

Research Article

Social Support Networks for Older Adults: A Qualitative Study

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Abstract

Background: We are facing a process of demographic transition worldwide. For Latin American societies, it is a recent phenomenon, which suggests the need to prevent its consequences and grant alternatives such as the management of health policies, manage social resources, welfare and social assistance. In addition, the increase in situations of fragility, disability and dependency makes us think about the adequate social support of the elderly. Social networks facilitate social integration and help maintain the perception and sense of control over situations, which reduces risks of morbidity, mortality and hospitalization of older adults.

Aim: The purpose of this study is to determine the social support networks available to the elderly.

Design and Setting: Descriptive cross-sectional study.

Methods: A qualitative ethnographic study was carried out using the following techniques to approach: the field diary, the participant observation and the interview. The participants were adults over 65 years of age in the Family Medicine Unit (FMU) # 65 of the IMSS of Ciudad Juarez, Chihuahua. The study period was from March 2014 to September 2016.

Results: The older adult still lacks adequate social support, which generates a state of vulnerability to any disease. Despite the rhetoric about economic support in this stage of life, money is not enough to cover basic needs, having to look for other sources of monetary income.

Conclusion: We must encourage social support to the elderly; it is necessary to show doctors and family members the importance of focusing on this aspect, since in this way, we will increase well-being and decrease morbidity and mortality in this age group.

Keywords: Older Adult; Social Support Networks; Formal Supports; Informal Supports

Introduction

The existence of social support networks facilitates social integration and helps to maintain the perception and sense of control over situations, which reduces the risks of morbidity, mortality and hospitalization of older adults [1]. Social support is a protective factor of health [2]. Work, health, income, spirituality and family support are related to the circumstances of the environment in which people develop and are in a certain sense out of control of the subjects; therefore, it also depends on the policies of attention and support that society establishes to provide the best life expectancies to diverse social groups [3-4].

In relation to structural factors, the size of the social network includes the number of people of whom the individual perceives receiving help. This social network is usually made up of the couple, the nuclear family, close friends, extended family, community, institutions and other groups to which the subject is close, such as neighbors and colleagues [5]. Emotional support includes the actions carried out by the social network, through which individuals experience feeling loved, valued and part of a group [6]. There is

support from civil society, government and church organizations for older adults. Among the benefits are: the welfare program, popular insurance, financial aid 70 and more, Integral Development of the Family (DIF), National Institute for the Elderly (INAPAM) and religious organization "Caritas". At the international level, the Economic Commission for Latin America and the Caribbean (CEPAL) [7].

The accelerated aging of the population can cause specific problems for public policies; adjustments are needed to face the reduction of the workforce and increase support for the elderly. This theme arises in consequence to all the changes that the society experiences, where the public resources are insufficient to satisfy the demands of a social group in constant demographic change [8]. The main objective of the study is to determine the social support networks available to the elderly in Family Medicine Unit #65 in Ciudad Juarez, Chihuahua.

Materials and Methods

A qualitative study was carried out, in the Family Medicine Unit

#65, of the Instituto Mexicano del Seguro Social (IMSS), located in Ciudad Juárez, Chihuahua; this research is a case study that examines the context of older adults and the social supports available in case of illness. Understanding the feelings of older adults and knowing their expressions required methodological approaches that allowed us to get closer to the reality of patients over 65 years of age. This study was carried out in patients that met the following inclusion criteria: age ≥ 65 years, with any chronic disease from March 2014 to November 2015.

The data collection methodology included individual interviews with older adults and observations within the family medicine unit. The observations were made by the researcher during medical care and were collected in a field diary including the name of the observer; the date, time and place where the investigation was conducted; the context and event of relevance and interpretation of the observer. The interviews were conducted with fifteen seniors and three doctors. The interviews were carried out individually and were later reasoned. Once the observational records and interviews were made, the information obtained was categorized, codified and analyzed.

In qualitative research these strategies are called "triangulation"; this is used to describe the combination of methods, sources of information and points of view used when studying a phenomenon. By combining different methods and techniques we can improve the results of any investigation. The recollected data was integrated into data collection sheets. The Protocol was authorized by the Local Committee of Research and Ethics in Health Research.

Results

The FMU 65 of Ciudad Juárez, Chihuahua is located in Manuel Valdez suburb, an area of low socioeconomic status. This FMU is part of an institutional strategy to face the demand for health services in a densely populated area in Ciudad Juárez, made up of 48 neighborhoods in the southeast. When carrying out the study, we observed that adults older than 70 years go accompanied by a family member, while those between 60-65 years go alone to medical attention. Older adults have difficulties in transportation, some family members go only for the medications, reducing the possibility of assessing the state of health during medical care.

Fifteen interviews were conducted with adults over 65 years of age and three interviews with family doctors. Of the 15 older adults interviewed, seven were men between 65-74 years of age and eight women between 65-70 years old. In school, five are illiterate, five with incomplete primary and the rest complete primary. Nine are widowers, one separated and five married. When asking family doctors about the concept of social support networks (SSN), we found that there is still a lack of knowledge in this area, even confusing the concept. Doctor #2 (D2) commented that "most patients do not have access to social networks" and "older patients do not use them or know them"; probably D2 relates it to cybernetic social networks. Doctor #3 (D3) indicated that SSN were "the resources that were available to help others" and doctor #1 (D1) defined SSN as "the resources that our society currently has to support the needs of the population" and said that the support networks available to the older adult of our population are mainly the family, friends, neighbors, economic support offered by the government and IMSS support in health.

The health staff also mentioned the limitations to explore social resources. The three doctors said that "the lack of time in medical care restricts explore this issue, so they ask for support to social work department when they find some irregularity in the care of the elderly. Another issue that the doctors focused on was the prejudices that society has in this age group. The D1 said "the older adult is made to feel less valuable"; D2 said "they have no patience with old people" and D3 said "they see them as a burden, having the belief that they are useless". For this reason, they emphasized improving this concept on older adults since a stereotype has been generated.

Speaking of the role that the older adult has in the family, the interviewed doctors perceive that old adults are losing authority, leaving the responsibility in the older child (D1). The D2 relates it to the lifestyle of our society, the deplorable economy and the little importance to the family economy. Of the 15 older adults interviewed, five live alone and showed that they felt abandoned by their family and friends. Patient #1 (P1) mentions that she has "a son who lives on the second floor of her house"; however, there is no communication and the rest of her family call by phone every month. She felt depressed because "they are not paying attention to me and they do not know that I am sick".

Patient #2 (P2) said "I live accompanied by a son when he fights with his wife". Even symptoms of depression were detected, as in the interview with patient #8 (P8), where she said "I live alone in my daughter's house, sometimes I do not want to wake up". In the interview with patient #5 (P5) he said "I am widower, I am alone and we only had one daughter, she got married. She lives near of my house and every day she visited me, but now is already working and she visits me sometimes". On the other hand and contrary to the above, patient #3 (P3) mentioned "I had six children and they all visit me, including friends". This patient showed a good mood even pointed out that "if we became seriously ill, our sons and daughters would always take care of us". This situation was repeated in patient #6 (P6) who lives with a son, his daughter-in-law and four grandchildren, who take care of him and support his illness, they even travel twice a year to Torreon, Coahuila", therefore, he denied feeling alone. In the interview with patient #7 (P7) it was said that "he did not feel lonely, he lived with his wife who accompanies him to all places and helps him". In these cases it was found that the elderly relate living and being with their family with a good perception of social resources.

In the interview with patient #9 it was mentioned "I had four children, they all live in Juárez and they help me. They visit me every week in my house, especially my sons and daughters-in-law, grandchildren and a sister. They are always on the lookout and do not leave me alone. Sometimes my children call me in the week and I tell them that they just saw me, they tell me that they want to know how I woke up". Another important point was to determine who would take care of the elderly in case of getting sick. Patient #12 (P12) acknowledged that her children do not visit her, so she seeks support from neighbors, who visit her to give her food. Patient #15 (P15) said that "she is cared by the owner of the house where she lives". In the case of P1, she pointed out that if she gets sick, she hopes that her children will take care of her. The P2 said he hoped not to get sick because "who would take care of me? No one".

In the interviews we also detected dependence on family members.

In P5 it was mentioned "my daughter would take care of me until I die, she has no option". The P6 said "my wife gives me medicine, she takes care of me, because I do not know my treatment". The P7 said "my wife takes care of me, even if my sons and daughters do not take care of me". The P9 recognized that "her sons would take care of her, she does not expect to become seriously ill, since her care would be difficult". In the economic context, the interviewees reported that the economic resources are insufficient to cover their basic needs. Of the 15 interviewed, four have a pension, one is in the process of pension, three have government support "70 and more", one is in the "sin hambre" program and six do not have any financial support.

P1 said: "Sometimes I get stressed because I do not have enough money, my medicine runs out and I do not have to buy it". P2 said "I can still work at any time, at this time I do repairs in a house because with the pension it is not enough". P4 said "I am a pensioner, but there is little financial support and it is not enough, I look for small jobs for help me. P5 responded: "I am going to take care of cars, the pension is not enough for anything and they do not want to give us help for having a pension, the good thing is that I can still work". P8 said "I have my pension, but my daughter and son-in-law work at home".

Patients who do not have a pension receive help from family and support from the government with the social program "70 and more". The contribution by the government is considered small, but it is very helpful for the elderly. P9 said "my sons and my daughters-in-law work, but they help me and they also give me the help of the social program "sin hambre" with pantries every two months. Some of the interviewees said that money is enough to survive; for example, P3 said "my sons help us with little money each one and the government gives us each month 1000 pesos, it's enough".

Discussion and Conclusion

The existence of social networks facilitates social integration and helps maintain the perception and sense of control over situations, which reduces the risks of morbidity, mortality and hospitalization of older adults. This social network is usually made up of the couple and the nuclear family directly; and secondly, by friends, extended family, community, institutions and other groups to which the subject is close as neighbors and co-workers. We agree with Alexandre Sidorenko [8], when emphasizes promoting informal social support, since the well-being of older adults is increased. In addition, he mentions the need for adequate formal social support that does not leave people of this age group in economic vulnerability.

One of Sidorenko's considerations, which was also pointed out by the doctors interviewed, was the problem that people over 60 experience when they are stereotyped as people who are alone and sick, even a doctor said that a part of society saw them as "hindrances"; it is important to change this concept and improve the perception towards the elderly. As we saw in our research, all the older adults interviewed mentioned the importance of having informal support networks, whether from family, neighbors or friends. The importance of these social networks for the elderly as well as for the human being

in general is considerable. This is reaffirmed in a study conducted in Mar de Plata where it was determined that older adults who had good social and family relationships improved their quality of life. Another study in the same city, showed that older adults with higher levels of participation, integration and informal support had higher scores on their life satisfaction.

Regarding formal support networks, on December 12, 2012 in the Senate of the Mexican Republic, the first step was taken to reform the Law on the Rights of Older Persons, to grant an old-age pension to those who are 65 years of age or older. The opinion establishing the National Law on Old Age Pension was approved and it was proposed that the upper limit be equivalent to a general minimum wage of the Federal District, that is, \$1689.90 pesos and at least \$934.95 pesos. It is estimated that the beneficiaries were more than 7 million elderly. The previous information is contrary to what the interviewees said, they indicated that the monthly pension granted is not enough to cover their basic needs, so they have to turn to their family and do extra work to help their economy. However, it is important to evaluate the actions carried out in other parts of the Mexican Republic in order to have a general overview of this issue.

In conclusion, we consider that the older adult still lacks adequate social support which favors vulnerability to any disease and diminishes their quality of life. Despite the rhetoric about economic support in this stage of life, money is not enough to cover basic needs. Doctors should value social support networks in clinical practice to obtain important information that will help improve the patient's quality of life.

References

1. Santos de Santos ZC. Adulto Mayor, redes sociales e integración. *Trab. Soc.* 2009; 11: 159-179.
2. Medellín-Fontes MM, Rivera Heredia ME, López-Peñaloza J, Kanan-Cedeño ME, Rodríguez-Orozco AR. Funcionamiento familiar y su relación con las redes de apoyo social en una muestra de Morelia, México. *Salud Mental.* 2012; 35: 147-154.
3. Ramos-Esquivel J, Salinas-García RJ. Vejez y Apoyo social. *Revista de Educación y Desarrollo.* 2010; 15: 69-78.
4. Valle-Ballesteros R. Funcionalidad familiar de familias con niños preescolares estudiantes de colegios de Bogotá D.C. 2011. *Revista colombiana de enfermería.* 2012; 7: 68-74.
5. Cienfuegos-Martínez YI, Díaz-Loving R. Red social y apoyo percibido de la pareja y otros significativos: una validación psicométrica. *Enseñanza e Investigación en Psicología.* 2011; 16: 27-39.
6. Cardona-Arango D, Estrada-Restrepo A, Chavarriaga-Maya LM, Segura-Cardona AM, Ordoñez-Molina J, Osorio-Gómez JJ. Apoyo social dignificante del adulto mayor institucionalizado. Medellín, 2008. *Salud pública.* 2010; 12: 414-424.
7. Pelcastre-Villafuerte BE, González-Vázquez T, Márquez-Serrano M. Apoyo social y condiciones de vida de adultos mayores que viven en la pobreza urbana en México. 2011; 27: 460-470.
8. Sidorenko A. Awareness creation, empowerment and equality: Three prospects of empowerment of older persons. 2014.