

Relationship between Economic Independence, Social Support and Quality of Life among Elderly People

Sumara Naz, Samina Naz, and Seema Gul

International Islamic University, Islamabad, Pakistan

Aim of the present study was to investigate the relationship of economic independence, social support and quality of life among elderly people. The sample of 160 elderly people of age range 60 to 75 with education level from intermediate to masters was taken for the current study. Demographic Sheet was used to record the person characteristics of participants. Economic independence was also recorded as demographic by asking about personal source of income of an individual. Social support was measured by using Multidimensional scale of perceived social support. Quality of life Scale (Flanagan, 1982) was used to measure the quality of life of elderly people. It was hypothesized that social support is positively correlated with quality of life. It was also hypothesized that elderly people who have more income and economically independent will score high on social support and quality of life scale. Results strengthens the hypotheses of the study. Furthermore results of the current study suggested that elderly people who are living in joint family system are receiving more social support and have good quality of life.

Keywords: economic independence; social support; quality of life

The population of aged 60 years or older comprises 10 percent of the world's 6 billion inhabitants in the year 2000. This proportion is projected to increase about 22 percent of the world population by 2050, and a large part of this increase would be due to the rapid increment of the elderly population in developing countries. Pakistan is one of those developing countries that are witnessing the rapid aging of its population. The evidence shows a consistent decline in mortality in Pakistan with a resultant rise in life expectancy and a reduction in total fertility rate in recent years (Ali & Hussain, 2001; Hakim, John, & Bhatti, 1998).

Although aging is a natural life course process which is an outcome of the demographic transition but experience of aging changes with the change of societal norms and conditions (Gilleard & Higgs, 2000; Phillipson, 1998; Vincent, 2003). The problems of elderly population become manifold when elderly people are not accompanied by socio-economic development. As majority of the workforce in Pakistan is involved in the informal economy so

most of the older population is without a cover of pension or any type of social security scheme (Gordon & Townsend, 2000; Ogg, 2005). That means a large segment of the elderly population, because of their relatively disadvantaged socio-economic position, continue to live on low level of support than paid workers or those availing pension and other retirement benefits. These situations are increasing the dependency ratio of old age people (Afzal, 1999; Nasir & Ali, 2000).

In a study based on African data, Ramashala (2001) found that the poverty is 3 times more among elderly population than the younger population. In the intra-household distribution of resources, the elderly who are not as productive as the younger ones also do not get their due share. The recent estimates show that 33 percent of the Pakistan's population is living below or on poverty line (Qureshi & Arif, 2001). The increase in the levels of poverty undoubtedly affects more the lives of the elderly people. It is evident that income is a fundamental contributor to well being and quality of life and low income results in loss of esteem. Researchers explored

that income is positively correlated with objective and subjective health and quality of life among old age population (Gabriel & Bowling, 2004; Ogg, 2005).

Quality of life is a multidimensional, holistic construct assessed from many different perspectives and by many disciplines. The World Health Organization (1998) defines quality of life as an individual's perception of his or her position in life, in the context of the cultural and value systems in which individual lives and in relation to goals, expectation, standards and concerns. In old age quality of life is not only a matter of individual life courses and psychological resources but must include some reference to the individual's scope for action. For many years researchers used age as a social category like gender or social class for quality of life, but apart from a few exceptions these researches have largely neglected older people (Diener & Suh, 1997; Michalos, 2001). If economic status is one important factor that influence quality of life then social support, social cohesion and social empowerment are others (Walker, 2005).

There is growing evidence that social networks and social support have an impact on a person's physical and mental health and their risk of institutionalization. It is reported that many older people rate friends and family as most important thing in their lives (Bowling, 1995). In accordance with the cultural norms of Pakistan, parents expect that their children, especially their eldest son, to bear the expenses and take care for them. Thus, the familial support to older parents living in extended/joint families is considered a cultural asset that provides a greater life satisfaction to the elderly in terms of health, socio-economic, demographic, psychological, and emotional status. But on account of the changes in the fertility levels, proportion of population with large family size is decreasing. Moreover, Job opportunities and pursuit of better standards impel young people to set up nuclear families away from their parental homeland. This trend leaves the elderly more vulnerable to living alone. They are likely to feel isolated and without emotional support (Bosworth et al., 2000; Cummins, 1995, 2000;

Evandrou & Glaser, 2004; Hinkikka, Koskela, Kontula, Koskela, & Viinamaki, 2000).

McCauley et al, (2000) indicated that in elderly people social relations integral to an exercise environment and are significant determinants of subjective well being, including perceived satisfaction in life. Similarly, Baarsen (2002) stated that elderly who had lost a partner experienced lower self-esteem, resulting in higher emotional loneliness and social loneliness, that is, the perception of less support. So the social support, self-esteem, and optimism are all related to positive health practices and affects quality of life. It is often used in a broad sense, referring to any process through which social relations might promote health and well-being; it further refers to the social resources that persons perceive to be available or that are actually provided to them by nonprofessionals in the context of both formal support groups and informal helping relations (Cohen, Underwood, & Gottlieb, 2000; McNicholas, 2002).

The current study aimed to investigate the relationship between economic independence, social support and quality of life of elders. The quality of life of a working old people is better than a non-working. This is so because work happens to keep one physically fit and healthy. Also one earns money through gainful employment which in turn makes one economically independent. At old age loneliness and idleness makes an elderly worse off in many respects. The review of literature given at length on the issue at hand is all from other countries. In Pakistan this topic has been neglected so far, although some of the researches done with quality of life and social support but lacking seen with economic independence in older people.

Objective of the Study was to examine the relationship of economic independence, social support and quality of life among elderly people. On the basis of literature review following hypotheses were formulated.

Hypotheses:

Social support is positively correlated with Quality of life among elderly people.

Elderly people who are economically independent and have more income score high on social support and quality of life scale than those who have less income.

Method

Sample:

The sample of the study comprised of 160 people. The age range of all the participants was from 60 to 75 years ($M = 68$, $SD = 4.22$) including males (53.75%) and females (46.25%). The education level of the respondents was from intermediate to Masters. The Sample was collected from, Islamabad, Rawalpindi and Wah cantt, Pakistan.

Instruments:

Demographic Sheet: It was used to assess the economic status of elderly people. Economic independence refers to a condition where individuals have their own access to the full range of economic opportunities and resources in order that they can shape their lives and can meet their own needs. On the basis of income reported by participants, it was categorized into three levels as low, middle and high income. It was categorized to compare that more an individual is economically independent more he/she will have social support and good quality of life.

Multidimensional Scale of Perceived Social Support: It comprises of 12 items and developed by Zimet, Dahlem, Zimet, and Farley in 1988. It's a 7 point likert type scale range from 1 (very strongly disagree) to 7 (very strongly agree). It measures how one feel about the relations to his family, friends and significant others.

Quality of Life Scale: It was developed by Flanagan in 1982. It measure how much an individual satisfied with his/her life. It comprises of 16 items with 7 point likert type format which ranged from 1 (terrible) to 7 (delighted pleased). The instrument is scored by summing the items to make a total score.

Procedure:

Data was collected through convenient sampling technique. Only those participants were selected for the current study who had at least 12 years of education and voluntarily participated. The questionnaires were individually administered to all the 160 participants. Purpose and intent of the study was explained to each respondent. Income and source of income was recorded through demographic sheet. Source of income was different for different participants. Some of them were getting pension, some were earning through their lands and property. Other variables (e.g family system, education, etc) were also included in demographic sheet. Participants completed the questionnaires and then data was entered in SPSS for analysis. The analysis was carried out by using the Statistical Package for the Social Sciences (SPSS 16).

Table 1 presented the alpha coefficient for Multidimensional Scale of Perceived Social Support and Quality of life scale. These high alpha coefficient values showed that the scales were internally consistent. Furthermore it showed that Social support is significantly ($p < .01$) positively correlated with Quality of life. Result supports the hypothesis that social support is positively correlated with quality of life.

Results

Table 1. Alpha Reliability Coefficient, and Correlations among Social support and Quality of life (N= 160)

Scales	No. of items	Alpha Coefficient	Correlation Coefficient
Social Support	12	.83	0.86**
Quality of Life Scale	16	.85	

**p < .01

Table 2. Mean' standard deviation and t values of Social Support and Quality of life scale for joint and nuclear family system (N = 160)

Variables	Joint (n=96)	Nuclear (n=64)	t	p	95%CI		Cohen's d
	M(SD)	M(SD)			LL	UL	
Social Support	45.61(9.48)	36.69(13.49)	4.92	.000	5.34	12.51	0.77
Quality of life	58.63(11.31)	51.67(13.26)	3.55	.001	3.09	10.82	0.56

Note .CI=confidence interval; LL=lower limit; UL=upper limit.

Table 2 showed that elderly people, living in joint family system has statistically significantly higher social support ($p < .001$) and quality of life ($p < .001$) as compare to elderly people who are living in nuclear family system.

The revealed that there was a significant effect of income on social support and quality of life. It also shows that social support and quality of life increased proportionately across three levels of income. Results support the hypothesis that elderly people who are economically independent and have more income score high on social support and quality of life scale than those who have less income.

Discussion

The purpose of the study was to examine the relationship of economic independence, social support and quality of life among elderly people. The age range of the sample was 60 – 75 years. This age was selected on the basis of the findings of previous researches, as the proportion of people age 60 and over is growing faster than any other group and issues relating to availability of social support and quality of life (QOL) becomes more salient.

Results of the current study showed that there is significant positive correlation between social support and quality of life. People who receive more social support are living better life than those who receive less social support. In old age, people often face isolation and loneliness when their life partner dies, they take retirement from work or experience geographic move. Furthermore, they may have physical impairments or chronic diseases that limit their ability to interact with others. All these or some other factors add markedly to the stresses

and ultimately to low quality of life (Pichardo, 2004). Empirical work has demonstrated that greater social support among the elderly is associated with better physical health, improved life satisfaction, less loneliness, and lower depression (Kahna, Hesslingb, & Russellc, 2003) in addition others found that social support is a particularly an important factor that affects quality of life and life satisfaction of elderly people (Chih et al., 2002).

Family is the main source of care giving to all its members and it is a fact that generally an elderly person occupies a position of respect in Pakistani culture. It is also presumed that it is incumbent upon children to care for their aged parents in return for the care provided to them in their childhood by their parents. But modernization and economic pressure due to exorbitant increase in the cost of living changes the size and composition of families. As a result trend towards nuclearization of the family has emerged which in turn weakened the traditional family structure leading to increased vulnerability of loss of support for the elderly. It was found that the quality of life improved by having trusting relationships with family and friends, frequent contacts with friends and living in good neighborhoods (Nanthamongkolchai, Tuntichaivanit, Mun Sawaensub, & Charupoonphol, 2009; Netuveli, Wiggins, Hildon, Montgo, & Blane, 2006). The result of the present study also indicated that there is significant difference between joint and nuclear family system on social support and quality of life. The elder people who are living in joint family system receive more social support and have better quality of life as compared to those who are living in nuclear family system.

Nowadays, the role of families towards older person has declined because of economic pressures. In the present study income was included, for also being considered a major socioeconomic indicator for quality of life. Results indicated (table 3.) that those participants who had high income scored high on quality of life and those who had low income scored low on quality of life scale. It is a consensus that the productivity and employ ability decrease with age. In the age of 60 years and above individuals become increasingly more dependent on others for their economic needs because of reduced income in this age (Jakobsson, Hallberg, & Westergren, 2004). However, according to prior researches it is stated that good socioeconomic situation is associated with better quality of life and it has also been reported financial problems reduced the quality of life and well-being of elderly people (Sherbourne, Meredith, Rogers, & Ware, 1992).

Limitation and Recommendations

There was a small sample size. It is recommended that sample size should be increased so that more significant results can be obtained. Furthermore gender differences should also be measured. Women in Pakistani society are often deprived of decision making process. They do not work and earn and they are more economically dependent on others than males which can effect their quality of life.

Conclusion

Current study showed that economic independence and social support is positively correlated with quality of life. The older people who receives more social support reported good quality of life. They are physically and psychologically healthy. Family is the immediate source of the social support and it is also confirmed by the results of the study that people who are living in joint family system scored high on social support and quality of life. On the other hand with growing economic stresses in society, income is also an important factor for satisfactory life. So those older people who are economically strong showed high score on quality of life.

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Received: 20-01-2014

Revised: 08-05-2014

Accepted: 28-05-2014

Sumara Naz, PhD Scholar, Department of Psychology, International Islamic University, Islamabad, Pakistan

Samina Naz, PhD Scholar, Department of Psychology, International Islamic University, Islamabad, Pakistan

Seema Gul, PhD, Chairperson, Department of Psychology, International Islamic University, Islamabad, Pakistan