Social Support and Quality of Life among the Elderly in Ibadan Metropolis

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Abstract
This study examines social support and quality of life among the aged in Ibadan metropolis. It adopted a descriptive research design. A total of one hundred elderly in Ibadan metropolis were selected using simple random sampling technique. Questionnaires consisting of socio-demographic characteristics and sections which is on quality of life = .83 and social support = 89. Four research questions were tested and answered using descriptive statistics, PPMC and regression at 0.05 level of significance. Findings showed that the level of social support is high (=3.10> 3.00) and level of quality of life is high (=1.93< 3.00) and there is a significant relationship between social support and quality of life among the elderly in Ibadan metropolis; r (98) = .786 p <0.05. Gender (β = .107, p<0.05), age (β = .100, p<0.05) and educational qualification (β = .129, p<0.05) had a significant relative contribution to the quality of life among the elderly in Ibadan metropolis. It was recommended among others that the elderly people should be encouraged and motivated to have a better quality of life, while social workers should help in one-on-one counselling of the elderly people on the quality of life.

Keywords: Elderly, quality of life, social support

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 a biological process, experienced by mankind. However, concern for the aging of the population is a relatively new phenomenon, which has arisen due to a significantly large increase in the number and proportion of aged persons in the society (WHO, 2001). The United Nations defined someone who is 60 years and above as aged (United Nations, 1998) while the World Health Organisations (WHO) put it at 65 years and above (WHO, 2001). WHO (2002) refers to a demographic revolution and assumes that by 2025 the world population aged 60 and above will have reached 1.2 billion people, and by 2050 there will be two billion seniors. To make aging a positive experience, it must be accompanied by continuous opportunities for good health, participation, and security (WHO, 2002). In this context, the WHO talks of "active aging" (2002), which is characterized as "the process of optimizing opportunities for health, participation and security in order to enhance the quality of life in older age." The word "active" refers not only to continue with physical activity or work, but also the participation of the elderly in various areas – social, economic, cultural, spiritual and civic.

Quality of life is an individual's satisfaction or happiness with life in domains he or she considers important. It is referred to as life satisfaction or subjective well-being. Currently, it is mentioned as the 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 the dimensions of life that contribute to its richness and reward, pleasure and pain (Garcia and Navarro, 2018). 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 as 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.

Social support is a subjective perception of satisfaction with personal contacts. According to Andrew (2015), social support is a kind of interpersonal transaction during which emotions, information, values or instruments can be exchanged. Strong and positive relations with significant others are particularly important when dealing with stressful events. A change in the living environment or being in a new environment reduces our internal resources such as a sense of being in control, self-esteem or sense of purpose in life. Support allows one to at least partially compensate for shortages (García, et al., 2015). Social support is broadly classified into emotional and instrumental support. Emotional support is referred to care, love, affection received, etc. that develops self-worth. Instrumental support is the support received in the form of childcare, housekeeping, transportation i.e., tangible (Morelli, Lee, Arnn and Zaki, 2015). Adequate social support helps to lead a healthy and long life.

Social support has an impact on the lifestyle of elderly people. Social support provides companionship and social engagement (Cutrona, Russell, and Rose, 2019). Engagement in leisure time activities stimulates and motivates them to participate in community programmes. It can be assumed that all types and forms of support, especially emotional support, are desirable in unfavorable situations. This type of support is particularly important for seniors who, for various reasons, have been deprived of natural sources of support. It has a beneficial effect on mental health and the quality of life, it increases self-esteem and is a source of emotional stability

The role of social support in the context of self-assessment of older people's quality of life has been well documented in the literature (Kasprzak, 2010). It has been confirmed that older people tend to suffer from a lack of social support, which directly contributes to a reduction in their quality of life (Liu, Gou and Zuo, 2016). The needs of seniors are usually complex, as health deficits of the older people almost

always accumulate with social determinants of life, such as social support, education level or sex. This plays a determining role in the deterioration of their life situation, both in terms of health and social relations. Deterioration of self-care abilities and cognitive disorders intensify the demand for services of a nursing and caring nature. Apart from the undeniable correlation between social contacts and relations with health status, they also have a significant impact on the quality of life of seniors (Andrew, 2015).

Older age is one of the situations that quality of life is essential. As the lifetime increased, chronic diseases become a major problem. Chronic diseases affect physical, social and emotional aspects of the life of the elderly, needs a long period of care and rehabilitation, and most of them are not cured completely (Martín, Mendibil, Castaño et., 2018). Therefore, they bring a substantial burden on their health and economic status, of their families and society. Elderly people come across stressful situations, such as the loss of a spouse, relatives, friends which lead to loneliness, health problems and isolation more often than younger people. Therefore, the study examines social support as a determinant of quality of life among the aged in Ibadan metropolis.

The objectives are to:

i. To determine the level of social support to the elderly in Ibadan metropolis
ii. To ascertain the level of quality of life among the elderly in Ibadan metropolis
iii. To examine the significant relationship between social support and quality of life among the elderly in Ibadan metropolis
iv. To determine the effect of demographic factors (gender, age, educational qualification) on quality of life among the elderly in Ibadan metropolis

Research Questions

The following research questions were answered.

1. What is the level of social support to the elderly in Ibadan metropolis?
2. What is the quality of life among the elderly in Ibadan metropolis?

Hypotheses

1. No significant relationship exists between social support and quality of life among the elderly in Ibadan metropolis
2. There is no significant effect of demographic factors (gender, age, educational qualification) on quality of life among the elderly in Ibadan metropolis

Methodology

This study adopted cross-sectional descriptive research design. The participants for this study are elderly people (60 years and above) in Ibadan metropolis. A total of one hundred (100) elderly people were selected in Ibadan metropolis, Oyo State divisions through multi-stage sampling technique. This technique was adopted because the target participants have equal chances of being selected for the study. The sample included males and female elderly people who are above 60 years, which has ideals on quality of life. This is in three stages; the first stage randomly selections of two local government (Ibadan North and Egbeda) from the 11 local government areas that make up Ibadan and the local government areas were selected due to the level of literacy of the local government area, which lead to the stage two in which two streets each were selected through simple random sampling techniques from the earlier selected local government, and at stage three, purposely sampling techniques was adopted in selecting 50 participant each from the selected streets. The instruments used were questionnaire(r=0.83), and social support scale (r=0.89.) Data collected were analysed using descriptive statistics, Pearson Product moment correlation and Multiple regression at 0.05 level of significance.

Results

RQ 1: What is the level of social support to the elderly in Ibadan metropolis?

Table 1: Showing the level of social support to the elderly

ITEMS	SA	A	U	D	SD	Mean	SD
There is a special person who is around when I am in need.	24 24.0%	16 16.0%	15 15.0%	7 7.0%	38 38.0%	2.81	1.643
1. There is a special person with whom I can share joys and sorrows.	62 62.0%	33 33.0%	2 2.0%	2 2.0%	1 1.0%	4.53	.731
2. My family really tries to help me.	24 24.0%	40 40.0%	14 14.0%	12 12.0%	10 10.0%	3.56	1.258
3. I get the emotional help & support	25 25.0%	14 14.0%	24 24.0%	17 17.0%	20 20.0%	3.07	1.458
4. I need from my family.	17 17.0%	18 18.0%	16 16.0%	25 25.0%	24 24.0%	2.79	1.431
5. I have a special person who is a real source of comfort to me.	18 18.0%	26 26.0%	12 12.0%	25 25.0%	19 19.0%	2.99	1.481
6. My friends really try to help me.	20 20.0%	21 21.0%	11 11.0%	25 25.0%	23 23.0%	2.90	1.481
7. I can count on my friends when things go wrong.	20 20.0%	21 21.0%	10 10.0%	28 28.0%	21 21.0%	2.91	1.464
8. I can talk about my problems with my family.	22 22.0%	18 18.0%	13 13.0%	25 25.0%	22 22.0%	2.93	1.486
9. I have friends with whom I can share my joys and sorrows.	21 21.0%	26 26.0%	14 14.0%	26 26.0%	13 13.00%	3.16	1.369
10. There is a special person in my life who cares about my feelings.	13 13.0%	25 25.0%	16 16.0%	25 25.0%	21 21.0%	2.85	1.361
11. My family is willing to he lp me make decisions.	18 18.0%	22 22.0%	12 12.0%	23 23.0%	25 25.0%	2.85	1.473
12. I can talk about my problems with my friends.	15 15.0%	23 23.0%	14 14.0%	28 28.0%	20 20.0%	2.85	1.381
Weighted mean = 3.1							

Table above showed the frequency distribution on the level of social support to the aged in Ibadan metropolis. The table shows the weighted mean of 3.10 which is greater than the standard mean of 3.00. This implies that the level of social support to the aged in Ibadan metropolis is high. It also revealed that, the type community they find themselves support them.

RQ 2: What is the quality of life among the elderly in Ibadan metropolis?
Table 2: Showing the quality of life among the elderly

Items	VP	P	NP nor G	G	VG	Mean	SD
How would you rate your quality of life?	60 60.0% VD	26 26.0% D	14 14.0% NS nor DS	- S	- VS	1.54	.731
How satisfied are you with your health?	59 59.0% Not at all	25 25.0% A little	16 6.0% A moderate amount	 Very much	 An extreme amount	1.57	.756
To what extent do you feel that physical pain prevents you from doing what you need to do?	65 65.0%	23 23.0%	12 12.0%			1.47	.703
How much do you need any medical treatment to function in your life?	58 58.0%	28 28.0%	14 14.0%			1.56	.729
How much do you enjoy life?	83 83.0%	8 8.0%	9 9.0%			1.26	.613
To what extent do you feel your life to be meaningful?	69 69.0% Not at all	4 4.0% Slightly	27 27.0% A moderate amount	 Very much	 Extremely	1.58	.890
How safe do you feel in your daily life?	72 72.0%	7 7.0%	21 21.0%			1.49	.823
How healthy is your physical environment?	80 80.0% Not at all	8 8.0% A little	12 12.00% Moderately	 Mostly	 Completely	1.32	.680
Do you have enough energy for everyday life?	74 74.0%	8 8.0%	18 18.0%			1.44	.783
Are you able to accept your bodily appearance?	96 96.0%	2 2.0%	2 2.0%			1.06	.312
Have you enough money to meet your needs?	74 74.0%	12 12.0%	14 14.0%			1.40	.725
How available to you is the information that you need in your day-to-day life?	59 59.0%	17 17.0%	24 24.0%			1.65	.845
To what extent do you have the opportunity for leisure activities?	59 59.0% Very poor	25 25.0% Poor	16 16.0% Neither poor nor well	 Well	 Very well	1.57	.756
How well are you able to get around?	63 63.0% VD	25 25.0% D	12 12.0% NS nor DS	 S	 VS	1.49	.703
How satisfied are you with your sleep?	59 59.0%	25 25.0%	16 16.0%			1.57	.756

Table above shows the frequency distribution on the level of quality of life among the aged in Ibadan metropolis. The table shows the weighted mean of 1.93 which is less than the standard mean of 3.00. This implies that the level of quality of life among the aged in Ibadan metropolis is low.

Hypothesis 1: There is no significant relationship between social support and quality of life among the aged in Ibadan metropolis

Table 3: Showing the relationship between social support and quality of life

Variable	N	Mean	SD	Df	R	Sig	P
Social support	100	40.19	11.70	98	.786	.000	<0.05
Quality of life		51.09	10.62				

Table 3 shows the significant relationship between social support and quality of life among the aged in Ibadan metropolis. The result revealed that there is significant relationship between social support and quality of life among the aged in Ibadan metropolis; r (98) = .786 p <0.05. This implies that social support strongly influences the quality of life among the aged in Ibadan metropolis.

Table 3: Showing relative contribution of each of the independent factors to quality of life Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	50.904	7.025		7.246	.000
Gender	-2.274	2.152	.107	2.056	.000
Age	1.332	1.509	.100	1.982	.983
Education	.799	2.789	.129	2.287	000

The table 4 revealed the effect of demographic factors (gender, age, educational qualification) to the dependent variable (quality of life) among the elderly in Ibadan metropolis; gender (β = .107, p<0.05) had significant relative contribution to quality of life and educational qualification (β = .129, p<0.05) had significant relative contribution to quality of life among the aged in Ibadan metropolis. That is, demographic factors (gender and educational qualification) predict and determine quality of life among the elderly in Ibadan metropolis. In term of magnitude of contribution education, made the most significant contribution to quality of life among the aged in Ibadan metropolis, followed by gender.

Discussion of Findings

This study examined social support and quality of life of the elderly in Ibadan Metropolis with the objectives of determining the level of social support to the elderly in Ibadan metropolis; ascertaining the level of quality of life among the elderly in Ibadan metropolis; examining the significant relationship between social support and quality of life among the elderly in Ibadan metropolis and determining the effect of demographic factors (gender, age, educational qualification) on quality of life among the elderly in Ibadan metropolis

The findings revealed that the weighted mean is greater than the standard mean. This implies that the level of social support to the aged in Ibadan metropolis is high. It also revealed that, the type community they find themselves support them. The result further showed that the weighted mean is less than the standard mean. This implies that the level of quality of life among the aged in Ibadan metropolis is low even though the level of social support is high. This is confounding as it is expected that the quality of life should be high since the level of social support the elderly receive is high. However, the rationale behind this contradiction is not determined by this study

The study also revealed that there is significant relationship between social support and quality of life among the aged in Ibadan metropolis. This implies that social support strongly influences the quality of life among the aged. This finding is similar to the study conducted by Moghadam, Mansour-Ghanaei, Esmaeilpour-Bandboni, and Atrkar-Roshan in 2020 which revealed that that there was a significant and positive correlation between social support and quality of life (r = 0.29, P < 0.0001). Garousi, Safizadeh & Samadian also reported social support, especially emotional support can be of help to improving the quality of life of the elderly.

Similarly, Sarla, Lambrinou, Galanis, Kalokairinou & Sourtzi (2020) in their study found a significant positive relationship between social support from significant others/friends and health related quality of life of the elderly. Kang, Park & Wallace (Hernandez), 2018 also noted a significant positive effect of perceived social support on quality of life ($\beta = 0.28, p < 0.001$) among the elderly in South Korea.

Studies have also reported an association between increased level of social support and increased wellbeing and quality of life of older adults (Holmen & Furukawa 2002, Golden, Conroy, Bruce , Denihan , Greene , Kirby. et al., 2009; Shin & Sok 2012). Social support can promote health by providing persons with positive experiences, socially active roles, or improved ability to cope with stressful events. This is supported by the study of Serap Unsar et al (2016) on social support and quality of life among older adults. They found out that positive correlations were found between quality of life score and social support total score. Similar finding has been noted in the study conducted by Singh, (2014) that social work intervention reduced the feeling of depression and anxiety and led to an improvement in the quality of life among the elderly in rural India, Madwana village 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.

Furthermore, the results revealed there is relative contribution of demographic factors (gender, educational qualification) to the dependent variable (quality of life) among the aged. The influence of education on social support has been noted by Campos, e Ferreira, Vargas, *et al.2014* conducted a study on Aging, Gender and Quality of Life (AGEQOL) study: factors associated with good quality of life in older Brazilian community-dwelling adults. They found out that older adults of both genders with five or more years of education, good self-rated health, an absence of depressive symptoms, and no family dysfunction reported better QOL.

On the contribution of gender to social support, Campos, e Ferreira, Vargas, *et al.2014* in their study noted that there are gender differences related to better quality of life with female having good physical and psychosocial health more likely to have better 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 also 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. However, Jafarabadi *et al* (2014) in their study on "Assessing the Quality of Life in Elderly People and Related Factors", found that male elderly had slightly high score in the quality of life; however, these differences were not significant. Also, there was no significant difference between gender and total score in the quality of life.

In terms of magnitude of influence on or contribution to quality of life, education made the most significant contribution to quality of life among the elderly in Ibadan metropolis, followed by gender and age. Education further sharpens the worldview of people and exposes people to better way of living. Furthermore, a highly educated person is likely to have made provisions for finances and other things that will provide comfort at old age. This could explain education having the most contribution to the quality of life among the elderly.

Conclusion

Based on the findings of this study, it is concluded that when social support to the elderly is increased, their quality of life will be higher and vice versa. Hence, it is important to timely identity the needs of the elderly and ensure that comprehensive social support for them is promoted in order to improve their quality of life.

Recommendations

Based on the findings above the following recommendations have been made:

1. The elderly people should be encouraged and motivated to have better quality of life
2. Social workers should help in one-on-one counseling of the elderly people on quality of life
3. Seminars should be holds in the community to provide support so as to increase the quality of life for the elderly
4. The society should support the elderly people this could increase better quality of life.

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