one of 27 wards of Hue city, had a total of 2,285 households with 10,216 inhabitants. In 2019, Thuy Bieu ward has 1593 elderly people.

Study participants

Study subjects are people aged 60 years and older who live in Thuy Bieu ward during the study period and voluntarily agree to participate in the study.

Sample size, sample selection

Use the formula to calculate the estimated sample size for a ratio:

In which: $Z_{(1-\alpha/2)} = 1.96$ ($\alpha = 0.05$); d = 0.05, the tolerance is 5%; p = 0.5. The calculated sample size needed for the study is 384, in fact the study surveyed 400 elderly people.

We used multi-stage sampling method.

- Stage 1: Randomly select 6 residential groups out of 14 residential groups of Thuy Bieu ward.

- Stage 2: Calculate the number of elderly people selected in the sample. A group with a higher number of elderly people will have more samples.

- Stage 3: Make a list of the elderly of each group. Select a sufficient number of study subjects from that list using random sampling.

Instrument and measurements

The research instruments of this study consisted of 4 parts**:**

- Part 1: General information of older persons about demographic characteristics, marital status, living condition, economic status.

- Part 2: Health information for the elderly includes: self-rated health status, chronic diseases, risk of depression.

Self-rated health status: Self-perceived health status (SRH): is the current health status of the subject that subjects self-assess and self-feel, including 5 categories: Very good, good, normal, poor and very poor.

Chronic diseases: is a disease that progresses gradually and lasts, with a duration of 3 months or more. Chronic diseases recorded in the medical examination and treatment numbers of the elderly were diagnosed by doctors and medical staff.

Risk of depression: was assessed using the Geriatric Depression Scale: Short Form-

GDS-S to measure the baseline screening for depression risk in the elderly. The scale consists of 15 questions to assess the object's best perception in the past week, the answer has 2 options: yes or no.

- Part 3: The elderly's social participation includes: joining in the clubs/ groups, communication with people around, confide with someone.

- Part 4: Social support for the elderly was examined using the Social Support Rating Scale (SSRS) was developed by Xiao Shuiyuan in 1994. It contains 10 items, which generate 3 dimensions, namely subjective support, objective support and support-seeking behavior. The dimension of objective support has 3 items: "I often live with my family members"; "I often get economic assistance from family members, relatives, friends, neighbors or others when faced with some eco- nomic difficulties"; "I often get consolation from family members, relatives, friends, neighbors or others when faced with some trouble." The dimension of subjective support contains 4 items: "I can turn to my friends for help when things go wrong"; "I often communicate with my neighbors"; "I often communicate with my col- leagues"; and "my family will try their best to help me when things go wrong." The dimension of support seeking-behavior includes 3 items: "I often seek assistance pro- actively when I have some difficulties"; "I often commu- nicate with others about my distress"; and "I often participate in societal activity.". The SSRS score is created by the sum of the scores of 3 dimensions: subjective support points range from 8 to 32 points, objective support score from 1 to 22 points, support utilization score ranges from 3 to 12 points. Overall social support scores (SSRS) ranged from 12 to 66 points. A higher score indicates a stronger social support (8).

The social support score is divided into 3 categories (9):

+ Low social support: < 33 points

+ Moderate social support: 33 - 45 points

+ High social support: > 45 points.

The Cronbach's alpha coefficient greater than 0.7.

Data collection procedure

Information was collected by the method of direct interviews the elderly using pre-prepared questionnaires. Test interviewed on 30 participants in the study area to edit the questionnaires to suit the local language and culture before conducting the study. The participants were clearly explained before starting the interview.

Statistical analysis

Data were analyzed using IBM SPSS version 20.0 (IBM Corp, Armonk, NY, USA). The p-value < 0.05 was set to define the significant level. We used descriptive analysis to explore the studied variables' distribution. A t–test was used to compare between independent groups assessed (for variables with 2 groups of values) and a one-way ANOVA test (for variables with more than 3 groups of values). Significant binding variables at p < 0.2 were retained for multivariate analyzes. Multivariate linear regression analysis was performed to consider the contribution of each factor to the social support, the statistical significance level was considered when p < 0.05.

Ethical approval

The study was approved by the Ethics Council in biomedical research, University of Medicine and Pharmacy, Hue University.

Limitations

As a cross-sectional study, it was difficult to determine the causal relationship between the independent and dependent variables.

RESULTS

General characteristics of research subjects

Table 1. General characteristics of research subjects

Characteristic		n	%
Gender	Male	160	40.0
	Female	240	60.0
	The average age	72.32 ± 10.20 (60 - 97)	
Education	Primary or lower	223	55.8
	From secondary school to high school	149	37.2
	Intermediate/College /University	28	7.0
Current occupation	Working	97	24.2
	Not working	303	75.8
Economic status	Poor	19	4.7
	Near poor	13	3.3
	From medium up	368	92.0
Marital status	Separation /Divorce	3	0.8
	Alone	9	2.2
	Widowed	118	29.5
	Married	270	67.5
Living condition	Alone	12	3.0
	Living together	388	97.0

Table 1 showed that out of the total of 400 older persons, women are 60.0% more than men; average age was 72.32 ± 10.20. Most of the elderly had primary education or lower (55.8%); 24.2% of the elderly were working and their economy was mostly average or higher (92.0%). The elderly was widowed, accounting for 29.5% and living alone accounted for 3.0%.

Social support for the elderly

Table 2. Social support score of the elderly according to aspects

Social support score	Mean ± Standard deviation	Min -Max
Overall social support	**33.32 ± 6.73**	**15 – 51**
Objective support	7.97 ± 2.41	1 – 16
Subjective support	19.01 ± 3.95	8 – 28
Support seeking-behavior	6.35 ± 1.99	3 – 12

The average score of overall social support was 33.32 ± 6.73 in the range from 15 to 51. Average score of objective support, subjective support and support-seeking behavior of the elderly turns were 7.97 ± 2.41; 19.01 ± 3.95 and 6.35 ± 1.99 range from 1 to 16; 8 to 28 and 3 to 12.
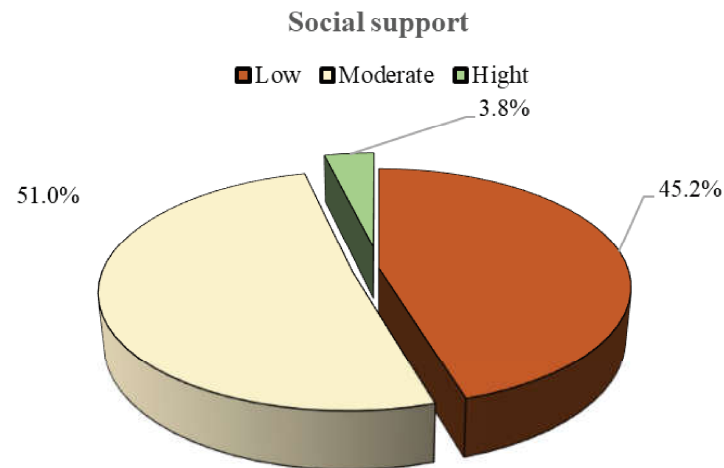

Figure 1. Classification of social support by the elderly

Most of the elderly had moderate level of social support with 204 people, accounting for 51.0%; followed by a low level of social support accounting for 45.2% and only 3.8% of the elderly had high level social support.

Factors related to social support in the elderly

Table 3. Multi-variable linear regression model shows the relationship between the factors and the social support score of the elderly

Characteristic	B	Beta	95% CI		p
Age group					
60 - 69 years old	-	-			
70 - 79 years old	- 0.67	- 0.042	- 2.08	0.75	0.354
≥ 80 years old	0.99	0.067	- 0.32	2.31	0.136
Education					
Primary or lower	-	-			
Secondary school - High school	0.02	0.002	- 1.23	1.27	0.971
Intermediate / College / University	3.35	0.132	1.09	5.61	**0.004**
Economic status					
Poor/ Near poor	-	-			
From medium up	1.57	0.063	- 0.56	3.69	0.148
Marital status					
Divorce/ Alone/ Widowed	-	-			
Married	2.83	0.197	1.54	4.12	**< 0.001**
Living condition					
Alone	-	-			
Living together	4.03	0.102	0.63	7.43	**0.02**
To join in the club/ group					
No	-	-			
Yes	2.28	0.166	1.12	3.44	**< 0.001**
Communication with people					
No communication	-	-			
Sometimes	3.11	0.228	- 0.23	6.44	0.068
Regularly	6.23	0.461	2.93	9.53	**< 0.001**
To confide with someone					
No	-	-			
Yes	1.43	0.074	- 0.26	3.11	0.097
Self-rated health					
Poor	-	-			
Fair	0.60	0.045	- 0.81	2.02	0.402
Good	1.92	0.100	- 0.02	3.86	0.052
Risk of depression					
Yes	-	-			
No	- 0.98	- 0.073	- 2.23	0.27	0.125

The results showed that the social relations of the elderly are positively influenced by the following 5 factors: communication with people, marital status, to join in the club/group, living condition and education. In which, regular communication with people has the strongest positive impact on social support in the elderly.

DISCUSSION

Social support in the elderly

The study showed that the overall social support score was 33.32 ± 6.73, ranging from 15 to 51 points. The average scores for objective support, subjective support and support-seeking behavior in our study were 7.97 ± 2.41; 19.01 ± 3.95 and 6.35 ± 1.99 ranged from 1 to 16, 8 to 28 and 3 to 12 respectively. This result was lower than the study of Yue Dai in Tainan and Fuzhou provinces, China (2012) with an overall social support score of 36.54 ± 7.38 (from 17 to 54), the average score of objective support, subjective support and support seeking-behavior are 9.38 ± 2.83, 20.52 ± 4.06, and 6.65 ± 2.04 ranges from 3 to 15, 11 to 30 and 4 to 12 respectively when using the same SSRS scale (10). The differences in research results may be due to research design, regional characteristics, and study sites.

The elderly in the research group with average social support accounted for the majority with 51.0%, followed by a low level of social support accounting for 45.2% and only 3.8% of the elderly had high social support. According to Shou Li's study on 2342 elderly people in Xicheng district, Beijing (2012) also showed that the average social group accounted for the highest percentage with 62.72%, the high and low social groups were 19. 21% and 18.07% respectively using the same SSRS scale (9).

Factors associated with social support in the elderly

Education: There was a positive relationship between education levels and social supports, people with high education had higher scores of social support than that of low education group. The elderly with Intermediate/College/University degrees had the social support score 3.35 points higher than the elderly with primary education or lower, the difference was statistically significant with $p < 0.05$. Our results were similar to that of Piyathida Kuhirunyaratn, the social support score in the illiterate group was lower than that of the elderly with primary and secondary education, and the educated elderly received high social support than the elderly who did not go to school, the relationship was statistically significant ($p < 0.05$) (11). Research by Atefeh Torabi Ardakani (2015) and Yang-Tzu Li (2016) also showed that the highest social support score was recorded among those with academic degree(12,13). Research by Hosseinian M. (2013) also showed similar result (14). People with higher levels of education are more likely to communicate and create positive social relationships, resulting in higher social support. Therefore, when the educational level increased from a lower level to a higher one, the social system in the elderly has increased significantly.

Marital status: There was a positive relationship between marital status and social support, the married elderly group had social support 2.83 points higher than the elderly widowed, divorced or single, the difference was statistically significant with $p < 0.05$. Our sutdy was similar to previous studies, such as those of Yue Dai (2012) and Atefeh Torabi Ardakan (2015) and Hosseinian M. (2013) showing that married older persons have higher social support scores with other groups

of elderly with p < 0.001 (12). Research had highlighted that marriage was an important source of social support and in some cases a preferred source of support (15). Husband and wife were able to share similar values, traits and experiences with each other, which are important elements of effective social support (16). The elderly who were widowed, single and divorced experience poor social support compared to married older persons. This might explain that they have lost their spouse's support source, there by negatively affecting the current social status of the elderly. With married status, older persons tended to notice more social support and they are able to build and maintain larger social relationships.

Living condition: We found a statistically significant positive relationship between living condition and social support among the elderly, in which the elderly living with their spouse, children, grandchildren or relatives had significantly higher social support (4.03 points) than elderly people living alone (p <0.05). This result was similar to research by Yue Dai (2012), Melchiorre M. G. (2013) and Hosseinian M. (2013), the elderly living alone had significantly lower social support compared to the elderly living with family, relatives or friends (10). Vietnam is a family-oriented country, with close relatives dominating, people pay great attention to supporting families and respecting the elderly. Economic development leads to urbanization impacted on the life of the elderly. Though the proportion of the elderly living alone was not high, it has tended to increase. As a result, people living alone seemed to be the most vulnerable group compared to other living conditions. The absence of caregivers in everyday life could make it difficult for older persons to cope with the effects of their illness.

Club/group participation: There was a positive relationship between to join in the clubs/ groups with social support, those who joined in at least one club/ group had 2.28 points higher than those who did not join in the club/group, p < 0.05. Our study was similar to that of Piyathida Kuhirunyaratn, the elderly were members of a club related to cognitive social support, p < 0.05 (11). In the study of Yue Dai (2012), community participation and participation in social activities helped older persons to connect with society, thereby increasing social support in the elderly (10).

Communication with people: We found a positive relationship between the level of communication and social support, people who regularly communicated with people had 6.23 points higher than those who did not communicate. And this was the factor that had the strongest positive impact on the social cooperation score in the elderly in our study. Communication was an activity that played a very important role in our daily lives. Communication helped people form and develop social relationships. From there they could bond and support each other. As Taylor and CS have asserted, maintaining harmony in social groups was one of the most important norms in Asian culture (17).

CONCLUSIONS

The study was conducted on 400 elderly people in Thuy Bieu ward, Hue city. The results showed that the average score of social support in the elderly is 33.32 ± 6.73. The proportion of the elderly with social support at the moderate level was majority with 51.0%; 45.2% of the elderly have low social support; 3.8% of the elderly have high social support. Some factors related to social support among the elderly are education,

marital status, living condition, to join in the club/ group, communication with people.

Through the results of the study, with the desire to improve social support for the elderly in the community, we recommend that we need to pay attention to health care for the elderly, especially focusing on mental health of the elderly. In addition, it is necessary to organize elderly clubs, encourage the elderly to live in clubs; encourage the elderly to participate in club activities and to strengthen their social relationships and social cohesion, create a healthy and happy living environment for the elderly in the ward.

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