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Original Article

Social Support and Mental Health among Older Women in Iranshahr, Iran

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A B S T R A C T

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Introduction: The growing trend of aging phenomenon has introduced the necessity of paying attention to perceived social support as an effective factor in promoting mental health of older women. Current literature suggests that the accessibility of appropriate social support can improve mental health and well- being among older women. This study aims to explore social support and mental health among older women, and relationship between in Iranshahr, Iran.

Methods: This was a cross-sectional study conducted in Iranshahr, Baluchestan province, Iran. A total of 400 elderly women aged over 65 years were recruited using multistage sampling. The data were collected utilizing Norbeck social support questionnaire (score range from 0 to 20) and general health questionnaires (score range from 0 to 84). Pearson correlation coefficient, t-test and ANOVA were used to analyze data.

Results: Average mental health score of the participants was 24.12 (± 11. 07), which reflects good mental health. Social functioning of mental health was significantly correlated with social, emotional and financial support. Mental health was also significantly in relation with age ($r = 0.4$, $p < 0.05$) and marital status ($F = 5.64$, $p < 0.001$).

Conclusion: Coherent social support can have a significant impact on mental health and social functions of older women, as such, interventions promoting mental health and social needs of elderly women are necessities in the context of Iranian culture.

Keywords: Social Support, Mental Health, Older Women

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Introduction

The advances in medicine and technology have resulted in increased life expectancy globally. In the next 40 years, population of people over 65 years old will double in the world, 52% of them will live in developing countries (1). Iranian population is becoming increasingly older than 60 years old (2) and 6.16% of Iran's population is made up of elderly women. The changes accompanying aging have a great impact on the mental health of this group including loneliness, which has a tendency to attract the attention of others. If the elderly is not able normally to attract the attention and affection of others, they resort to behaviors like malingering (3).

One of the social determinants of health, which refers to the importance of social dimension of humans and has gained increasing attention in recent years, is social support (4). Social support is considered an insight that makes a person believe that he/she is respected and loved by others (persons or organizations), it is an element of value and dignity, and belongs to a network of mutual relations and commitments (5). Some studies have indicated that paying attention to social determinants of health such as social support plays a significant role in improving mental health of the elderly (6). In a study by Shalamzari et al. the role of social support on life satisfaction and general well-being among elderly

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people was studied. The results of this study show that elderly people with high level of perceived social support have better life satisfaction and general health than others (7).

Okabashi et al. in their study investigated the effect of social support on the mental health of Japanese elderly people. The findings of this research indicate that social support has a positive effect on the mental health of the elderly (8). Wong et al. conducted a study on elderly women that shows that emotional support, which is a type of social support, has the greatest impact on physical and mental health (9). As some studies showed that women have lower social communication networks than men (10) and considering the fact that no study has been conducted on the impact of social support on mental health in the elderly women in Balochistan with a unique cultural and social characteristics, it can be selected as one a major research priority in behavioral and social sciences.

This research was conducted with the aim of investigating the relationship between social support and mental health among elderly women in the city of Iranshahr.

Methods

Procedure and sampling

This cross-sectional research was carried out among elderly women in Iranshahr (Balochistan, Iran) in 2016.

The sample size considering p = 20 (mean of mental scorehealth in pilot study), confidence level of 95%, test power of 80%, and accuracy of 4%, was obtained as 383 persons, which was estimated to be 400 by taking into account sample loss. Samples were selected by multi-stage sampling method and included in the study. In this way, from among the 7 urban centers, 5 urban centers were randomly selected and then from the list in each urban health center, 80 elderly people over 65 years old (a total of 400 people) were randomly selected and entered into the study.

Instruments

Data gathering tools in this study were valid Norbeck social support questionnaire (NSSQ) and general health questionnaire (GHQ).

NSSQ is a tool which provides us with descriptive data on the support communication in addition to measuring functional, structural, emotional and material social support, which a person has received during the last year. This includes 20 questions with options Yes, No, and I do not know; the total score of all questions is between 0 and 20 (11). Validity and reliability of this questionnaire among elderly people in Iran was investigated by Jalilian et al. The reliability coefficient of this was obtained as 0.844 to 0.973 through internal consistency method and its validity was reported as 0.222 to 0.624 by concurrent criterion validity method (12).

Reliability and validity of the GHQ was determined by Iranian elderly and desirable reliability coefficients of Cronbach's alpha (0.94) and test-retest (0.60) was obtained (13). Among the 28 items in the questionnaire, items 1 through 7 relate to the scale of physical symptoms. Items 8 to 14 examine the symptoms of anxiety and sleep disorders, and items 15 to 21 are related to the assessment of signs of social function and finally, items 22 to 28 measure symptoms of depression. To sum up scores, A, B, C, D are given a score of zero, 1, 2, and 3, respectively. Consequently, the Fed score in each of these subscales will be from 0 to 21, and 0 to 84 in the entire questionnaire. On any scale, a score of 6 and above and a total score of 22 and above represent symptoms of the disease (14).

Ethical considerations

The study protocol received ethical approval from the Tarbiat Modares University in Tehran for Population Science's Ethical (No: 52d/2245). In order to observe ethical considerations in this study, participants were provided information on the goal of the study and also regarding accurate completion of the questionnaire. After obtaining informed consent from the participants, the questionnaires were administered. Those who did not consent were excluded from the study.

Statistical analysis

The mean, standard deviation and percentage were used to describe the data. Pearson correlation test was used to measure the correlation between social support and mental health subscales. Measurement of the relationship between demographic characteristics and mental health was tested by independent t-test and one-way ANOVA.

Results

The mean age of participants was 67.85 ± 7.25 years. Participants' demographics are shown in table 1.

The average mental health score of the participants was 24.12 ± 11.07, which is an indication of good state of mental health. Indicators of mental health were shown in table 2.

Total social support score and its subscales were significantly correlated with anxiety symptoms and social function score but they were not significantly correlated with physical symptoms and depression symptoms (Table 3).

Demographic analysis showed that age has a positive and significant relationship with mental health ($r = 0.4$, $p = < 0.05$).

One-way analysis of variance showed that the overall mental health score has a significant relationship with marital status and married participants had a better mental health status ($p < 0.001$, $F = 5.64$).

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Table 1. Frequency distribution of demographics

Variable	N	%
Marital status		
Married	250	62.5
Divorced	140	35.0
Widow	10	2.5
Education		
Illiterate	305	76.3
Primary school	75	18.7
Guidance school	5	1.25
High School	10	2.5
University	5	1.25
Job		
Housewife	365	91.25
Employed	35	8.75

Table 2. Distribution of mental health indicators

Variable	Mean	SD
Physical symptoms	5.8	3.5
Anxiety symptoms	7.5	3.6
Social function	7.0	3.2
Depression symptoms	3.8	4.3
General mental health	24.1	11.0

There was no relationship between the level of education and occupation of elderly women participating in research with mental health.

Discussion

The purpose of this study was to investigate the relationship between social support and mental health in the elderly women in the city of Iranshahr. The mean mental health score was 24.12, which indicates that their mental health is in proper situation. Nabavi et al. and Hein et al. also performed research on mental health of elderly people whose results are at around the results of this study (15, 16). Pasha et al. in their research, however reported a 44.14 mental health score in the elderly; the inconsistency in results can be attributed to differences in the target group (17).

Findings of the research indicate that the subscale of social function of mental health has a positive significant correlation with total social support and its subscales of functional, emotional, and material support. By enhancing social function, people increase their capabilities in the form of values, norms and social links existing in their social interactions, and while gaining control over their lives, they gain social support for their communication network. As The study of Tempier et al. and Nabavi et al. confirms (15, 18). In this case, it can be said that by increasing the understanding of stressful events, social support reduces mental stress and minimizes the effects of an unpleasant experience. It also creates mutual commitments in which a person has a sense of love, care, self-esteem and worth directly related to health.

The results of this study on the other hand indicate that there is no significant correlation between perceived social support of the elderly and their physical health, which can be due to low level of physical health of the subjects. As this finding is consistent with the results of a research by Seyfzadeh, which showed that there is no relation between social support and physical health of elderly (19), which was inconsistent with other studies (20, 21).

Present study results indicate that there is no significant correlation between perceived social support of the elderly and anxiety and depression. Other studies however have shown that having a social relationship and subsequently possession of social support is an important factor in providing positive and rewarding experiences for individuals, thereby increasing self-esteem and reducing the risk of anxiety and depression (22-24). It could be attributed to the high level of anxiety, lack of income or insufficient financial support of the samples of the present study.

There was a positive and significant relationship between mental health and marital status. This finding is consistent with the findings of Nabavi et al. (15). The reason for this finding seems to be the poor supportive system in the family, and the isolation and loneliness of the elderly women, which is a serious threat to their mental and physical health.

Findings of the research showed that married elderly have a higher mental health than widows and the divorced. This finding is in agreement with the results of a study by Vahdaninia et al. and Simon et al. (25, 26). The reason for this finding could be the loss of a supportive system in the family and the emergence of isolation and loneliness in the elderly, which is a serious threat to their mental and physical health.

Conclusion

Our findings suggest that social support can have a significant impact on elderly women's mental health and social functions. Social support interventional studies among elderly women should be considered.

Table 3. Correlation between social support and mental health subscales

Variable	Physical symptoms	Anxiety symptoms	Social function	Depression symptoms
Total social support	0.05	0.13*	0.14*	0.03
Functional support	0.04	0.12*	0.15*	0.04
Structural support	0.03	0.89*	0.12*	0.01
Emotional support	0.04	0.14*	0.15*	0.03
Material support	0.04	0.11*	0.13*	0.06

*Significant at 0.5

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Study limitations

Regarding the Limitation of the present study, we can refer to the data are self-reporting and there is the probability of low or high reporting and the results should be interpreted with caution.

Conflict of interest

It should be noted that there is no conflict of interest in this article.

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Authors' contributin

Design, guidance, supervision of data collection, analysis and collection of the final report: SHN.
Data collection, computing, analysis, and participation in writing the final report: HI

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