

Closeness as a mediator in providing and receiving social support on the social well-being of older persons in Kitui County, Kenya

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Abstract

Research on the social well-being (SWB) of older persons in relation to social support provided and received has generated considerable amount of scholarly debate. Social support received or provided has been found in literature to produce mixed effects (positive and negative) on SWB, necessitating further research. The current study provides Kenyan evidence to a corpus of research mostly focused on European and American studies, contributing to the current discussion on SWB. Thus, the aim of the present study is to investigate how closeness to close network members (CNM) influences older persons' satisfaction with social support provided and received. The study adopted a descriptive cross-sectional study design and mixed methods approach. Chi-square analyses were conducted, and the results revealed that there was a significant relationship between closeness and satisfaction with providing social support with exact P value of 0.002. In addition, there was a significant relationship between closeness and satisfaction with received social support with exact P value of 0.000 ($P < 0.05$). The research highlights that closeness to CNM enhances SWB when older persons provide or receive social support.

Introduction

Social Well-being (SWB) is a multidimensional concept that refer to how people evaluate their situation and their ability to function in society.¹ Being multidimensional, social well-being relates to objective and subjective well-being.² This is because social well-being is not defined by a person's objective circumstances alone, but by an evaluation of the subjective experiences of those objective circumstances.³ Generally, objective social well-being is a function of the degree to which basic human needs are

satisfied.⁴ Subjective well-being on the other hand is an individual's evaluation of life in terms of satisfaction⁵ based on the objective circumstances.

In this case, an assessment of social well-being entails both subjective and objective factors in order to establish their cumulative effects.⁶ In light to the growing population of older persons, their social well-being which is a vital component for health and quality of life should be explored further. However, an analysis of the social well-being of the older persons is predominant in high income countries and remains limited in developing countries.⁷

In Kenya, the population of persons aged 60 years and older was 2.8 million in 2020 and is projected to double by 2050 due to rapid reduction of fertility and increased life expectancy.⁸ However, this segment of the population experiences various problems which include isolation, neglect, health problems and frequently express their fear of being ill, losing their strength, and becoming reliant on others which is detrimental to well-being.⁹ Older persons in Eastern Kenya where Kitui County is located have close social support networks such as family members, neighbors and friends who provide them with care and protection as part of the extended family and community.¹⁰

Social support is an important objective predictor of social well-being in social relationships.¹¹ This support is provided and received and has effects on subjective experiences¹² especially among older adults. The social resources (support) provided and received include; emotional, practical, or informational assistance.¹³ According to Thomas,¹⁴ the implications of providing support on the social wellbeing of older persons' have received less consideration. Received social support on the other hand relates to the nature and frequency of certain support transactions.¹⁵ Studies point out that providing and receiving social support affect the life and well-being of the older persons, but the actual effect can only be determined through how the older persons appraise it.

Numerous studies have examined the impact of receiving and providing social support on the well-being of older persons.^{16,17} However, the findings are mixed and contradictory. In some studies, providing social support (PSS) enhances SWB by bolstering an identity of independence and usefulness to others¹⁴ while in others, it elicit feelings of burden and frustration.¹⁸ On the other hand, receiving social support leads to experiences of higher well-being¹⁹ while in others it generates feelings of low self-worth.²⁰ The mixed findings suggest that a lot remains to be understood about the relationship between social support and SWB of older persons.²¹

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Provided and received social support is related to SWB²¹ although there is evidence that shows that the level of closeness to CNMs influences predictors of SWB in older adults.²² Studies have extensively documented how closeness relates to high levels of satisfaction and health-enhancing social support in close and intimate relationships.²³

However, there may be fewer studies addressing the triadic interaction among closeness, provided and received social support and SWB of older adults in Kitui County, Kenya. Thus, the aim of the current study is to investigate the mediating role of closeness to CNM on the SWB of older persons.

Methodology

Cluster sampling was found ideal for this study since the population is geographically diverse. Four Sub-Counties (Mutomo, Mwingi Central, Kitui Central and Migwani) representative of the total 18 Sub-Counties of Kitui County were first identified. In the first stage, the number of locations in each Sub-County was established and using simple random sampling (SRS) fish draw method, three (3) locations were picked from each Sub-County. In the second stage, two sub-locations in each selected location were selected using SRS. The sample size per Sub-County guided the identification of the number of older persons to be included in the study proportionate to size for each sub-location. In the last stage, a list of names obtained from the local chiefs and village elders were entered into Excel spreadsheet for the sampled sub-locations. Then, using the Excel's RAND function, random numbers for each older person were generated. These random numbers were sorted in increasing order of each corresponding random number to select the older persons on the sorted list for the study.

Informed consent to participate in the study was obtained prior to commencement of the interviews. A questionnaire was developed for the study which was pretested and found reliable using Cronbach's alpha statistical test at 0.72. The tool collected information from the respondents on the following: i) sociodemographic characteristics; ii) quality of the relationship between older persons and CNM; iii) provided and received social support using comparable measures of instrumental, emotional and information support; and iv) satisfaction with provided and received social support. Face to face interviews were conducted using the questionnaire to a sample of 396 older persons. Focus group discussions (FGD) comprising of male and female older persons were conducted in the four Sub-Counties.

Inclusion criteria

The inclusion criteria for the study were: i) Male and female older persons aged 60 years and over; ii) available in their homes and having resided in the Sub-Counties within the past 12 months; iii) focus was solely on the social support exchanges between the older persons and their CNMs.

Measures

Dependent variables: social well-being

SWB was assessed using the Single-Item Life Satisfaction Measure (SILSM) which is well established and validated in literature¹⁶. The appraisal was rated with a satisfaction question 'How satisfied are you with the social support that you provided or received'? The responses were: Extremely dissatisfied [1] Dissatisfied [2] Satisfied [3] Extremely satisfied [4]. The scale was dichotomized to satisfied and dissatisfied at the analysis stage because the extremes were too low.

Independent variables: providing and receiving social support

Participants' provision and receipt of social support to (from) their CNM was assessed using comparable measures of social support. Each measure consisted of some item in which participants reported whether they had provided social support to their CNM and, separately, whether they had received social support from their CNM in the past 12 months. Support receipt/provision was coded 1, and a lack of receipt/provision was coded 2.

Mediating variable: closeness to close network members

Participants were asked to state who their CNM were, and how close they were using a scale ranging from not close at all, not close, close and very close. Cronbach's alphas for the two items were .88. The scales were collapsed to three because not close at all was not selected.

Ethical consideration

Ethical approval was obtained from Kenyatta University Institutional Ethical Review Committee, Kenya; approval number PKU/2235/11379 as well as the

National Commission for Science, Technology and Innovation (NACOSTI) approval number NACOSTI/P/21/11012.

Analysis

Quantitative data was analyzed using SPSS 21.0. and summarized into frequencies, percentages and tabulations. The relationship between closeness to CNM and satisfaction with providing and receiving social support was determined using Chi-square analyses ($P < 0.05$). Descriptive statistics from the verbatim responses were transcribed, examined and collated using Microsoft excel 2016.

Results

Respondents' characteristics

Table 1 shows a summary of the key sociodemographic characteristics of the study participants.

Older persons close network members

Table 2 presents a multiple response distribution of CNM that the older adults had. Most of the respondents identified spouse and children (82.3%) as their CNM, followed by neighbors (24.3%), siblings (21.8%) and lastly other relatives (11.4%).

Level of closeness by close network members

Regarding the CNM closest to older persons, Table 3 shows that a majority 180 (55.4%) of spouse and children were close to the older persons, followed by those who were very close 133 (40.9%) and lastly

Table 1. Respondents' socio demographic characteristics (n=396).

Characteristics	Subgroup	Frequency (%)
Gender	Male	162 (40.9)
	Female	234 (59.1)
Age	60-69	200 (50.5)
	70-79	110 (27.8)
	80-89	63 (15.9)
	90-9	17 (4.3)
	100+	6 (1.5)
Marital Status	Single	13 (3.3)
	Married	228 (57.6)
	Divorced	3 (.8)
	Separated	9 (2.3)
	Widowed	143 (36.1)
Level of education	No formal education	142 (35.9)
	Primary	165 (41.7)
	Secondary	74 (18.7)
	Tertiary	15 (3.8)

those who were not close 12 (3.7%). Among siblings, majority were very close to older persons 46 (53.5%), followed by those close 37 (43.0%) and lastly those not close 3 (3.5%). Most of the neighbors were close 64 (66.6%), 30 (31.3%) were very close while only 2 (2.1%) were not close to older persons. Most of the relatives were close to older persons 28 (62.2%), followed by those very close 16 (35.6%) and lastly those not close to older persons 1(2.2%). The data shows that most of the respondents were close, followed by very close and only a few were not close to CNM.

Relationship between closeness to close network members and satisfaction with provided social support

Closeness to CNM was cross tabulated with satisfaction with social support that older persons provided as shown in Table 4. Among older persons who were not close

to their CNM, 12 (80%) were satisfied while 3 (20%) were dissatisfied, among those close 209 (96.8%) were satisfied while (3.2%) were dissatisfied and among those very close, 164 (99.4%) were satisfied while only 1 (0.6%) was dissatisfied. The highest percentage of older persons 99.4% that were satisfied were very close to CNM compared to 0.6% that were dissatisfied.

Fisher's exact test shows a P-value of 0.002 which implied that the sample distribution is significant given an alpha level of 0.05. This shows that there was a significant relationship between the respondent's closeness to CNM and satisfaction with provided social support. The results demonstrate that the level of dissatisfaction with social support provided was higher for older persons who were not close to CNM compared to those who were very close (20.0% vs 0.6%).

This finding is supported by verbatim from an FGD participant:

My son abuses me verbally when he gets drunk, but I still wait for him to come home and eat because he is my only son. I pray that he will change and get a family, otherwise who will care for my home when am gone. HW, 65-year-old female FGD participant.

This narrative demonstrates that even though the level of closeness is strained due to the abuses and alcoholism, the older person still provided support to the child to protect him from starvation.

Another FGD participant reiterated on the role of closeness in satisfaction as in the narrative below;

My son depends on my Older Persons Cash Transfer (OPCT) even if he doesn't take care of me well. I let him have it because am bedridden and there is nothing much I can do for myself. I feel like a stranger to my son. KM, 72-year-old male FGD participant.

This narrative reveals the dissatisfaction in the older person who provides the instrumental support to his family. He feels detached emotionally from his son, but his situation compels him to stay on. The significant association between closeness towards CNM and satisfaction with the social support provided could be attributed

Table 2. Distribution of close network members.

Close network members	Frequency (%)	Frequency (multiple responses %)
Spouse and children	325 (58.9)	82.3
Siblings	86 (15.6)	21.8
Neighbours	96 (17.4)	24.3
Relatives	45 (8.2)	11.4
Total	552 (100)	139.7

Table 3. Crosstabulation of closeness by close network members.

Level of closeness	Spouse and children	Sibling	Neighbors	Relative
Not close	12 (3.7%)	3 (3.5%)	2 (2.1%)	1 (2.2)
Fairly close	180 (55.4%)	37 (43.0%)	64 (66.6%)	28 (62.2)
Very close	133 (40.9%)	46 (53.5%)	30 (31.3%)	16 (35.6)
Total	325 (100%)	86 (100%)	96 (100%)	45 (100%)

Table 4. Respondent's closeness to close network members by satisfaction with provided social support.

Closeness	Satisfied	Dissatisfied	χ^2	df	Fishers exact test
Not close	12 (80%)	3 (20%)	19.53	1	0.002
Fairly close	209 (96.8%)	7 (3.2%)			
Very close	164 (99.4%)	1 (.6%)			

df, degree of freedom.

Table 5. Respondent's closeness to close network members by satisfaction with social support received.

Closeness	Satisfied	Dissatisfied	χ^2	df	Fishers exact test
Not close	9 (60.0%)	6 (40.0%)	34.85	1	0.000
Fairly close	200 (92.6%)	16 (7.4%)			
Very close	162 (98.2%)	3 (1.8%)			

to emotional connectedness that occurs when people are close. The emotional connection is high in close relationships unlike in not close relationships as evident in the FGD participant verbatim.

Relationship between closeness and satisfaction with received social support

Older persons' closeness to CNM was cross-tabulated with satisfaction with received social support as shown in Table 5. The crosstabulation shows that irrespective of the level of closeness, most older persons were satisfied with received social support. Older persons who were very close to CNM 162 (98.2%) were the most satisfied while those not close were the most dissatisfied (40%). A significant relationship between the respondent's closeness to CNM and satisfaction with social support received was determined using Fisher's exact test at a P-value of 0.000.

Data from FGDs revealed that older persons had higher expectations of social support from CNM who were very close and close to them in comparison to those not close to them. When the social support received from CNM very close and close to older persons failed to meet their expectations, the level of dissatisfaction was higher than for those not close.

This was also reiterated by two interviewees;

I am not close to my daughter because I don't accept her behavior of chewing muguka (Khat) and working as a bar maid. I don't expect any support from her' VM, a 62-year-old male FGD participant.

My children and I have always been close. I took them through school after their father died. They sometimes don't send me any support leaving me in debt at the village shop. I feel bad that they forget my need. CM, 67-year-old female FGD participant.

These two quotes clearly demonstrate that the level of expectation is based on the assumed level of closeness. In addition, the level of satisfaction with social support received was higher for older persons who were very close and close to their CNMs compared to those that were not close (97.6% vs 2.4%). This was associated to the willingness of CNM to provide the support to older persons due to the close relationship.

This was confirmed by data from FGD participants:

My son and his family have a good heart, if they are able, they don't withhold any help from me, 70-year-old male FGD participant.

My daughter in-law knows me so well and is very good to me. I never lack anything that she has because she gladly shares everything with me including water from her water pot. KJ, 68 years old female FGD participant.

These narratives reveal that in close relationships, older persons have access to the resources of CNM and the assurance of access enhances their satisfaction with received social support.

In summary, the results shows that there is a strong association between satisfaction with providing social support and closeness to CNM. The emotional attachment between the older person and the CNM makes it possible for social exchange to occur. However, it is also evident that closeness alone does not suffice for satisfaction with provided social support. It is also evident that, closeness to the CNMs had a positive influence on satisfaction with social support received by the older persons.

Discussion

The present study was conducted among 396 community living older persons aged 60 years and older from four Sub-Counties of Kitui County. It gives an overview of the CNM of older persons and how closeness to CNM affects the social well-being of older persons when they provide or receive social support. The results of this study showed that older person's closeness to CNM ranged from very close, close and not close, with most older persons being close towards their CNM. This is consistent with existing literature which shows that many older persons are close to CNM because it elicits high levels of life satisfaction.²⁴ These CNM include a spouse, children, other family members, neighbors and close friends who have strong ties towards older persons,¹² promote health-enhancing social support²⁴ and satisfaction with life.⁵

The results showed that most of the older persons were closest to their spouse and children with more than half (55.4%) close and only 3.7% not close. Close relationships are likely to be among family members and are vital especially for older adults.²⁵ According to Thomas *et al.* (2017),²² closeness in family relationships can have significant effects on well-being

especially closeness to adult children, who provide social support for their aging parents.²⁶ This is in line with a cross sectional study by Nguyen *et al.* (2016)²⁷ which showed that closeness to CNM made significant contributions to the well-being of older African Americans and was associated with higher levels of life satisfaction.

Even though neighbors may not be related to older persons, the results showed that a majority (66.6%) were fairly close to older persons and their geographical proximity made them available to older persons whenever needs arise.¹⁹ According to Cain *et al.* (2018),²⁸ neighbors are helpful to older adults which improve older individuals' ability to deal with daily activities. In a study conducted using data from Survey of Health, Ageing and Retirement (SHARE) from 17 European countries, Seifert and König (2019)²⁹ found that older adults received help from neighbors across all the countries studied, although not as a primary source of social support. Similarly, the results for the current investigation showed that neighbors were close to older persons' and served as social support providers in times of need.

The results of this study show that closeness mediated between providing social support and satisfaction with providing social support. Most respondents who were satisfied with the social support that they provided to CNM were fairly and very close to their CNM. This is attributed to the emotional connection between them that led to increased satisfaction with providing social support. This finding is consistent with a cross-sectional study using a national probability sample of older adults, that showed a strong association between providing social support to friends and family members and higher well-being.¹⁴

According to social exchange theory, engaging in on-going social interactions can help to establish a pattern of trust that makes it easier to form close bonds. The close bond formed between CNM and older persons', makes it easy for the support provider to continue providing social support and not experience negative effects.

The level of closeness also had significant association on satisfaction with received social support. According to Merz and Huxhold (2010),³⁰ receiving instrumental support from CNM who are not close to older persons is detrimental for well-being. In close relationship however, one is able to understand the type of social support needed which is most effective when it matches specific needs.¹⁹ By meeting their instrumental, emotional and informational needs, most of the respondents' expectations were met. Dykstra¹⁹ noted that older people have

support expectations which tend to be individualized within the relationships. In close relationships, the expectation is high for social support and so is the dissatisfaction when the expectations are not met. The finding that closeness is important for older persons' satisfaction with received social support is in agreement with a cross-sectional study by Bøen *et al.* (2012),³¹ who established that having people to turn to, who are trustworthy and concerned about you is significantly independently associated with well-being. According to the social exchange theory, Homans observed that, equal transactions were displays of friendship and that deviation from equivalence had a detrimental effect on the relationship. In the context of this study, satisfaction with received social support in a close relationship was a type of equal transaction where older persons feelings of closeness to their CNM had enhanced effects on satisfaction because resources were being made available to them.

Conclusions

In conclusion, the study shows that there was a significant relationship between closeness and providing and receiving social support. The quality of the relationship between older persons and CNM can either enhance or diminish SWB. Closeness as a positive aspect of relationship quality can be cultivated so that the growing population of older persons live dignified lives. Future studies could look beyond CNM and look at social institutions like churches in which older persons are members and how support receipt or provision affects SWB. This would broaden our understanding of the social relationships, whether close or distant and how support receipt or provision in such relationships affect the SWB of older persons in Kenya.

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