

Social Support and Depression Among Older Adults with Urban and Nomadic Background

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ABSTRACT

Resettlement has been proposed as a stressor that leads to psychological distress due to disruption of social support. This study aimed to evaluate gender differences in perceived social support and depression of the community dwelling older adults with nomadic and urban backgrounds. In this cross-sectional study, 460 elderly people living in Khorramabad, Iran, were selected using stratified random sampling. Standard questionnaires were completed through face-to-face interviews to assess perceived social support and depression. The data were analyzed using the SPSS software, which used descriptive and analytical statistics, including frequency, mean, standard deviation, chi-square, and independent t-test. The findings showed a significant difference in perceived family support, significant others, and the overall social support score between the elderly with a nomadic background and those with an urban background ($p < 0.05$). However, there was no significant difference in depression scores between the two groups. Further analysis showed that the differences were mainly among the females of the two groups and that older women in the nomadic group had less perceived social support and were more depressed ($p < 0.05$). Older women are in a more disadvantaged position in terms of social support and depression compared to older men, and several reasons, including sociocultural factors, may be involved. Therefore, depression and social support of this group require further investigation and appropriate intervention.

Keywords: Social support; Depression; Nomads; Aged

Introduction

Humans are inherently social beings, and their overall wellbeing is significantly influenced by social interactions [1]. Humans rely heavily on social support, which is critical in buffering against stress and enhancing overall mental health [2]. Social support refers to any assistance an individual receives from their surrounding community. This support may come from different sources, including family, friends, neighbors, and colleagues. It is essential in our daily lives, as humans naturally rely on the support of family members, friends, and neighbors, especially when facing challenges [3]. Social support is one of the key factors influencing "successful aging" [4]. Evidence suggests that high levels of perceived social support are associated with health outcomes, including lower risk of disease, such as cardiovascular disease, cancer, reduced

disability in the elderly, and a reduction in the incidence of depression and anxiety [5]. As one of the key determinants of health through the adjustment of the effects of stress and depression, social support positively affects wellbeing [6].

Due to the semi-arid climate, seasonal rainfall, and pasturelands, Iran is among the countries in which nomadic life used to be prevalent [7, 8]. Several factors have challenged the nomadic social life in Iran in recent decades. The collapse of the structure of the nomadic system and hierarchy of power due to socio-political reasons, the destruction and degradation of the country's rangelands, the children and adolescents not benefiting from education due to the nature of their mobile life, vulnerability to natural disasters and the lack of interest among tribal youths to continue the

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nomadic life are among the factors that have forced the nomads to settle [8,9]. One of the cities where a large proportion of the nomadic population settled is Khorramabad. Therefore, many elderly people living in Khorramabad belong to the first and second generations of nomads who settled in cities and are still proud of being nomads.

Although new settlements are aimed at achieving sustainable levels of development, improving living standards, and social welfare [7], the process poses some potential risks to the social life (the social networks and the social support) of the settled people [10, 11]. Resettlement results in the dissolution of long-standing social relationships and social support networks [12]. Sufficient social support for older adults is especially important [13]. Social support plays a vital role in meeting individuals' tangible and emotional needs, and being part of a social network with reciprocal needs fosters feelings of love, friendship, respect, and self-worth [5]. There is evidence that relocation has an indirect effect on depression by reducing social support and other salutogenic resources [12]. Different researchers have expressed different opinions regarding the effects of relocation on perceived social support without regard to the form it takes. Some of them believe that relocation leads to a reduction in family support. In contrast, others are of the opinion that relocation has not been able to affect the traditional family support system [14, 15].

Resettlement is a stressful event that causes emotional distress because it imposes social and other costs on individuals and families [16]. Hwang et al. have reported that expecting to be forced into migration can lead to depression because the social support that usually protects against depression is disrupted [17]. Researchers maintain that because relocation plans try not to harm family relationships by moving them as a whole, it can be expected that relocation will affect family support minimally but will have a negative effect on support from friends or acquaintances [18]. Still, other studies indicate that friendships rather than family relationships influence the psychological health of the elderly. Since the

elderly have life conditions similar to those of their friends, they are more likely to share their problems and issues with their friends than with family members. Therefore, support from friends is associated with more happiness, life satisfaction, and less loneliness among the elderly [19, 20].

Though many years have passed since the nomadic settlement process because settling in a new location affects some types of social support, and social support is an important coping mechanism, it is not clear whether the process of social integration over time has diminished the negative effects of settlement on the social network and the perceived social support of elderly nomads. Moreover, social support and depression are affected by some other factors, including education, culture, employment, and financial status. Therefore, this study aimed to compare the perceived social support and depression of nomads and urban elderly residents of Khorramabad, Iran.

Materials and Methods

In this cross-sectional study, 462 community-dwelling elderly residents of Khorramabad city were selected by the stratified random sampling method. The inclusion criteria for the study were over 60 years old, having the ability to communicate, and lacking cognitive problems. Elderly individuals with cognitive problems were excluded from the study using the abbreviated mental test score (AMTS). First, Khorramabad was divided into five districts (north, south, center, east, and west) on a map. Within each district, three urban health centers (clusters) were selected, and 15 urban health centers were selected from the total area of Khorramabad. At each selected center, the population of people over 60 years old was estimated. Finally, the proportion of elderly people receiving services from each center was calculated using the final sample size. The sample size was determined based on studies utilizing similar methodologies [21].

The demographic variables checklist included age, gender, marital status, income,

education level, living arrangements, and the number of children.

Vaux's Social Support Questionnaire is based on Cobb's definition of social support, which defines it as the degree of affection, assistance, and attention provided by family members, friends, and others. This scale has 23 questions that cover the three areas of family, friends, and significant others. Eight questions belong to the family subscale, eight to the friend's subscale, and seven to the subscale of significant others. Ebrahimi Ghavam, in his research, provided a zero-one grading system for the questionnaire. Zero was the minimum, and 23 was the maximum for the participants, with higher grades indicating a higher scale of social support [24]. Khalili and colleagues reported the validity and reliability of this questionnaire as satisfactory in their study [21].

Another tool used in this study was the 5-item version of the Geriatric Depression Scale. Research on the 5-item GDS has shown that this scale has an alpha coefficient of 0.80, sensitivity of 0.94, specificity of 0.82, positive predictive value of 0.82, and negative predictive value of 0.94 [23]. The Persian version of the AMTS is a valid cognitive assessment tool for older Iranian adults and can be used for screening for dementia in Iran. The total Cronbach's α coefficient reported for the test is 0.90 [25].

The data were collected between April and August 2018. The questionnaires were completed through face-to-face interviews conducted by a trained questioner. The interviews were conducted in an appropriate and calm environment. The ethical considerations in this study included obtaining an ethics code (LUMS.REC.1394.68), introducing the researcher, and explaining the purpose of the study to the participants. Oral consent was obtained from all the participants willing to participate in the study, and they were assured that their data would remain confidential. Finally, the data were analyzed using the SPSS software's descriptive and analytical statistics, including frequency, mean, standard deviation, chi-square, and independent t-test.

Results

The analysis of the demographic variables showed that 50.2% of the participants were male. The mean number of children was 5.62 ± 2.52 , and the maximum number of children was 15 children. The minimum age of the participants was 60, and the maximum was 93. Most of the participants were in the 60-69 age group. The comparison of demographic variables showed that the two groups (the nomadic and the urban elderly people) did not differ significantly in terms of mean age, marital status, purchasing power, and living arrangements. However, the two groups had significant differences in the number of children, income, and income satisfaction (Table 1).

The mean social support scores for the elderly in the study were 17.87 ± 4.41 . The results of the study showed that there was a significant difference in perceived family support, others' support, and the total score of social support between the elderly in the nomadic and urban groups ($p < 0.05$) and the elderly with a nomadic background scored significantly lower compared to those with an urban background. The comparison of the depression scores between the elderly with nomadic and urban backgrounds showed no significant difference between the two groups (Table 2). However, gender-specific analysis indicated that older women with a nomadic background had significantly higher depression scores ($p < 0.05$). Among elderly individuals with an urban background, there is a significant difference between men and women regarding family support, with women perceiving higher family support ($p = 0.006$). The results of the independent t-test to examine gender differences in perceived social support and depression scores showed that among elderly individuals with an urban background, there is a significant difference between men and women regarding family support, with women perceiving higher family support ($p = 0.006$). However, there were no significant differences between older men and women in this group in terms of friends, others' support, overall social support, and depression scores (Table 3).

Table 1. Comparison of the demographic variables in Nomadic and Urban elderly individuals

Variable		Nomadic Mean (SD)	Urban Mean (SD)	P-value
Age		68.3 (8.04)	66.96 (6.43)	0.07
Number of children		6.08 (2.7)	6.7 (2.2)	0.001
Income		1.14 (0.85)	1.44 (1.08)	0.014
Income satisfaction		4.05 (2.84)	4.73 (3.17)	0.026
Variable		N (%)	N (%)	P-value
Marriage	Never married	2 (6)	2 (1.4)	0.568
	Married	229 (72.4)	112 (78.9)	
	Divorced	2 (0.6)	1 (0.7)	
	Widowed	83 (26.3)	27 (19)	
Education	Illiterate	173 (54.9)	44 (30.3)	0.000
	Diploma and lower	96 (30.5)	42 (29.00)	
	University Education	46 (14.6)	59 (40.7)	
Living Arrangements	Alone	28 (8.9)	10 (7.0)	0.159
	With spouse	200 (63.3)	102 (71.3)	
	With parents	7 (2.2)	0 (0)	
	With children	81 (25.6)	31 (21.7)	

Table 2. The comparison of the social Support and depression scores of Nomadic and Urban older adults

Variable	Group	Mean (SD)	df	P-value
Family Support	Nomadic	3.35 (1.60)	458	0.001
	Urban	6.89 (1.42)		
Friends Support	Nomadic	5.14 (1.89)	459	0.055
	Urban	5.51 (1.81)		
Others Support	Nomadic	6.05 (1.92)	458	0.007
	Urban	6.54 (1.61)		
Total Social Support Score	Nomadic	17.43 (4.51)	459	0.002
	Urban	18.81 (4.03)		
Depression	Nomadic	1.73 (1.29)	459	0.103
	Urban	1.51 (1.55)		

Table 3. Comparison of social Support and depression scores between the Nomadic and Urban older groups

Variable	Group	Gender	Mean (SD)	df	P-value
Family support	Nomadic	Male	6.41 (1.46)	313	0.483
		Female	6.28 (1.74)		
	Urban	Male	6.50 (1.49)	143	
		Female	7.16 (1.30)		
Friends support	Nomadic	Male	5.16 (1.87)	314	0.852
		Female	5.12 (1.93)		
	Urban	Male	5.52 (1.92)	143	
		Female	5.50 (1.72)		
Others support	Nomadic	Male	6.00 (2.08)	313	0.782
		Female	6.10 (1.71)		
	Urban	Male	6.26 (1.80)	143	
		Female	6.77 (1.40)		
Total social support score	Nomadic	Male	17.49 (4.36)	314	0.372
		Female	17.35 (4.69)		
	Urban	Male	18.27 (4.57)	143	
		Female	19.25 (3.52)		
Depression	Nomadic	Male	1.44 (1.21)	314	0.000
		Female	2.06 (1.31)		
	Urban	Male	1.49 (1.69)	143	
		Female	1.52 (1.44)		

Table 4. Comparison of Social Support and Depression between the Nomadic and Urban older groups by gender

Variable	Group	Gender	Mean (SD)	df	P-value
Family support	Female	Nomadic	6.28 (1.74)	227	0.014
		Urban	7.16 (1.30)		
	Male	Nomadic	6.41 (1.46)	229	0.872
		Urban	6.50 (1.49)		
Friends support	Female	Nomadic	5.12 (1.93)	227	0.350
		Urban	5.50 (1.72)		
	Male	Nomadic	5.58 (5.79)	229	0.575
		Urban	5.42 (1.92)		
Others support	Female	Nomadic	6.1 (1.72)	227	0.005
		Urban	6.7 (1.40)		
	Male	Nomadic	6.00 (2.08)	229	0.265
		Urban	6.26 (1.40)		
Total social support score	Female	Nomadic	17.35 (4.69)	227	0.021
		Urban	19.25 (3.52)		
	Male	Nomadic	17.49 (4.26)	229	0.452
		Urban	18.27 (4.57)		
Depression	Female	Nomadic	2.06 (1.31)	227	0.017
		Urban	1.52 (1.44)		
	Male	Nomadic	1.44 (1.21)	229	0.467
		Urban	1.49 (1.69)		

The t-test results to examine differences in perceived social support scores between women and men with a nomadic background did not show a significant difference in overall social support scores and their dimensions. However, there was a significant difference in depression scores within this group ($p < 0.001$) (Table 3). Further analysis revealed that the difference in social support between the two groups was more pronounced among women. Women with a nomadic background had significantly lower scores in family support, other support, and overall social support than women with an urban background ($p < 0.05$) (Table 4).

Discussion

This study aimed to compare perceived social support and depression in elderly people with nomadic and urban backgrounds living in Khorramabad, Iran. The results showed a significant difference between the two groups in terms of family support, support from others, and total social support score, with nomadic older adults perceiving lower social support. These results indicate that despite years of settlement of the nomadic population

in this group compared to the native elderly of Khorramabad. Considering the significant differences in demographic variables between these two groups of elderly, this disparity can be attributed to numerous factors, including the level of education and income, as well as social issues such as the reduction of social networks. Consistent with our findings, other research indicates that relocation poses potential risks to economic and social networks and the social support and other resources they provide [26, 27]. Further data analysis showed that the difference between the two groups was mainly related to women. Women with a nomadic background perceived less social support and were more depressed compared to their urban counterparts.

Recent studies highlight gender differences in perceived social support, suggesting that women generally report higher levels of social support across different sources—such as family, friends, and significant others—than men. The low level of social support among nomadic women can be attributed to many factors, including low literacy, lack of jobs, and possibly being away from the tribe [28]. Although studies show contradictory results regarding social support and gender, the findings of this study indicate that the

difference is mainly between older women in the two groups. This difference can be attributed to the level of education and income. As the results of this study show, there was no significant difference in the depression score between males and females in the urban group, but this difference was significant in the nomadic group. Also, the depression score in nomadic elderly females was higher than in urban ones. It has been suggested that women are more capable of establishing social communication and have a wider social network than men [29].

Consequently, women are more likely than men to experience the emotional effects of life events, such as the death of a loved one, and, as a result, are more prone to developing depression. This phenomenon has been called the 'cost of caring' hypothesis, which means that women are at increased risk of developing depression due to 'caring about' others [30, 31]. There are inconsistent findings about the relationship between social support and depression in men and women. Some studies have reported that social support is equally important for both men and women. In contrast, other studies have indicated that social support can have a useful or even harmful effect on depression in one gender or the other [32, 33].

The differences between these two groups of older women may be due to socioeconomic variables. As noted in the findings, many elderly people were illiterate or poorly educated. Findings from several studies indicate that education has a negative relationship with depression. Depression is more common in illiterate and poorly educated people [34, 35]. It is suggested that education is an important factor in reducing depression in the elderly [36]. The results of studies have also confirmed the link between social support and education. Because of the better use of the mass media, better conditions for communicating with others, and better socioeconomic status, people with higher levels of education seem to be able to find better ways to solve their life problems [37].

In this study, there was a significant relationship between perceived social support and monthly income; the level of perceived social support was lower in nomadic people with lower average income. Studies have shown that low-income families have a small, non-familial social network and that the costs they need for mutual support in these families can affect the support they receive problems [38]. Political and economic perspectives also point to the key role of limited economic growth in reducing family support in old age. According to this perspective, the middle generation, with insufficient resources to support themselves, their children, and their older kin, is increasingly faced with decisions to allocate their scarce resources. Ultimately, they prioritize their nuclear family (i.e., self, spouse, and children) at the expense of the old. Declining family support is thus ultimately seen as being caused by a growing financial incapacity on the part of the young [38].

In this study, the urban older people and, as a consequence, their children had a better financial position than the nomadic older population. To some extent, the poorer support of this population could be attributed to their adverse financial status. The higher rates of depression in nomadic older women can be attributed to similar factors. In support of this justification, a study in Taiwan has identified low levels of education, loneliness due to a spouse's death or divorce, and a lack of desirable socioeconomic status as risk factors for depression [39]. Another study in Greece has identified age, female gender, and low education as risk factors for depression [40]. The literature review suggests that relocation is a stressful event, even when its purpose is improving people's lives. Economic and social costs have to be paid for any kind of relocation, and it is not clear whether there will be any benefits [17]. Studies on relocation projects show that migrants are exposed to stressors that result from a decline in economic wellbeing after the settlement [41].

Similar studies carried out on the migration of the elderly from rural areas to cities in China have reported similar results. Relocation of rural people to the cities due to the need for

appropriate skills creates occupational problems for them. It also dissolves their social network because of separation from their motherland. One-third of immigrants have reported feeling socially marginalized, which shows the difficulties in reestablishing social networks in the areas of resettlement [42]. Given that nomadic elderly people have been living in Khorramabad for many years, the observed differences in income, literacy, social support, and depression indicate that the process of social integration of nomadic older women has not yet come to an end and that socioeconomic and cultural factors may be involved. One of the limitations of this study was selecting participants among elderly patients referred to health centers. Since no significant health care services are provided to the elderly in these public health centers, some elderly people, especially those with disabilities, may not refer to these public health centers. Therefore, it might have been better to sample the elderly by visiting them door-to-door.

Conclusion

In conclusion, this study's findings showed a significant difference in perceived social support and depression scores among the nomadic and urban elderly people living in Khorramabad, Iran. Several reasons, including sociocultural factors, may be involved. Therefore, depression and social support in this group require further investigation and appropriate intervention.

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