

Social Support among Elderly People: Case Study Focused on the Silver Jubilee Home in Penang, Malaysia

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Abstract

The purpose of the study is to examine the level of social support from family and friends for elderly residents of the Silver Jubilee Home in Penang, Malaysia. In this study, the Lubben Social Network Scale (LSNS) was used to assess three dimensions of social support: the frequency of visitation and communication, confidante relationships, and the quality of decision-making processes involving families and friends. Participants in this study reported low levels of social support received from their families and friends across the three social network dimensions of visitation and communication, confidante relationships, and involvement in decision making processes. In addition, the study subjects, whether males or females, received low levels of social support in all types of confidante relationships and involvement in decision-making processes. However, male residents received more visitors and established higher levels of communication with their families and friends than their female counterparts.

Keywords: social support and elderly people

Introduction

Elderly people are persons who are aged 65 years and above. Usually this category of people is the target of government social security packages, including pensions. At times, variations based on gender influence the definition of the elderly. For example, in some developed countries men must be 65 years of age before they are entitled to collect pensions, while their female counterparts are pensionable by the age of 60. Studies have also shown that the interest which the general public in some parts of the world has in old age focuses on the issue of retirement. In any case, living conditions for the elderly, the retirees' financial entitlements such as gratuities and pensions, and their need for support through a solid social network provided by families and friends are relatively neglected (Tunstall, 1966).

The population of elderly people in Malaysia is gradually increasing, perhaps owing to the advancement in and relatively easy access to scientific and technological products and services in Malaysia. However, little or nothing is done by the Malaysian government, private organizations, non-governmental organizations (NGOs), and the families and friends of the elderly people to aid them in terms of meeting their personal, psychosocial, physical and mental health needs, specifically in Penang. Poor handling of the issues of older people is possibly due to urbanization, modernization, and the everyday hustle and bustle associated with the industrial activity in Penang, as most families and friends of elderly people are engaged in work-related activities.

This study was conducted in a care home known as the Silver Jubilee Home for the Aged, which is located on Jalan Sungai Dua, Penang Island, Malaysia. Established in 1935, the Penang and Province Wellesley Silver Jubilee Home for the Aged was at that time one of the few care homes in Penang, indeed in Malaysia. It came into existence in recognition and celebration of the Silver Jubilee of King George V of England and his wife, Queen Mary. It occupies approximately 22.5 acres of land donated by Mr Cheah Leong Keah J.P. for the benefit of the weak and poor aged population within and beyond Penang State.

The Home has eight blocks, which contain a total of 124 living rooms. It has over 80 beds in five medical wards, which are supported by both rehabilitation and physiotherapy sections, including separate dining and laundry halls for approximately 200 residents.

The Home currently has a manager, who has two assistants in addition to two matrons, two staff nurses, a finance officer, and 20 ward attendants, as well as other casual workers charged with the responsibility for the day-to-day activities of the Home, which include organizing the Karaoke and other music and singing programmes for the residents on selected days and times The Silver Jubilee Home for the Aged.

Wilkinson and Marmot (2003) established that access to both social support and good social relationships constitute an important building block for healthy living among elderly people. This may be simply because social support has the capacity to enhance the emotional and practical resources greatly needed by the elderly community. Further, a sense of belonging to particular groups, such as families, friends, and community members helps to promote social networking, and it also justifies and improves the ability to communicate, establishes mutual trust, and creates obligations among interacting parties with special regard to the needs of elderly people.

There is a question about the extent of support given to the elderly who are childless and have no existing family members. The social support and relationships of childless older people have been given less attention when it comes to research, especially in the area of social work. Elderly people who lack children or siblings to provide basic family support may obtain comfort through any available kin or through relationships with non-kin individuals. Social support systems for the childless can be more extensive than those of people with only one or two children, although this does not imply that they are more effective. Aside from the issue of family, considerable attention has also been paid to the importance to the elderly of friends and neighbours. This has even led to the findings indicating that friendship can play a more important role in the life of ageing people than their interaction with their own families (Kimmel, 1980).

Literature review

Bennett (1980) argued that social isolation is one of the most common phenomena affecting elderly people in several countries. For instance, reports show that many elderly males live a single life without a wife, and probably an isolated lifestyle without the presence of children. Social isolation is usually caused by the death of their spouse, as was observed in the lives of more than 50 per cent of the lonely elderly persons studied. Living without either children or spouse can have dire consequences for the survival of most elderly people. In the light of this, the situation regarding social support, specifically the care and love received from families and friends, and a society focused on creating healthy living conditions for them, are critical to the health and well-being elderly people.

It is virtually impossible to engage in the discussion of the ability of elderly people to obtain adequate social support, especially from their family members, without considering the age structure of the members of their households. According to Bennett (1980) household organization among elderly people, especially those that fall within the 75–95 age range, is a key determinant in understanding the living conditions of the elderly population. This is important in the sense that there are increasing numbers of elderly people who are living with younger relatives. This is a particularly common phenomenon in urban areas, where the pressure for housing is greater, which has consequently led as many as one-third of elderly people to live in households with younger members.

In one study, more than half of widows aged 80 years and above lived with their younger relatives; this analysis demonstrates the importance of children for providing close support for the old. This is especially true if the numbers or percentages of elderly people who are living with their younger relatives are correlated with the number of children in their families. The chances that the proportion can increase after age 80 are clear because the majority of parents who are over 80 years and living with either their children or family members expressed great amounts of satisfaction with the support being given (Bennett, 1980).

Demographic variables and socio-economic identifiers can play a significant role in revealing the social structuring across societies. A classic example of how gender determines elderly people's chances of receiving social support is given by who pointed out that in some instances elderly people hardly ever access direct cash from their children or families for personal spending. The problems of income security and social production are far more acute in the cases of elderly women because in the normal course of events, elderly women have limited control over household resources or limited income. In addition, they represent a marginal proportion of the work force in the organized sector. Therefore, only limited numbers of elderly women have the benefit of an independent pension or financial support from government organizations and agencies.

Although some women who have no access to income may later benefit from their husbands' pensions upon retirement or after his death, many women can lose this entitlement as soon as the spouse passes away. Wenger (1984) found there is evidence to show that females are more self-disclosing and likely to help others than their male counterparts. This can have serious implications for the degree of support which elderly people get from their families and friends. The role of gender in determining the extent to which social support is extended to the aged merits further investigation. Turner and Troll (1994) argued that significant differences can be found in the size of the social networks of people based on gender, which are not commonly present when other socio-cultural and structural factors are considered. Women have consistently report more people in social networks with whom they connect, including the elderly, than men who report fewer members of their networks. A closer view of gender differences testifies to recurrent reports of the sex differential in network size.

Moreover, Turner and Troll's (1994) study also found that there is no significant gender difference in the number of men who are included in the networks of both men and women. This may be because men have almost the same numbers of each sex in their networks and women have indicated that their social networks contain more women than men. Of course, it is evident in Turner and Troll's study that women engage in and enjoy more intimate interaction with both sexes than men do. As such, elderly people who have more men as their younger relatives are likely to be provided with less family support than those elderly men or women who have more women as their younger relatives.

Furthermore, Bigby (2008) revealed that more women received help or social support than men because women usually maintain better and closer relationships with their families, relatives, and kin than men. However, men are more likely to access stronger social support from friends and neighbours than women. Similarly, in terms of household maintenance, women stand a greater chance of receiving more help from their families and relatives. This is because women had established more intimate relationships with their daughters and sisters than men had established with their sons and brothers.

Two theories in particular have helped to inform the focus of this study.

Role theory

Howe (1988) has argued that role theory aids the understanding of elderly people in society. It has been used to help in the earliest attempts by social gerontologists to explain how individuals, particularly the elderly population, adjust to their known bundles of expectations within their family setting. The theory encompasses friendship levels, kin groups, neighborhoods, the community, and society at large. Role theory assumes that people from different backgrounds display a variety of social roles and social activities in their lifetime. It is the common practice to see a single person acting as a student, mother, wife, daughter, consultant, and grandmother within the same frame. During their lifetime, a person may serve in these capacities to varying degrees. This kind of role playing allows others to identify with and describe the actor as a social being, whose existence is organized according to their life course, while different social roles are associated with certain ages or stages of life, such as old age, depending upon the person in question.

Activity theory

According to Nam (2000), activity theory assumes that older people who are more socially active will be more satisfied and better adjusted than less active elderly persons. As the activity theory presumes that a person's self-concept is validated through participation in social roles characteristic of middle age, it is seen as a desirable trait for older people to maintain as many middle-aged activities as possible.

Based on this theory, it is also possible for middle-aged people to substitute new roles for those that are lost through widowhood and social isolation or retirement. The ideas contained in the activity theory have led to the emergence, promotion, and development of several policies, which emphasize continuity in social activities as the major mechanism for integrating elderly persons into the social fabric and social activities of society. Such a perspective is reflected by deontological practitioners: their efforts aim to develop new roles and activities for older people that involve responsibilities and obligations. The social activity perspective is perhaps most strikingly apparent when viewed in terms of the participation of the elderly in numerous recreation events, travel tours, and classes sponsored by retirement communities, centres for the elderly, and social organizations.

This study

This study aimed to examine the level of social support received by elderly people resident at the Silver Jubilee Home from their families and friends. More specifically, it examined visits received from their families and friends and communication with confidantes, as well as the influence of factors related to their backgrounds (age, gender). With this in mind, the study focused on elderly people who were residents at the Silver Jubilee Home in Penang, Malaysia.

Method

The general population of the study is elderly people who are residents in Malaysia, with a specific focus on those living in Penang State. Of course, this is a large population, even though there is no record of the exact number of older people in Penang. In this regard, the research concentrated on elderly persons resident at the Silver Jubilee Home for the Aged. This care home has a total number of 204 old people, of whom 93 are males and 111 are females. These people live and seek care in the Home. The ages of the residents fall within the range of 65 to 95.

The residents are predominantly Malaysian Chinese Buddhists by racial and religious affinity, although a few Hindu Indians and Malay Muslims also live in the Home. The Home has two main parts with the first unit housing 86 people (39 males and 47 females) and the second unit containing 118 people (53 males and 65 females).

Sample

It was not possible to cover all of the 204 residents of the Home in the data collection, because of the tight time schedule and limited resources, as well as the low literacy level and weak health status of some residents. Therefore, a sample of 112 old people was selected for the study, which represented about 55% of the Home's resident population. For the data collection, 56 female and 56 male residents were chosen. Thus, the sexes were equally represented. Of the 112 selected respondents, 102 participated in the final study, while the other 10 participants took part in the pilot study for more detail about the pilot study. The study respondents comprised 47 (46.1%) males and 55 females (53.9%). Their ages ranged from 53 to 93 years, with the mean age 77.06 ($SD = 7.91$). The researcher divided the sample into three groups. Table 1 shows that 51 (50%) of the participants were aged 71–80, 34 (33.3%) were aged 81 and above, and 17 (16.7%) were less than 70 years of age.

Instrument of Study

The scale used in this study is the Lubben Social Network Scale (LSNS). This research instrument was developed in 1999 by Lubben and Girona. This adapted LSNS-12 questionnaire was translated into Malay language (Bahasa Melayu) from its original English-language version by an expert at the International School, Universiti Sains Malaysia. This was done because many of the respondents lacked a good understanding of English.

Scoring

The items in the questionnaire were based on a Likert scale, with six responses for each item as follows: *Never*, *Seldom*, *Sometimes*, *Often*, *Very Often*, and *Always* scored on a range of 0 to 5 with *Never* = 0, and *Always* = 5. Again, the items that had alternatives, which ranged from *None* to *Nine or More*, were scored as *None* = 0 to *Nine or More* = 5.

Reliability

The reliability analysis of the items of LSNS-12 yielded a Cronbach's Alpha of .87 for all 102 respondents. It can be concluded that the reliability of the LSNS-12 was high, and the reliability of the two subscales of LSNS-12 was also high (see Table 2).

Validity

This adapted LSNS-12 questionnaire was translated into Malay language from its original English-language version by an expert in the International School, Universiti Sains Malaysia. Therefore, to certify the correctness and accuracy of this translation, the researcher selected five arbitrators and experts in psychology from the School of Social Sciences, Universiti Sains Malaysia. Then, a copy of each version of the questionnaire (Bahasa Melayu and English language) was sent to each of the five arbitrators and experts, who reported the translations to be correct and accurate, except where they provided some suggestions for minor editing for more information about the translations.

Results

This section sets out the results from the three research questions posed by this study which related to the dimensions of social support for elderly people, variations by gender, and variations by age.

Research Question 1: What level of social support do respondents from the care home receive from their families and friends?

This research question is sub-divided into three. These sub-questions, and the results, are as follows:

(1.a) To what extent did care home residents receive visitors from and communicate with their families and friends?

Table 1 shows that the highest mean score for an item related to family is 1.42 ($SD = 1.39$), which is in relation to the item "How many relatives do you see or hear from at least once a month?" With respect to the item "How many relatives do you feel close to such that you could call on them for help?" the mean is 0.89 ($SD = 1.06$), while the mean in relation to the item "How many relatives do you feel at ease with such that you can talk about private matters?" is 0.55 ($SD = 1.08$).

(1.b) Are there care home residents, who move close to and confide in their families and friends?

Table 2 shows that the highest mean was found for confidantes within families, $M = 1.50$, $SD = 1.36$, in response to the item "How often do you see or hear from the relative with whom you have the most contact?" The mean is lower for confidantes among friends, $M = 0.81$, $SD = 1.16$, in relation to the item "How often do you see or hear from the friend with whom you have the most contact?" Residents had more confidantes among family members than among friends.

(1.c) To what extent do care home residents and their families and friends get one another involved in decision-making activities?

Table 3 shows that the highest means are found for the decision-making process with families, $M = 0.74$, $SD = 1.03$, in response to the item "How often is one of your relatives available for you to talk to when you have an important decision to make?" and next in relation to the item "When one of your relatives has an important decision to make, how often do they talk to you about it?", $M = 0.55$, $SD = 0.85$. The involvement of friends in the decision-making process has a mean of 0.54 ($SD = 1.87$) in response to the item "How often is one of your friends available for you to talk to when you have an important decision to make?" Again, the findings demonstrate a greater involvement of family members in the residents' decision-making than the involvement of friends.

Based on the analysis of the question and three sub-questions related to social support for care home residents, the researcher found that a decided majority of the respondents received a low level of social support from their families and friends. This is true for all three dimensions of network social relationships studied: visitation and communication, confidantes, and involvement in decision-making processes. Additionally, the research found that in those cases where residents do receive support it is more likely to come from family members than from friends.

Research Question 2: Are there variations by gender with respect to any of these activities?

The results for this question for visitation and communication with family and friends are shown in Tables 4 and 5. An independent samples t -test was conducted to compare the visitation and communication scores of the LSNS for males and females with their families and friends. In the subscale of family, there is a significant difference between the scores of males, $M = 1.18$, $SD = 1.25$, and females, $M = 0.764$, $SD = 0.693$, $t(69.170) = 2.016$, $p = .048$. The magnitude of the differences in the means showed a very small effect. $\eta = .039$. In the subscale of friends, there is a significant difference in scores of males, $M = 0.766$, $SD = 0.993$, and females $M = 0.346$, $SD = 0.570$, $t(70.767) = 2.565$, $p = .012$. The magnitude of the differences in the means reflects a moderate effect, $\eta = .062$. Hence, the result was statistically significant in demonstrating a greater involvement of males than females in visitation and communication activities. The results of Question 2 for relationships with confidantes are shown in Tables 6 and 7. An independent-samples t -test was conducted to compare the scores for confidantes of the LSNS for males and females with their families and friends.

In the subscale of family, there is no significant difference in scores for males, $M = 1.55$, $SD = 1.46$, and females, $M = 1.45$, $SD = 1.27$, $t(100) = 0.365$, $p = .716$. The magnitude of the differences in the means shows the very small effect, $\eta = .001$. Also in the subscale of friends, there is no significant difference in scores for males, $M = 0.745$, $SD = 0.920$, and females $M = 0.873$, $SD = 1.33$, $t(100) = -0.555$, $p = .580$. The magnitude of the differences in the means shows a very small effect, $\eta = .003$. Hence, the result is not statistically significant in terms of gender (males and females) and confidante relationships among the respondents.

In addition, the researcher used an independent-samples t -test to compare the decision-making process involvement scores of the LSNS for males and females with their families and friends. Tables 8 and 9 show that in the family subscale there is no significant difference in scores for males, $M = 0.585$, $SD = 0.880$, and females, $M = 0.691$, $SD = 0.761$, $t(100) = -0.639$, $p = .524$. The magnitude of the differences in the means shows a very small effect, $\eta = .004$. Further, in the subscale of friends, there is no significant difference in scores for males, $M = 0.628$, $SD = 1.07$, and females $M = 0.364$, $SD = 0.899$, $t(100) = -1.353$, $p = .179$. The magnitude of the differences in the means shows a very small effect, $\eta = .018$. Hence, the result is not statistically significant in terms of gender (males and females) in relation to the involvement of family members and friends in the decision-making processes of residents.

Finally, the researcher found that elderly respondents, whether males or females, get a low level of social support both in terms of having confidantes and in terms of involvement in decision-making processes by family and friends. However, there is a significant difference between males and females in respect to visitation and communication, with male residents receiving more visitors and having more communication with their families and friends than their female counterparts.

Research question 3: Are there variations by age with respect to any of these activities?

This variable is divided into three groups (see Table 10): less than 70 years ($n = 17$), from 71 to 80 years ($n = 51$), and 81 and above ($n = 34$).

In ANOVA scores, if the significance value is less than or equal to 0.05 (e.g. 0.03, 0.01, 0.001), then there is a significant statistical difference somewhere between the mean scores on the dependent variable among groups (Pallant, 2002). In Table 11, the researcher found that in subscales of family and friends there was no significant main effect of age groups on visitation and communication for both family, $F(2, 99) = 0.220$, $p = .803$, $\eta^2 = .004$, and friends, $F(2, 99) = 0.323$, $p = .725$, $\eta^2 = .006$.

Demonstrates that there is no significant main effect of age groups on the existence of confidante relationships among residents from families, $F(2, 99) = 0.213$, $p = .809$, $\eta^2 = .004$, and friends $F(2, 99) = 1.80$, $p = .171$, $\eta^2 = .035$.

Furthermore, Table 13 clarifies that there was no significant main effect of age groups in terms of involvement in decision-making processes among residents by families, $F(2, 99) = 0.558$, $p = .574$, $\eta^2 = .011$, or friends $F(2, 99) = 0.111$, $p = .895$, $\eta^2 = .002$.

To conclude, the researcher found that residents' different ages are not statistically significantly related to social support in terms of receiving visitors and engaging in communication, having confidante relationships, or involvement in decision-making processes by families and friends. These findings did not vary significantly by age of respondent and related to gender only on the dimension of visitation and communication, with males being somewhat more likely than females to be involved in these activities.

Discussion

The researcher found that the majority of respondents received low levels of social support from their families and friends on three dimensions of the network of social relationships: these are visitation and communication, confidante relationships, and involvement in decision-making processes in relation to the elderly. Moreover, although social support is generally lacking, the researcher found that the subjects studied receive a somewhat higher level of social support from their families than from their friends. The researcher found that the majority of subjects did not have close friends visiting them.

Thus, the researcher found that it is very evident that old people living at the Silver Jubilee Home get little support from their families and friends. It should be noted that 90% of the residents are unmarried. In addition, the lack of leisure activities with family and friends increases their sense of being a burden on society as well as their sense of isolation. Bigby (2008) argued, in his study on trends with informal social networks for middle-aged and elderly people in the State of Victoria, Australia, that the elderly who stay in retirement homes receive a low level of social support from their families and friends.

In their study on social support and anxieties from partners, family, and friends into adulthood, Walen and Lachman (2000) asserted that the weak social ties in general among people such as family, friends, and neighbours are in turn reflected in the absence of social support for elderly people. Hooymann and Kiyak (1993) in their book, *Social Gerontology: A Multidisciplinary Perspective*, stressed the complexity of the relationships of the elderly with families and friends.

They noted how common it is for societies to be marked by prejudice against the older generation, which contributes to their social isolation and lack of social support. Bennett (1980) argued that the issue of social isolation and weak relations with families and friends are the most common phenomena affecting elderly people, and these are associated with low social support. Furthermore, National Association of Social Workers (2010) has argued that the sense of isolation increases among older people who lack closeness to their families and experience low levels of social support.

Atchley (1977) reported the existence of a cultural expectation of children providing care and assuming responsibility for their elderly parents, and that a higher level of care by children for their elderly parents is consistent with a higher level of social support for the parents in later years. Fernandez-Ballesteros (2002) has argued in his study on social support and quality of life among elderly people in Spain that older people who express high satisfaction with their relationships with their family, children, grandchildren, friends, neighbours, and other relatives are not surprisingly marked by a high level of social support.

This study has found that elderly people who reside in the Silver Jubilee Home, both males and females, get a low level of social support in relation to forming confidante relationships and in terms of involvement in decision-making processes by their families and friends. However, there is a significant difference between males and females with regard to the dimension of visitations and communication whereby male residents at the Home received more visitors and established more communication with their families and friends than did their female counterparts.

From the perspective of the researcher, the females at the Silver Jubilee Home experienced more rejection and dissatisfaction. They appeared frequently to be more “closed off” than males. In this home at least, this may reflect the men’s ability to adapt somewhat better to the elderly home environments. Men showed somewhat higher satisfaction with their current social reality.

Fernandez-Ballesteros (2002) has argued that in Spain there are no significant differences in the level of social support because of gender. Bigby (2008) argued that women received greater levels of help or social support from families than men because women were found to usually maintain better and closer relationships with their families. However, men are more likely to access stronger social support from friends and neighbours. Turner and Troll (1994) argued that there are no significant gender differences in the formation of networks. However, it is interesting to note that men have almost the same number of men and women in their networks, while women report that their networks include more women than men. In addition, it was reported that the level of intimate interaction in both sex relationship networks is higher for women than for men.

Another exception to the pattern of no differences by gender is the study by Wenger (1984) who found evidence that females are more self-disclosing and more likely to help others than their male counterparts. This can have serious implications for the degrees of social support elderly people receive from their families and friends. Kalish (1982) argued that elderly women have better social relationships than men with both friends and family members, with women often characterized as the kin-keepers in social relationships. Recently, work has shown that for elderly women widowhood may lead to a new-found sense of freedom and autonomy, whereas widowers or divorcees often are said to see no advantages at all in being widowed compared to being married. Ahmad (2011) found that, in relation to social support among older adults, females expressed more satisfaction with the social support they received from their families than males.

Department of Health (2001) confirmed that the most isolated elderly people are single men, followed by widowed men and then single and widowed women. National academy an aging society (2000) argued that men and women are equally likely to become highly isolated and receive a low level of social support. Overall, however, men are less likely to be isolated than women. Additionally, widowed women are more likely to become isolated than widowed men, while single men are more likely to become isolated than single women.

This study has found that elderly people who are residents at the Silver Jubilee Home, regardless of age, received low levels of social support in relation to all the dimensions, including visitors and communication, confidante relationships, and involvement in decision-making processes by their families and friends. These results generally support those of Fernandez-Ballesteros (2002) who argued that there are no differences in the level of social support linked to age. On the other hand, Ahmad (2011) argued that elderly people up to 60 years old received more social support from their family members than those more than 61 years old. Wenger (1980) found that between the ages 65 to 100 men and women have different social support or social networks with different structures, functions, and exchanges.

Bond and Corner (2004) found that single elderly people rely more on friends and relatives to network and help with social support up to the age of 85. Married and widowed elderly people rely more on their family. Furthermore, Bennett (1980) has argued that more than half of widows aged 80 and above lived with their younger relatives who provided them with support. Elderly people, especially those who fall within the age bracket of 75–95 and who are living with younger relatives, often acquire adequate social support without considering the age structure of the households.

Conclusion

The findings of the current study have revealed that the majority of the elderly people who reside at the Silver Jubilee Home receive low levels of social support from their families and friends with regard to their access to three different social network dimensions: visitation and communication, confidante relationships, and involvement in decision-making processes. In addition, the study subjects, Whether male or female, received low levels of social support in terms of confidante relationships and involvement in decision-making processes.

There was also a significant difference between males and females in respect to visitations and communication, whereby male residents in Silver Jubilee Home received more visitors and established higher levels of communication with their families and friends than do their female counterparts. Finally, it was found there were no significant variations on these dimensions when age is considered. These findings are discussed in relation to their theoretical and practical implications, and the limitations of the study are assessed.

Moreover, although social support is generally lacking the researcher found that the subjects studied received a somewhat higher level of social support from their families compared to their friends. The researcher found that the majority of subjects did not have close friends visiting them. Residents who had visits and communication with their families and friends commonly had one or two more intimate friends come to visit them. The researcher also found that the majority of subjects did not have anyone from their families or friends who they considered to be their confidantes or who were involved in decision-making processes concerning them.

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Table 1: Mean and SD of Visitation and Communication with Family and Friends by Care Home Residents

Item		M	SD
Family	How many relatives do you see or hear from at least once a month?	1.42	1.39
	How many relatives do you feel at ease with such that you can talk about private matters?	.55	1.08
	How many relatives do you feel close to such that you could call on them for help?	.89	1.06
Friends	How many of your friends do you see or hear from at least once a month?	.72	1.01
	How many friends do you feel at ease with such that you can talk about private matters?	.49	1.09
	How many friends do you feel close to such that you could call on them for help?	.41	.89

Table 2: Mean and SD of Confidantes among Family and Friends of Care Home Residents

Item		M	SD
Family	How often do you see or hear from the relative with whom you have the most contact?	1.50	1.36
Friends	How often do you see or hear from the friend with whom you have the most contact?	.81	1.16

Table 3: Mean and SD for Involvement of Family and Friends in Decision-Making Processes of Care Home Residents

Item		M	SD
Family	When one of your relatives has an important decision to make, how often do they talk to you about it?	.55	.85
	How often is one of your relatives available for you to talk to when you have an important decision to make?	.74	1.03
Friends	When one of your friends has an important decision to make, how often do they talk to you about it?	.43	.95
	How often is one of your friends available for you to talk to when you have an important decision to make?	.54	1.87

Table 4 : Subscales of LSNS in Terms of Visitation and Communication with Family and Friends by Gender

Subscale	Gender	n	M	SD
Family	Male	47	1.18	1.25
	Female	55	.764	.693
Friends	Male	47	.766	.993
	Female	55	.346	.570

Table 5: T-test for Subscales of LSNS in Terms of Visitation and Communication with Family and Friends by Gender

Subscale	<i>t</i>	<i>df</i>	<i>p</i>	D	95% Confidence Interval of the Difference	
					Lower	Upper
Family	2.016	69.170	.048	.039	.00426	.82307
Friends	2.565	70.797	.012	.062	.09365	.74735

Table 6: Subscales of LSNS in Terms of Confidante Relationships with Family and Friends by Gender

Subscale	Gender	<i>n</i>	M	SD
Family	Male	47	1.55	1.46
	Female	55	1.45	1.27
Friends	Male	47	.745	.920
	Female	55	.873	1.33

Table 7: T-test for Subscales of LSNS in Terms of Confidante Relationships with Family and Friends by Gender

Subscale	<i>t</i>	<i>df</i>	<i>p</i>	D	95% Confidence Interval of the Difference	
					Lower	Upper
Family	.365	100	.716	.001	-.438	.635
Friends	-.555	100	.580	.003	-.586	.330

Table 8: Subscales of LSNS in Terms of Decision Making Process Involvement of Family and Friends by Gender

Subscale	Gender	<i>n</i>	M	SD
Family	Male	47	.585	.880
	Female	55	.691	.761
Friends	Male	47	.628	1.07
	Female	55	.364	.899

Table 9: T-test for subscales of LSNS in Terms of Decision-Making Process Involvement of Family and Friends by Gender

Subscale	<i>t</i>	<i>df</i>	<i>p</i>	D	95% Confidence Interval of the Difference	
					Lower	Upper
Family	-.639	100	.524	.004	-.434	.223
Friends	1.353	100	.179	.018	-.123	.651

Table 10: Descriptive for Subscales of LSNS in Terms of Visitation and Communication by Age

Subscale	Age group	N	M	SD
Family	Less than 70	17	.8627	.91332
	71–80	51	1.0196	1.04650
	81 and above	34	.9020	1.01348
	Total	102	.9542	1.00717
Friends	Less than 70	17	.4118	.70247
	71–80	51	.5359	.89710
	81 and above	34	.6078	.75421
	Total	102	.5392	.81656

Table 11: ANOVA for Subscales of LSNS in Terms of Visitation and Communication by Age

		Sum of Squares	df	Mean Square	F	p	η^2
Family	Between Groups	.453	2	.227	.220	.803	.004
	Within Groups	102.000	99	1.030			
	Total	102.453	101				
Friends	Between Groups	.437	2	.218	.323	.725	.006
	Within Groups	66.906	99	.676			
	Total	67.343	101				

Table 12: ANOVA for Subscales of LSNS in Terms of Relationships with Confidantes by Age

		Sum of Squares	df	Mean Square	F	p	η^2
Family	Between Groups	.794	2	.397	.213	.809	.004
	Within Groups	184.706	99	1.87			
	Total	185.500	101				
Friends	Between Groups	4.755	2	2.38	1.80	.171	.035
	Within Groups	130.706	99	1.32			
	Total	135.461	101				

Table 13: ANOVA for Subscales of LSNS in Terms of Decision Making Process by Age

		Sum of Squares	df	Mean Square	F	p	η^2
Family	Between Groups	.777	2	.388	.558	.574	.011
	Within Groups	68.912	99	.696			
	Total	69.689	101				
Friends	Between Groups	.221	2	.110	.111	.895	.002
	Within Groups	98.007	99	.990			
	Total	98.228	101				