



Review Paper

Perceived Social Networking in Ageing Adults

Shubha Dube, Kirti Sharma and Pragya Sharma*

Department of Home Science, Human Development, University of Rajasthan, Jaipur, India
simplypragyasharma@gmail.com

Available online at: www.isca.in, www.isca.me

Received 11th September 2016, revised 25th September 2016, accepted 27th September 2016

Abstract

The present scenario as deference to ageing people clearly shows that their numbers have enlarged over the furthest few decades worldwide and influence to be so in the forthcoming years. Urbanization, modernization and globalization have led to change, in the financial formation, disintegrating of social values, exhausting of social values and social organizations such as the joint family. In this changing financial and social environment, the ageing generation is caught between the abatement in conventional values on one hand and the absence of sufficient social security system on the other. Social connections are a substantial issue for elderly as ordinary life occurrence may threaten the support connections of this age group. The prevalence of each type of support varies according to socioeconomic status, gender, age and ethnicity. Family, friends and neighbours are valuable sources of abutment to ageing people. These social connections help to buffer stress and depression and improve individual's health and self-esteem. Social support is closely related to social network, family ties, friends and neighbours. Four main types of social network have been emotional, tangible, informational and companionship. Social connections and social support play important role in the quality of life of ageing adults in all societies and particularly where precise support and social assurance programs are not available.

Keywords: Social Networks, Social Support, Aging Adults.

Introduction

The ageing population is large in common and increasing due to promotion of health care education. The present scenario as deference to elderly people clearly shows that their numbers have enlarged over the furthest few decades worldwide and tend to be so in the coming years also¹. Ageing adults face various physiological, psychological and social role modification and these sometimes modifications that challenge their sense of self and capacity to live happily. Many people acquaintance loneliness and depression in ageing years, either as a result of living alone or due to absence of close family connections and reduced ties with their culture of origin, which results in an inadequacy to actively engage in the community activities. With promoting age, it is assured that people detached connection with their friendship networks and that they find it more problematic to introduce new friendships and ties².

Social support is defined in terms of social network, characterized as abetment from family, colleague, neighborhood and other locality representative. Social network as a structure of kin, colleague, neighborhood, and locality representative is derivable in times of need to give mental, physical, and economic assistance³. It affects social undertaking that assist particular in suffering with informal life, exclusively in responses to crucial circumstances⁴. At the individual level, social support refers to the companionship and support which is derived from a person's social network, It has been theorized

that the more opportunities an individual has to interact with other people, the more social support will be available. This social support in turn, will have a beneficial effect on health, and general wellbeing⁵. Social support improves coping, self esteem and feeling of belongingness. Social network has an extreme effect on respective, not least on ageing definite with health complication. A deficit of support connections and impoverished kin or social affiliation may be vital in old age and exhibit risk factors for ageing adults⁶. Social network is generally determine under three classification: perceived support, support behaviors (received support), and support resources^{7,8}.

Perceived support reproduce the instinctive approach that is to what extent social members are available to provide social support and narrate the intellectual constituent of social network. It adverts to apprehension that social network is accessible when vital—it associate to connection of support, while the social network assessment may involve assorted other appraisable scope⁹.

Received social network can be considered as the behavioral inherent of social support, as it depend upon awaking in especial interpersonal occurrence. It is the support that people get from others or the enacted support. The conventional support is assumed to rely upon on squeak of support, the exclusive endure accomplishment and the degree of acerbity of stress⁹. Support behaviors depict the definite enthusiastic and/or auxiliary

sustenance accepted. Support capital is commonly the social connections (i.e., the beginning of one's social vital or the assistance derived concluded social communication). The most ordinary antecedent of social agency is spouse, offspring, and kin, pursued by close intimate. The escort ideal of social connections postulates that every peculiar is enclosed by an escort, a stated of persons to whom the separately sustain exchangeable enthusiastic and auxiliary support. This escort involves peculiar people who combine the individual's social support and influence his/her health. The popularity of exclusive type of support, however, assort acceded to demographic profile, union, paternal and socioeconomic status, gender, age and ethnicity¹⁰.

Types of Social Support

There are four types of social support¹¹⁻¹³.

Emotional support is the atonement of affinity, entanglement, endearment, love, trust, acquaintance, advocacy and care. It is ardor and nurturance accommodated by antecedent of social connection, providing spontaneous support can help the particular know that male or female is caliber. It is also describes as venerated support or reckoning support.

Tangible support is the foundation of economic facilitation, income and, also called influential support, this form of social network enclose the corporeal, lineal approach people abetment another's. Informational support is the outline of proposal, navigation, commendation or beneficial knowledge to someone. This type of instructions has the probable to assist others clarify worriment. Companionship support is the kind of support that gives someone an advantage of companionable affinity. This can be recognizing as the assurance of colleague to enlist in shared social enterprise.

Importance of Social Support

The association between social reciprocal and self-rated health deviate among male and females as well. Low social network engagement is affiliated with poor self-rated health in ageing men, though low social connection is correlate with poor self-rated health in ageing women. The dependency of social connection and social networks to self-rated health vary according to male and female has also been corroborated¹⁴. The different types of social support and connections may perform in different mode and with different percussions on health between genders. Ageing women who perform intensely in commonality exertion are more likely to be substantially active. However, this affiliation was not found in ageing men¹⁵.

Social agency has several ties to physiological well being. People who have low social network are at a lot of greater possibility of death from a combo of disorders (e.g., cancers, cardiovascular disease. Several studies have shown that people who have higher social network have an added on possibility for durability^{13,16,17}.

It was interesting to note that people who have higher social support are also less possibility to evolve colds and are able to compensate faster if they are afflicted from a cold¹⁸. Social network has been affiliated with several positive consequence, containing faster cure from coronary artery surgery, herpes attacks and age-related cognitive decay and have improving diabetes control^{19,20,21}. Informal and formal social agency helps an elderly particular to cure from a hip fracture, breast cancer and buffer the unhealthy effects of stress on psychological and physiological well being. This means that different forms of social support can improve elderly quality of life²²⁻²⁶.

Social network not only assistance us impression more appropriate or assistance us buffer with threat; it also leads to promote physiological well being, psychological well being and overall well-being. This ways that having approach to suitable social support is vital to a blooming life. Several researches, associate with social support to various health outcomes²⁷⁻³¹.

Social support may enhance attitude, self-image, ability to manage with stress and conflict^{32,33}. Family members who take care of enthusiastic and social network in ageing years are important. Particular persons have peculiar social connections and that each has an individual role to play in our lives. Each person plays a different roles —father, mother, child, friend — acquaint them to different connection that feel them to feel socially connected and enhance their sense of health. Quantity and quality of social networks and high social assurance compressed the rate of cognitive abatement³⁴.

Conclusion

To summarize we can say that social network is show clearly to be a real life-saver during ageing years. People who are abutment by imminent relationships with intimate, relatives or fellow members of devotion, work or other network formation are few susceptible to felling terrible health and immature death. Individuals suffering with reflective health conditions have over endurance rates if they obtain inclusive social network. There is also a healthy connection among social network and wellbeing. Those who have warm exclusive affiliation endure greater with peculiar stressors along with bereavement, job loss and illness. Social support may reduce anxiety and stress, emotional distress and depression, fatigue and pain. Whereas ageing people are entangle in their families and imposition esteem against their families, uncertain socio-economic system may affect the accessibility of support to ageing people by own families in future.

References

1. Bharati Kanchan (2013). Ageing in India: Need for a Comprehensive Policy. IIM Bangalore research paper no. 421, Centre for Culture and Development, Vadodara.
2. Singh S.D. (2015). Loneliness, depression and sociability in old age. *The International Journal of Indian Psychology*, 2(2).

3. NIH (2016). National Cancer Institute. www.cancer.gov/dictionary.com.
4. Pierce G.R., Sarason B.R. and Sarason I.G. (1990). Integrating social support perspectives. Working models, personal relationships and situational factors. Duck S, editor, Personal relationships and social support. London: Sage Publications, 73-215.
5. DuBois D.L., Holloway B.E., Valentine J.C. and Cooper H. (2002). Effectiveness of mentoring programs for youth. A meta-analytic review. *American Journal of Community Psychology*, 30, 157-197.
6. Melchiorre M.G., Chiatti C., Lamura G., Torres-Gonzales F. and 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, Doi: 10.1371/journal.
7. Barrera M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14, 413-445.
8. Vaux A. (1985). Variations in social support associated with gender, ethnicity, and age. *Journal of Social Issues*, 41, 89-110.
9. Burleson B.R., Albrecht T.L., Goldsmith D.J. and Sarason I.G. (1994). The communication of social support : Messages, interactions, relationships, and community.. *Communication of Social Support: Messages, Interactions, Relationships, and Community*, xi-xxx. Thousand Oaks: Sage Publications.
10. Antonucci T.C. (1986). Measuring social support networks. Hierarchical mapping technique. *Generations*, 3, 10-12.
11. Wills T.A. (1991). Social support and interpersonal relationships Margaret, Clark. *Prosocial Behavior, Review of Personality and Social Psychology*, 12, 265-289.
12. Wills T.A. (1985). Supportive functions of interpersonal relationships. S. Cohen & L. Syme., Social support and health., Orlando, FL: Academic Press, 61-82.
13. Uchino B. (2004). Social Support and Physical Health, Understanding the Health Consequences of Relationships. New Haven, CT: Yale University Press, 16-17.
14. Silvana C Caetano, Cosme MFP Silva and Mario V Vettore. (2013). Gender differences in the association of perceived social support and social network with self-rated health status among older adults: a population-based study in Brazil. *BMC Geriatrics*, 13,122.
15. Mazo G.Z., Benedetti T.B. and Sacomori C. (2011). Association between participation in community groups and being more physically active among older adults from Florianópolis, Brazil. 66, 1861-1866.
16. Uchino B. (2009). Understanding the links between social support and physical health. A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science*, 4, 236-255.
17. Holt-Lunstad J., Smith T.B. and Layton J.B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Med* 7, (7).
18. Cohen S., Doyle W.J., Skoner D.P., Rabin B.S. and Gwaltney J.M. (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association* 277, 1940-1944.
19. VanderPlate C., Aral S.O. and Magder L. (1988). The relationship among genital herpes simplex virus, stress, and social support. *Health Psychology*, 7, 159-168.
20. Seeman T.E., Lusignolo T.M., Albert M. and Berkman L. (2001). Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur studies of successful aging. *Health Psychology*, 20, 243-255.
21. Marteau T.M., Bloc S. and Baum J.D. (1987). Family life and diabetic control. *Journal of Child Psychology and Psychiatry*, 28, 823-833.
22. Mortimore E., Haselow D., Dolan M., Hawkes W.G., Langenberg P., Zimmerman S. and Magaziner J. (2008). Amount of social contact and hip fracture mortality. *Journal of the American Geriatrics Society*, 56, 1069-1074.
23. Institute of Medicine (2004). Meeting psychosocial needs of women with breast cancer. Washington, D.C., National Academies Press.
24. Kwan M.L., Ergas I.J. and Somkin C.P.I. (2010). Quality of life among women recently diagnosed with invasive breast cancer: the Pathways Study. *Breast Cancer Res Treat.*, 123(2), 507-524.
25. Rodriguez- Laso A., Zunzunegui V.M. and Otero A. (2007). The effects of social relationships on survival in elderly residents of a southern European community: A cohort study. *BMC Geriatrics*, 7, 19-26.
26. Hay J.C., Steffens D.C., Flint E.P., Bosworth H.B. and George L.K. (2001). Does social support buffer functional decline in the elderly patients with uni-polar depression. *American Journal of Psychiatry*, 158, 1850-1855.
27. Albrecht T.L. and Goldsmith D. (2003). Social support, social networks, and health. T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication, 263-284, Mahwah, NJ: Lawrence Erlbaum.
28. Cobb S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
29. Lyyra T.M. and Heikkinen R.L. (2006). Perceived social support and mortality in older people. *The Journals of Gerontology Series B*: 61(3), S147-S152.

30. Motl R.W., McAuley E., Snook E.M. and Gliottoni R.C. (2009). Physical activity and quality of life in multiple sclerosis: Intermediary roles of disability, fatigue, mood, pain, self-efficacy and social support. *Psychology, Health & Medicine*, 14, 111-124.
31. Schaefer C., Coyne J.C. and Lazarus R.S. (1981). The health-related functions of social support. *Journal of Behavioral Medicine*, 4, 381-406.
32. Classen C., Butler L.D. and Koopman C. et. al. (2001). Supportive-expressive group therapy and distress in patients with metastatic breast cancer: a randomized clinical intervention trial. *Arch Gen Psychiatry*, 58, 494-501.
33. Bjornekleit H.G., Lindemalm C. and Rosenblad A. et. al. (2012). A randomised controlled trial of support group intervention after breast cancer treatment: results on anxiety and depression. *Acta Oncol.*, 51(2), 198-207.
34. Patricia M. Barnes M.A., Powell-Griner E., McFann K. and Richard L. Nahin (2004). Complementary and alternative medicine. use among adults: United States, 2002 *Seminars in Integrative Medicine*, 2(2), 54-71.