

PERCEIVED SOCIAL SUPPORT AND QUALITY OF LIFE OF PENSIONERS

S.Charles¹& Dr.K.Arockiam²

¹ Research Scholar, Department of Human Resource Management, St.Joseph's College (Autonomous), Affiliated to Bharathidasan University, Tiruchirappalli – 620 002, Tamil Nadu, India

²Research Supervisor for Ph.D and Dean, Dept of Human Resource Management, St.Joseph's College (Autonomous), Affiliated to Bharathidasan University, Tiruchirappalli – 620 002, Tamil Nadu, India

ABSTRACT:

Ageing population throughout the world is a growing concern and India also is no more an exception to this growing population phenomenon. As pensioners are also coming under this phenomenon, the researcher in this research study explores on perceived social support and quality of life of pensioners. The universe of the study is about 600 pensioners while unit of study for this research was 120 pensioners. The researcher has applied descriptive design and followed simple random sampling method. It is found that there is a positive relationship between perceived social support and quality of life: higher the Social Support Higher, the Quality of life.

In this study, it has been found that majority of the pensioners were living in joint family system. Another notable fact is that majority of the respondents were living with their daughters. The respondents living in the joint family has high level of perceived social support and monthly income also associated with high level of perceived social support and quality of life.

Key words: Perceived social Support, Pensioners' Quality of Life

1. INTRODUCTION:

Ageing is a universal phenomenon. The process of ageing in every society marks the stages of the ageing process in some possible ways. Ageing is biological process, experienced by the mankind in all times. However, concern for ageing of population is a relatively new phenomenon, which has arisen due to a significant large increase in the number and proportion of aged persons in the society. The persons who are considered very important person of the family; bread winner turned to be a dependent person or an unimportant person once he/she attains retirement from the work. Though the retirement age varies from state to state and country to country, the psychological pain and pressure among the aged is the same. The basic needs, recreational needs, social support provided in the family and society depends on their quality of life.

In order to provide social security to the retired people, the concept of pension was introduced. Though pensioners receive money to take care of their needs, the emotional, social and psychological problems encountered by them are yet rhetoric. The health problems, expectations of the family members, care and support provided by the family, economic issues, and status in the society highly contribute to the large part of the issues. So an attempt is made by the researcher to study the perceived social support and quality of life of the pensioners in this research study.

Perceived Social Support:

Social support refers to the types of support received by an individual from others. It is broadly classified in to an emotional and instrumental support. Emotional support is referred to care, love, affection received etc. that develops the self-worth. Instrumental support is the support received in the form of childcare, housekeeping, transportation i.e., tangible. The adequate Social support helps to lead a health and long life.

The research studies carried out in the recent years have found that personal resources have an effect on the adaptation and the psychological well being of an individual. The social support and the coping styles are the two resources, vital for the effective functioning. The social support has an impact on the life style of the elderly people. The social support provides companionship and social engagement. The engagement in the leisure time activities stimulate, and motivate them to participate in community programmes.

The common functions of Social support are;

- Emotional support is also known as esteem support. It is the empathy, concern, affection, love, trust of an individual to others.
- Tangible Support is also known Instrumental. It is the provider of financial assistance, and materials goods needed.
- Informational support is meant that providing guidance, suggestions, useful information to others.
- Companion support is the support provided by an individual that gives a sense of belonging.

The Social support is received from various sources. It can be natural or formal. The support received by an individual through the family and friends are natural and the support received from the social worker/ or through professionals or through community organizations. Due to the advancement in technology, social support is also available through online; social media websites, blogs, health forums, face book and online support groups.

RELATIONSHIP WITH MENTAL AND PHYSICAL HEALTH

Social support is associated with the mental and physical health of an individual. In the stressful situations, social support helps them to cope with life and to overcome their problems. **Cutrona, Russell, and Rose (2019)**, in their study on elderly population has found that elderly individuals who had relationships where their self-esteem got elevated were less likely to have a decline in their health. Further research studies have shown that the social support helps in psychological adjustment to individual's affected chronic stress, cancer, and heart disease. It also protects them from certain life stressors.

REDUCE STRESS

The social support helps the individuals reduce the stress. The increase of the stress leads to heart disease. When people are surrounded by the loved ones/cared ones, helps to deal with the situation in a better way. The research studies have also mentioned that the PTSD is reduced with a strong support at the time of the crisis.

QUALITY OF LIFE:

Quality of life is an individual's satisfaction or happiness with life in domains he or she considers important. It is referred as life satisfaction or subjective well-being. Currently it is mentioned as overall quality of life in order to differentiate from health related quality of life. It is the broadest of all ideas we try to measure with, being influenced by all of dimension of life that contribute to its richness and reward, pleasure and pain. These dimensions include health, but are not limited to it.

An older person's quality of life improves if he or she is productive and feels that he/she isn't treated a burden to society. Some of the aspects of quality of life are obvious and basic: physical, personal and societal well-being. It includes possession of intellectual ability, the capacity to perform activities of daily living, a social support system, an adequate financial base, mastery over one's life (independence, autonomy and choice) a purpose outside of oneself that offers a sense of usefulness and some degree of happiness and morale.

Quality of life also comprises freedom, legal protection and human rights. Far from being immutable, even these basic elements are relative and their importance varies widely according to personality and circumstances. Other aspects of quality of life such as possession of a sense of purpose, moral well-being and spirituality are more complex, subjective and relative. Quality of life may mean very different thing to different individuals. The most complex areas of quality of life are life satisfaction and coming to terms with one's quality of life at the end of life. The classic simplest equivalent of quality of life is happiness which is usually regarded as something under one's own control.

The content and the indicators of quality of life may be summarized as follows:

Quality of Life Indicators:

Physical well-being: Energy and function, sexuality, quality health, care, freedom from pain, preservation of senses-vision, hearing, smelling etc., adequate rest and sleep.

Financial and material well-being: Financial security and independence, income from variety of sources, having a job.

Personal well-being: Mental health and well-being, self esteem/dignity, identity, continuing growth, body image/appearance, memory, control over one's own life, independence, dignity, morale, freedom from excessive stress, addictiveness, choice,

opportunity, education, love.

Social well-being: Family, friendship, social network support system.

Life satisfaction: Reminiscences, life reviews, accomplishments, full life, creativity.

Purposeful well-being: Contributions to others/ altruism, productive ageing, knowledge, truth.

Aesthetic well-being: Exposure to music, arts – aesthetics, leisure time.

Joyfulness: Pleasure-big or small, food, recreation, travel, adventure, excitement, merriment.

Moral well-being: Clear conscience or goodness.

Enjoyment of one's life time: Feeling that „it has been a good time to live alive“.

Living in the present: Elementarily, simplicity, freedom from pre-occupation with past and future.

Spirituality: Beyond self, spiritual beliefs.

End of life: Quality dying, sense of control, quality care- pain and suffering.

The researchers have identified numerous taxonomies of life domains such as social, psychological, problems of ageing and health sciences based on the studies with general populations and as well as with the sick individuals.

A typical taxonomy is that of Flanagan, which categorizes 15 dimensions of quality into five domains, are

1. Physical and material well-being:

(a) Material well-being and financial security

(b) health and personal safety.

2. Relations with other people:

(a) Relations with spouse

(b) having and rearing children

(c) relations with parents, siblings or other relatives and

(d) relations with friends.

3. Social, community and civic activities:

- (a) Helping and encouraging others
- (b) participating in local and governmental affairs.

4. Personal development and fulfillment:

- (a) Intellectual development, (b) understanding and planning, (c) occupational role career and (d) creativity and personal expression.

5. Recreation:

- (a) Socializing with others
- (b) Passive and observational recreational activities and
- (c) Participating in active recreation.

Health is one of many dimensions contributing to overall quality of life in Flanagan's taxonomy. The World Health Organization defines health as "not merely the absence of disease or infirmity" but as a concept that incorporates nations of well-being or wellness in all areas of life (physical, mental, emotional, social and spiritual).

2.0. REVIEW OF LITERATURE:**Related to Perceived Social Support**

Serap Unsar et al (2016) studied the Social Support and Quality of life among older Adults and have found that Positive correlations were found between quality of life score and social support total score, social support scale's subgroups of family, friends and special friend scores respectively. There was a negative correlation between number of daily medications and quality of life. Quality of life of men and married participants were better than the others. Participants living with their spouse and children had better social support family subgroup scores compared to ones living alone.

Michael A Larocca and Forrest R Scogin (2015) examined the Effect of Social Support on Quality of Life in Older Adults Receiving Cognitive Behavioral Therapy and found that positive change in satisfaction with social support was associated with improvement in quality of life beyond the effects of the CBT treatment. In addition, pre-treatment satisfaction with social support, and change in satisfaction with social support moderated the effect of CBT on quality of life.

Lindert J, et al. (2013), in their study on the Social Support, Socio-Economic Status, Health and Abuse among Older People in Seven European Countries have found that women and persons living in large households and with a spouse/partner or other persons were more likely to experience high levels of social support.

Related To Quality of Life:

Garcia and Navarro (2018) have found that the respondents have good perception of their quality of life, considering health, leisure, environmental quality, functional capacity, level of satisfaction, social support, social networks, and positive social interactions as the determinants of their well-being, although social contact reduces as the age advances.

Shah et al (2017) studied the Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat and found that mean age of the respondents were 65.8 and two third of the geriatric were married. Commonly affected by Joint pain, Cataract, Hyper tension and diabetic mellitus. 56 per cent had good and 50.8 per cent had excellent quality of life.

Jafarabadi et al (2014) in their study on Assessing the Quality of Life in Elderly People and Related Factors, have found that Male elderly had slightly high score in the quality of life; however, these differences were not significant. A significant difference was observed between having cardiovascular diseases, respiratory and gastrointestinal diseases, hearing and visual impairments with total score in the quality of life. Also, there was no significant difference between gender and age variables with total score in the quality of life.

Singh, (2014) studied the impact of social work intervention in improving mental health condition of a elderly people residing in rural india, Madwana villafe of Lucknow. Counselling, motivational, awareness, and sensitization programmes were conducted. During intervention various social work methods, principles and values were applied, for a period of six months. The result shows that social work intervention has reduced the feeling of depression and anxiety and improvement in the quality of life among the elderly.

3. METHODOLOGY

Objectives of the study:

- To study the personal profile of the pensioners
- To study the level of Perceived Social Support and Quality of life of the pensioners

Hypothesis: Higher the Social Support, higher the Quality of Life

Tools Used for Data Collection:

The data was collected using an Interview Schedule. It consists of part I- questions related to Personal profile, Part II – Scale to measure Perceived Social Support and Part III-Scale to measure the quality of life. The details of the scale are;

- To measure the perceived social support, Multidimensional Scale of Perceived Social Support (MSPSS), was used by the researcher. It was published by Zimet GD, Dahlem NW, Zimet SG, Farley GK. Journal of Personality Assessment 1988; 52:30-41.
- To measure the quality of life, Older People's Quality of Life Questionnaire (OPQOL).

Sampling Method:

The researcher had collected the data from the pensioners in Madurai city i.e who had got retired from government service were included in the study. The lists of pensioners were collected from the Pensioners association in Madurai and by adopting simple random sampling procedure. Lottery method was adopted to identify the sample respondents. 120 data were collected from the list of 600.

4.0. MAJOR FINDINGS AND RESULTS:

It has been found that 49 per cent of the respondents were in the age agroup 61-67, 27 per cent were in the age group 68 and above. Majority of the respondents were male i.e., 74 per cent, around 92 per cent of the respondents were married. 75 per cent were living in the joint family system and the remaining was living in the nuclear family. It is interesting to note that 47 per cent of the respondents were living along with their son and the same equal

numbers of the respondents were living with their daughters i.e., 45 per cent. Majority of the respondents were Hindus i.e., 77 per cent and it is followed by Christians and Muslims. The 35 per cent of the respondents were drawing a monthly pension of Rs. 5000/- and 32.5 per cent respondents pension is between Rs.5001 to Rs.9,999/- and the remaining were getting above 10,000/-. 48 per cent of the respondents educational qualification is UG, 30 per cent had studied PG and the remaining had studied diploma and other technical qualification.

Level of Perceived Social Support:

It has been found that 41 per cent of the respondents have stated that their level of Perceived social support at moderate level, 30 per cent have stated that their Perceived social support is at low level and the remaining have state high level of Perceived social support.

Level of Quality of life:

It has been found that 40 per cent of the respondents have stated that their quality of life is low level, 34 per cent have stated that their quality of life is at moderate level and the remaining have stated high level of quality of life.

Association between Personal variables and Quality of life:

It has been found that there is an association between the personal variables such as Gender, religion, monthly income and quality of life, where as there is no association between ages, Living with, type of family and number of children.

Association between Personal variables and Perceived Social Support:

It has been found that there is an association between the personal variables such as Marital status, Type of family, monthly income, employment of spouse, number of children and Perceived social support, where as there is no association between age, gender, religion and Living with and perceived social support. (Table no1)

Relationship between Perceived Social Support and Quality of Life

Hypothesis: Higher the Social Support Higher the Quality of life

It is also found that there is positive relationship between perceived social support and quality of life. The hypothesis is accepted i.e., higher the Social Support Higher the Quality of life.

5.0. CONCLUSION:

In the today's context the practice of joint family system is very low. In this study it has been found that majority were living in joint family system. A note-able fact is that majority of the respondents were living with their daughters. People usually prefer to live with their son started living with their daughters- a cultural change is also observed here.

Since the respondents were retired and to take care of their health and to take care of the grand-children, many of the respondents were living with their son and daughters. The respondents living in the joint family has high level of perceived social support and monthly income also associated with high level of perceived social support and quality of life.

The study had revealed that there is a relationship between perceived social support and quality of life and the personal variables were influencing them. So the family members have to extend their possible support to take of the pensioners. When such support is extended, it helps to be physical and mental health which in turn helps the family too. The government needs to frame policy to provide care for the aged. Pension alone will not provide security.

Tables showing the results

Table.1
Association between personal variables and Quality of Life

Personal Variables		N	Mean	Std. Deviation	F/t	Sig
Age	less than 60	59	78.2881	7.13430	3.48	0.334(*)
	61-67	44	79.7727	11.68156		
	68 and above	17	83.2353	10.58023		
Gender	Male	89	76.1685	6.71368	-2.11900	0.009(*)
	Female	31	81.5806	15.66902		
Marital status	Married	110	77.5727	10.46397	.00000	0.983(NS)
	Unmarried	10	77.5000	2.79881		
Religion	Hindu	92	77.6196	8.67337	3.74300	0.027(*)
	Christian	10	84.2000	20.13731		
	Muslim	18	73.6111	6.80950		
Type of Family	Joint family	90	78.0222	11.04025	.7390	0.392(NS)
	Nuclear Family	30	76.2000	6.11048		
Living with	Son	57	77.0702	10.14160	.1910	0.903(NS)
	Daughter	54	78.2593	10.75838		
	Alone	7	76.0000	2.82843		
	institutional Care	2	78.5000	2.12132		
Monthly pension	up to 5000	42	75.8333	6.47290	1.9870	0.147(NS)
	5001 to 9999	39	76.8974	7.18110		
	10001 and above	39	80.1026	14.44918		
No of children	0	9	77.8889	2.66667	.8730	0.458(NS)
	1	49	75.8571	7.41058		
	2	42	79.2143	13.77083		
	3	20	78.1500	8.18391		

Table.2**Association between personal variables and perceived social support**

Personal Variables		N	Mean	Std. Deviation	F/t	Sig
Age	less than 61	59	45.7288	6.60676	1.936	0.149(NS)
	61-67	44	48.7273	8.57352		
	68 and above	17	48.0000	9.95615		
Gender	Male	89	46.6629	7.05489	-1.139	0.257(NS)
	Female	31	48.5484	10.09567		
Marital status	Married	110	46.6727	8.01616	4.91500	0.029(*)
	Unmarried	10	52.4000	4.88080		
Religion	Hindu	0	46.4348	7.77189	2.55900	0.082(NS)
	Christian	10	52.2000	13.77437		
	Muslim	18	48.0000	.00000		
Type of Family	Joint family	90	45.6000	8.19674	-3.91600	0.00(*)
	Nuclear Family	30	51.8000	4.82379		
Living with	Son	57	46.2807	8.73980	1.59900	0.193(NS)
	Daughter	54	47.4815	7.44474		
	Alone	7	48.5714	.97590		
	institutional Care	2	58.0000	.00000		
Monthly pension	up to 5000	42	47.9524	4.94828	3.54600	0.032(*)
	5001 to 9999	39	44.4872	8.94978		
	10001 and above	39	48.9487	8.94706		
No of children	0	9	52.8889	4.91031	8.28000	0.000(*)
	1	49	44.0000	7.10340		
	2	42	50.5000	7.72153		
	3	20	45.2500	7.72470		

Table 3

	Perceived Social Support	Quality of Life
Perceived Social Support	1	0.403(**)
Quality of Life	0.403(**)	1

** . Correlation is significant at the 0.01 level (2-tailed).

References:

1. Jafarabadi, Yaserkhaje-Bishak, Bahram Pourghasem et al (2014), Assessing the Quality of Life in Elderly People and Related Factors in Tabriz, Iran, *Journal of Caring sciences*, ; 3(4): 257–263
2. Lindert J , Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, , et al. (2013), Social Support, Socio-Economic Status, Health and Abuse among Older People in Seven European Countries. *PLoS ONE* 8(1): e54856.
3. Michael A Larocca and Forrest R Scogin (2015), The Effect of Social Support on Quality of Life in Older Adults Receiving Cognitive Behavioral Therapy, *Clin Gerontol.* Mar 1; 38(2): 131–148.
4. SerapUnsar et al (2016), Social Support and Quality of Life Among Older Adults” *International Journal of Caring Sciences* January – April 2016 Volume 9 Issue 1 Page 249
5. Shah VR, Christian DS, Prajapati AC, Patel MM, Sonaliya K N 9 (2019), Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat. *J Family Med Prim Care* [serial online] 2017 [cited 2019 Dec 25];6:101-5