

Social Support of Older Persons in Bangladesh

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Abstract: Social support is an important factor in older persons' lives. During old age, physical strength often decreases, income can reduce, and vulnerability may increase due to disease and dependence. Many older persons, therefore, require various types of assistance from family members and friends in support of their health and well-being. The dual purposes of this study, which was conducted in two southern districts of Bangladesh, were to evaluate older persons' social support and to investigate the relationship between social support and socio-demographic characteristics. Data were collected from 280 older people via the Duke-UNC Functional Social Support Questionnaire (DUFSS). Descriptive statistics were used to analyze demographic and social support data. One way classification of analysis of variance (ANOVA) was used to compare different groups of older persons with different socio-demographic characteristics. Participants reported a medium level of social support. Being male, married, literate, and employed were found to be significant factors positively associated with older persons' social support. The identification of further factors that affect older persons' social support is recommended.

Keywords: Bangladesh, Older Person, Social Support

1. Introduction

The status of older persons (those 60 years and above) is a prominent issue in Bangladesh today. Nationally, 6.2% of the population were older persons in 2004 [1]. This increased to 6.9% in 2011 [2]. In 2011, there were 3,218,974 older persons aged between 60 and 64, 1,998,760 between 65 and 69, and 1,998,760 over 70 [3]. Older persons are at risk from non-communicable diseases including cardiovascular diseases, chronic respiratory diseases, renal disease, cancers, and diabetes, as well as musculo-skeletal diseases [4]. In addition, older persons face mental problems linked to declining sources of income, inadequate management of diseases or conditions, loss of loved ones, and loneliness. Therefore, they require support, particularly social support, from family and friends. Social support is the availability of help from family or friends [5]. It helps older persons to feel a sense of belonging [6]. Adequate support provides an opportunity for older persons to adapt to their circumstances. In addition, adequate social support leads to better health outcomes and well-being. A lack of social support from family and friends is likely to cause an individual to perceive old age as uncertain and insecure [7].

In Bangladesh, the majority of older persons live in rural

areas. In these areas, modern facilities are often lacking or absent. Nationally, the government provides an old age allowance for males aged 65 or above and females aged 62 years or above whose yearly average income does not exceed 10,000 BDT. This is intended to ensure socio-economic development and social security for the older persons. However, it does not cover all older persons, and those who do qualify receive only 400 BDT per month [8], which is inadequate in the current market. In addition, the government has yet to implement a national policy for older persons.

Many welfare organizations work to support older persons' well-being [9], but their activities only reach a limited number of older persons. While older persons can access some government health care facilities, these are limited and inadequate in the rural areas. Changing familial norms are also an important issue. Historically, family has usually been responsible for taking care of older persons, but this is now changing. Nowadays, older persons' children often live in cities in order to study or work. Extended families are becoming less common, with nuclear families increasingly prevalent, and ever more older persons left to live alone [10]. A study of older persons living in elderly homes in the capital city of Bangladesh found that main causes for moving to an elderly home were family problems

(63%), there being no one to take care of them at home (67%), being a burden on their family (24%), and property being occupied by others (27%) [11]. However, there is limited information about older persons living in rural areas. Their situation needs to be explored in order to inform support initiatives.

2. Data and Methods

A descriptive study was conducted in two southern districts of Bangladesh between September 2015 and January 2016. Data were collected from 280 older persons, after first confirming that they were free from cognitive impairment and severe chronic illness. The instruments used were a demographic data form and the Duke-UNC Functional Social Support Questionnaire (DUFSS) [5]. The latter instrument consists of eight items representing aspects of social support: (1) care, (2) love and affection, (3) chances to talk about work, (4) personal and family problems, (5) money, (6) going out and doing things with people, (7) getting advice about important things, and (8) receiving help while sick. For each item, participants were asked to assess how much social support they believed they experience, using a 5-point scale ranging from 1 (“much less than I would like”) to 5 (“as much as I would like”). The potential total score range was 8 to 40. Higher scores reflected higher perceived social support. In this study, the reliability of the DUFSS was determined by Cronbach’s Alpha Coefficient. The value found was .95, which was considered satisfactory.

Secondary data were analyzed using a statistical program (SPSS 13.0). Descriptive statistics, including frequency, percentage, mean and standard deviation, were used to analyze older persons’ demographic and social support data. The comparison between the two groups was carried out using one-

way classification of analysis of variance (ANOVA).

3. Results

Table 1. Demographic characteristics of older people (n = 280).

Characteristics	Categories	Frequency (%)
Age (M = 65.81, SD = 4.37)	60 - 70 years	239 (85.4)
	71 - 75 years	41 (14.6)
Gender	Male	141 (50.4)
	Female	139 (49.6)
Marital status	Married	224 (80.0)
	Widow	56 (20.0)
Education level	Illiterate	154 (55.0)
	Literate	126 (45.0)
Employment status	Employed	232 (82.9)
	Unemployed	48 (17.1)
Type of family	Nuclear	149 (53.2)
	Extended	131 (46.8)
Family monthly income [1 USD = 80 Taka]	300 – 6,000 Taka	201 (71.8)
	6,001 – 20,000 Taka	79 (28.2)

The majority (85.4%) of older people were between 60 and 70 years old. 50.4% were male and 49.60% were female. The majority (80.0%) were married, and 55.0% were illiterate. Most (82.9%) were employed. 53.2% lived in a nuclear type of family, and 71.8% reported their family’s monthly income as between 300 and 6,000 Taka.

Table 2. Social Support of older persons (n=280).

Variable	Minimum	Maximum	Mean	Std. Deviation
Social support	12	40	27.28	5.17

The mean score for social support was 27.28 (possible scores were between 8 and 40). This indicates a medium level of social support.

Table 3. Distribution of subjects and social support scores with various socio-demographic characteristics (n=280).

Characteristics	Categories	N (%)	Sleep problems score (M + SD)	Sources of variation	df	Mean square	F-value	Sig
Age (M = 65.81)	60-70 years	239 (85.4)	27.19+5.02	within	1	13.31	.50	.482
	71- 75 years	41 (14.6)	27.80+6.01	between	278	26.80		
Gender	Male	141 (50.4)	28.43+4.90	within	1	378.28	14.84	.000
	Female	139 (49.6)	26.11+5.20	between	278	25.49		
Marital status	Married	224 (80.0)	27.92+4.88	within	1	460.29	18.27	.000
	Widowed	56 (20.0)	24.71+5.53	between	278	25.19		
Education level	Illiterate	154 (55.0)	26.45+4.84	within	1	232.37	8.93	.003
	Literate	126 (45.0)	28.29+5.40	between	278	26.01		
Employment Status	Employed	232 (82.9)	26.92+5.09	within	1	175.85	6.71	.010
	Unemployed	48 (17.1)	29.02+5.29	between	278	26.22		
Family	Nuclear	149 (53.2)	27.06+5.75	within	1	15.16	.566	.453
	Extended	131 (46.8)	27.53+4.43	between	278	26.80		
Family monthly income [1 USD = 80 Taka]	300 – 6,000 Taka	201 (71.8)	27.20+5.42	Within	1	4.51	.168	.682
	6,001- 20,000 Taka	79 (28.2)	27.48+4.51	between	278	26.83		

Gender ($f = 14.84, p = .000$), marital status ($f = 18.27, p = .000$), education level ($f = 8.93, p = .003$), and employment status ($f = 6.71, p = .010$) were found to be significant factors linked to older persons’ social support scores. However, age ($f = .50, p = .482$), family type ($f = .5666, p < .453$), and family’s monthly income ($f = .168, p = .682$) were found to be non-significant factors.

4. Discussion

Participants reported a medium level of social support. Being male, married, literate, and employed were found to be

significant factors positively linked to older persons’ social support scores. The results are consistent with studies conducted among older persons living in California [12], Malaysia [7], and Korea [13]. The influence of participants’

sex may due to the perception of Bangladeshi males as sources of income and active representatives of their families. Over their lives, they have more opportunity to extend their personal networks, potentially leading to greater support in old age. Marital status may be influential due to married older persons living with spouses and their spouses' family members, who provide greater opportunity for support and sharing of information. Literacy may be a factor because literate older persons are liable to be more aware about their relationships with family members and others, and better able to access useful information from different sources. These results are consistent with previous study results [14]. Finally, it is feasible that older persons employed in non-income-generating activities, such as household work, have greater opportunity to interact with family members, share information, and obtain useful information and help. In addition, it is hypothesized that participants' social support may have been influenced by changing social norms and decreasing social interactions due to demographic transition.

5. Conclusion

Participants reported a medium level of social support. Being male, married, literate, and employed were found to be significant factors associated with older persons' social support. These results may be useful for clinicians, health care providers, and family care givers, and may support the development of strategies for improving social support from family members and friends in the southern districts of Bangladesh and other areas.

List of Abbreviations

M = Mean

N = Number

SD = Standard deviation

df = degree of freedom

ANOVA = Analysis of variance.

DUFSS = Duke-UNC Functional Social Support Questionnaire

Taka = The Bangladeshi currency (80 Taka = 1 USD).

Ethical Considerations

Permission was obtained from the proper district level health authority such as civil surgeon, upazila health officer and the study participants.

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