



PHYSICAL HEALTH AND PERCEIVED SOCIAL SUPPORT: A STUDY OF ELDERLY IN URBAN VARANASI, INDIA

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Abstract

Ageing is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age (Balan and Devi, 2010). The process of ageing cannot be stopped, prevented or avoided, therefore it is inevitable. Improvement in medical science has provided us the opportunity to live longer than before.

Present study is based on a sample of 104 elderly aged 60 years and above from urban areas of Varanasi district under a sample survey entitled "Ageing and Health: A Study of Socio-psychological Correlates of Health in Old Age".

Result of present study shows that one of the most significant and primary source of social support at the stage of old age is spouse. Self rated health status is significantly associated with perceived social support. Perceived social support is significantly associated with the level of satisfaction by the love and care elderly get.

Loneliness increases in old age because of age related losses such as death of spouse, death of close friends and relatives, retirement or loss of job, physical health deterioration and moreover it is difficult to start new relationship and new social network at this age. If old people feel that there are people who support them, then their health will be better. Thus we should take proper care for our elderly.



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Introduction:

Ageing is a universal phenomenon and the age expectancy in recent years is increasing steadily. After independence, the life expectancy was below 30 years while in 20th century, it increased to above 60 years. Demographic transition has brought reduction in rate of mortality as well as rate of fertility and therefore life expectancy has been increased but with the fulfillment of the dream of living longer, there has arisen many health problems also because ageing is a biological process and the organs start degenerating (Batra, 2004). It is evident from various studies that psychological and sociological factors have a significant influence on how well an individual will age. Socio-psychological variables like stress,

anxiety, loneliness, depression, social support, social isolation etc are related with the health status (physical health and self-perceived health) of the elderly.

Chronological age is not synonymous with physiological age. An individual at the age of 40 may seem old while another one at the age of 70 may look young, active and energetic. We have seen many personalities whose accomplishments and activeness continue till 80 years or more. When we adapt healthy lifestyle in young age, it is ultimately beneficial in old age. The elderly who are fit and active is not a deed of one day rather they invested decades in maintaining good habits such as nutritious food, exercise, spiritual practices and social contacts.

The population pyramid reveals that the elderly population is increasing at alarming rate and in near future it is going to exceed the working population. Therefore we need to prepare for providing health facilities and social security for elderly. Elderly face declining physical health, mental trauma, financial problem, loneliness, death anxiety, loss of role, problem of free time and many more which needs special attention. Among these problems socio-psychological problems are often neglected. An individual needs different types of support throughout life, especially in old age because at this age people have already lost much of their intimate contacts. Therefore they feel lonely and isolated. They need financial support, physical support and emotional support. It is the responsibility of family, society and government to provide necessary support in old age. Absence of social support may lead to physical as well as psychological problems in the individual.

Social networks have an impact on health through a variety of mechanisms, including (a) the provision of social support (both perceived and actual), (b) access to resources (e.g., money, jobs, information) (c) social influence (e.g., norms, social control). Perceived Social support refers to the perception of how much the individual feels cared, loved, esteemed, valued, and belonging to a network of communication. When an individual feels that he will be cared at times of troubles and sickness and he will be listened to when they want to talk, then perceived social support is considered at high level. People with good networking are healthier because they feel that there is someone to rely on when they need support. This feeling is very important to maintain good health. Physical health, self-rated health and socio-psychological factors like loneliness, depression, and social support are interrelated with each other. Physical health is the outcome of associated psycho-social factors at every stage of life.

Sugisawa et al. (1994) in Japan found social participation had a significant direct effect on mortality. Uchino et al. (1999) found that social support positively influences physical as well as psychological health. They assessed the influence of social support on physical health through a model. It was found that social support positively influences physical as well as psychological health. Support is a strong predictor for cardiovascular diseases, immune system and neuroendocrine function. Social support acts helpful during the time of stress and mood upsets. A study conducted by Kaur and Saini (2011), in urban Ludhiana, Punjab found that one fourth respondents reported to encounter 'high' social isolation consequent to poor family relation and unsatisfactory interactions within family. Neighbourhood ties and coping mechanisms were not generating as much social isolation as the two dimensions viz; family and friends. Therefore family and friends were found to be major source of social support among elderly.

Man is a social animal and at each stage of life, he needs social network. Perceived support is different from the actual social support. An individual may have many relatives, friends and well wishers but the feeling that whenever they need care and help, people around them are ready to help makes them feel valuable. The study is important for the old age because at this stage people lose their physical health as well as many of their close social contacts. A strong network, family ties leads to good health of elderly. Therefore it is necessary to maintain social ties to live a healthy life at this stage.

Objective

The objective of the present study is to assess the level of perceived social support and health of elderly and to know the association among the two.

Data and Methodology

Present study is based on a primary data collected in urban area of Varanasi district under a sample survey entitled "Ageing and Health: A Study of Socio-psychological Correlates of Health in Old Age". The study design is descriptive cum exploratory. Sample is drawn through multistage random sampling technique. The sample size for this study is 104. Semi structured interview schedule is used as a tool for data collection in present study. No any clinical investigation is done during the study.

Perceived social support was measured at two levels: high and low. High perceived social support meant that an individual feels very much cared, loved, esteemed and valued by

his/her social environment whereas an individual. Having low perceived social support meant that they very less feel like being cared, loved and supported by others. Health is measured as physical health and self-rated health status (SRHS).

Result:

In this section results are presented based on the findings.

Table 1: Socio-demographic details:

Age-group (yrs)	Percentage
60-69	57.7
70-79	32.7
80 & above	9.6
Male	54.8
Female	45.2
Illiterate	26.9
Secondary	13.5
Graduate	16.3
Currently married	63.5
Widow/widower	35.6
Living separately	1.0

Table 1 depicts the socio demographic details which shows that among elderly, young old group (60-69 years) consisted highest percentage (57.7%) while 80 & above consisted only 9.6 percent. Male elderly outnumbered female elderly. 26.9 percent elderly were illiterate while only 16.3 percent have got education upto graduation. Most of the respondents were currently married (63.5%) while 35.6 percent were widow/widower and only 1 percent were living separately.

Table 2: Perceived Social Support:

Perceived Social Support						
		High(%)	Low(%)	Total (%)	Chi-square	
Feel satisfied by the love and care you get	Yes	69(93.2)	13(43.3)	82(78.8)	31.88 *** d.f=1	
	No	5(6.8)	17(56.7)	22(21.2)		

***P<0.001

It is evident (Table 2) that 93.2 percent elderly who feel satisfied by the love and care they get reported as perceiving their level of social support as high while 43.3 percent elderly who are satisfied by the love and care perceived low social support. The satisfaction by the

love and care was found highly associated with the level of perceived social support and statistically significant at 1 percent level of significance.

Table 3: Perceived Social Support and SRHS

		Perceived social support			
		High(%)	Low (%)	Total (%)	Chi square
Self-Rated Health Status	Good	24 (32.4)	2 (6.7)		10.77** d.f.=2
	Moderate	26 (35.1)	9 (30.0)	35 (33.7)	
	Bad	24 (32.4)	19 (63.3)	43 (41.3)	

***p<0.001, **p<0.01, *p<0.05

32.4 percent elderly perceiving their health as good reported having good perceived social support (Table 3). 63.3 percent elderly perceiving their health status as bad also perceived low level of social support in their life. SRHS has been found to be statistically significantly at 1 percent level of significance and positively associated with perceived social support.

Table 4: Perceived Social Support and Physical Health:

Perceived Social Support					Chi square
		High(%)	Low(%)	Total (%)	
Heart Disease	Yes	8(10.8)	1(3.3)	9(8.7)	Chi-square=0.17# df=1
	No	66(89.2)	29(96.7)	95(91.3)	
Diabetes	Yes	14(18.9)	3(10)	17(16.3)	
	No	60(81.1)	27(90)	87(83.7)	
Arthritis	Yes	23(31.1)	13(43.3)	36(34.6)	
	No	51(68.9)	17(56.7)	68(65.4)	
Asthma/Respiratory problem	Yes	10(13.5)	5(16.7)	15(14.4)	
	No	64(86.5)	25(83.3)	89(85.6)	

#NS

Perceived social support was not found to be significantly associated with physical health status. In a study by Tomaka et al. (2006), social support (family and belongingness) was negatively associated with disease.

Conclusion and Suggestions:

Conclusively it can be observed from present study that one of the most significant and primary source of social support at the stage of old age is spouse. Physical health status was not found significantly associated with perceived social support. Self-rated health status is significantly associated with perceived social support. The elderly who assess their health as good perceive that they have more people to support. Their social network is stronger than their counterparts. People with good networking are healthier because they feel that there is

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someone to rely on when they need support. This feeling is very important to maintain good health. Perceived social support is significantly associated with the level of satisfaction by the love and care elderly get.

The experience, wisdom and maturity of older people should be utilized in our society. When aged people retire from their work, they must be engaged in jobs for betterment of society. They should not be abandoned to just unproductively waste long span of time. Elderly should regularly attend parties like marriage ceremony, birthday party and other auspicious occasions. This will increase the social support among elderly.

Young generation should recognize that care for the elderly is one of the greatest duties that they have. After several life transitions such as bereavement, loss of friends and relatives and retirement people experience role loss. Due to breaking down of extended family, there are less people or no one to care for elderly at home. They need supportive hand at that time. Thus social workers are needed.

As people age, they become possessive and controlling. Thus this behaviour should be demotivated because youth want exposure and freedom. They will acquire it whether old people give gracefully or not. Therefore not only youngsters need to respect elderly and behave properly, elders also need to emotionally attach with children and give them required freedom for their self development.

References:

- Balan, S. V., & Devi, G. (2010). *Health Status of the Elderly*. *Indian Journal of Gerontology*, 24 (2), 194-209
- Batra, S. (2004). *Health Problems of Elderly-An Intervention Strategy*. *Indian Journal of Gerontology*, 18 (2), 201-218
- Kaur, H. & Saini, S. (2011). *Assessment of the Extent of Social Isolation amongst the Aged for Various Dimensions of Social Isolation*. *Anthropologist* 13(2), 137-146
- Singh, K (2000). *Ageing: a phenomenon*. *India international centre quarterly vol 27 no 2 pp 133-138*
- Sugisawa, H., Liang J & Liu X. (1994). *Social Networks, Social Support and Mortality among Older People in Japan*. *Journal of Gerontology: Social Sciences*, 49 (1), S3-S13
- Tomaka, J., Thompson, S & Palacios, R. (2006). *The Relation of Social Isolation, Loneliness and Social Support to Disease Outcomes among the Elderly*. *Journal of Ageing and Health*, 18 (3), 359-384
- Uchino, B.N., Uno, D & Holt-lunstad, J. (1999). *Social Support, Physiological Processes and Health*. *Current Directions in Psychological Science* 8, 145-148