

Impact of Social Support on Quality of Life in a Sample of Older Adults in Potosi

Impacto del Apoyo Social en la Calidad de Vida en una Muestra de Adultos Mayores Potosinos

Angelina González Hurtado ^a, María del Refugio Acuña Gurrola ^b & Deyanira Loredo González ^c

Abstract:

Introduction. Because of the population increase and the heterogeneity of the aging process, it is necessary to know about the elements that contribute to successful old age. Therefore, the purpose of this study was to identify the type and source of the social support that has the greatest impact on quality of life of elderly Mexican participants. **Material and Method.** A voluntary and intentional sample of 143 older adults was carried out about their quality of life and satisfaction with the social support network. **Results.** Family and not-family links provide types of support that have a specific significant effect on the different components of quality of life and even extrafamilial support has a greater number of quality effects of life. **Conclusions.** It is necessary the diversification and strengthening of all links that make up the network, because of each link is a potential provider of different types of support, it contributes to strengthen the quality of life in this population group.

Keywords:

Old age, quality of life, social support

Resumen:

Introducción. Debido al aumento poblacional, así como a la heterogeneidad del proceso de envejecimiento, se hace necesario conocer los elementos que contribuyan a una vejez exitosa. Así, el propósito del presente estudio fue identificar el tipo y la fuente de apoyo social que tiene mayor impacto en la calidad de vida de adultos mayores participantes mexicanos. **Material y Método.** Se entrevistó a una muestra voluntaria e intencional de 143 adultos mayores, respecto de su calidad de vida y satisfacción con el apoyo social de su red. **Resultados.** Tanto los vínculos familiares como los extrafamiliares proveen tipos de apoyo que tienen un efecto significativo específico en los diferentes componentes de la calidad de vida e, incluso, el apoyo extrafamiliar puede presentar un mayor número de efectos en la calidad de vida. **Conclusiones.** Es necesario la diversificación y reforzamiento de todos los vínculos que componen a la red, ya que cada vínculo es potencial proveedor de distintos tipos de apoyo, contribuye a fortalecer la calidad de vida en este grupo poblacional.

Palabras Clave:

Vejez, calidad de vida, apoyo social

INTRODUCTION

According to the World Health Organization, it estimates that from 11% obtained in 2000, it increased the percentage of elderly up to 22% in 2015. In other words, the percentage increased from 605 million to 2000 million of older adults who are older than 60 years old (WHO,2010).

On one side, Mexico also represents the same tendency based on the population census done in 2010, which reports that 3,819,761 people belong to this population group, and it also

calculates an increase in the next coming decades (The National Institute of Statistics and Geography & The National Women's Institute,2010).

Moreover, aging is a heterogeneous process with gains and losses which involves a higher likelihood of diseases and consistent condition of disability (Fernández-Ballesteros, 2002).

Nevertheless, it is possible to age successfully, depending on the attitudes that help a person to adapt to changes proper to this stage of life, neither renounce nor suffer because of them. Since

^a NEUROPSIC, Psychological and Neuropsychological Care Clinic, <https://orcid.org/0000-0001-9807-0215>, Email: agh1857@hotmail.com.

^b Corresponding autor, Autonomous University of Hidalgo State, Institute of Health Science, <https://orcid.org/0000-0003-3194-5392>, Email: maria_acuna@uaeh.edu.mx.

^c Autonomous University of San Luis Potosí, <https://orcid.org/0000-0002-8432-3063>, Email: deyaneuropsic@gmail.com.

satisfying old must be integral, that means that it must include physical or corporal, intellectual or mental, interdependence or interpersonal or socialization (Fernández-Ballesteros, 2002; Lima, Silva & Galhardoni, 2008).

So aging healthy is related to the flexibility with the changes, breaking with routines, and trying new things, questioning beliefs and prejudices of the cultural context, whose main purpose is to compensate the losses with the gains (Zarebski, 2011).

In this sense, the World Health Organization defines active aging as “the process of making the most of opportunities to have a physical, psychic and social well-being during the whole life. [With] the objective of extending quality of life and life expectancy in advanced stages” (WHO, 2011, p. 3).

This is where the concept of quality of life can be defined as “the perception of the own position of life within the context of the cultural system and the values in which society lives in relation to the objectives, hopes, standards and worries. This is a concept of wide range, that includes a complex way of the physical health of a person, his physical state, his level of independence, his social relationships and his relation with the most outstanding characteristics of his environment” (WHO, 2002, p. 78).

In accordance with the WHO (in Urzúa, Bravo, Ogalde & Vargas, 2011). This concept could be composed by the following domains:

- a. The sensorial skills due to the possibility of the sensory handicap that affects daily life and overall functioning.
- b. Tonomy or capacity to make their own decisions, to feel the control of their own future and to do the things that people want to do.
- c. The activities of the past, present and future in the sense of the level of satisfaction with the past and future achievements, with the recognition of something done.
- d. Social participation with reference to level of satisfaction in diverse activities that people participate.
- e. Death and dying, regarding the degree of preoccupation with death and dying.
- f. Intimacy, taking the opportunity of loving and being loved.

Futhermore, people of this population group, as the same as the rest of the people feel the necessity to maintain their identity as well as belonging and consideration (Ramos & Salinas, 2010). However, during aging is frequent the losses of friends, spouse and relatives (Sluzky, 2000). Additionally, to the possible lack of attention and dialogue that cause a lack of integration of a person (Ramos & Salinas, 2010).

For its part, the social support network is understood as relationships with others that a person identifies as meaningful, include all the perople that interact with a person, for example, family, friends, labor relations or school relationships,

community relations, service or creed (Sluzky, 2000). This network has an important role because it fulfills different functions in which we can mention company, and emotional, material, informational and instrumental support, as well as, the social regulation and the access of new contacts.

Nonetheless, the interactions that make up the social support network are not synomym of enough quality and quantify support (del Valle & Colli, 2011). Which it is so relevant, due to the presence of diseases and other conditions that involve a possible change of social and familiar role as much as the decrease of the possibility of giving support and an increase in the necessity to receive it (del Valle & Colli, 2011).

In the case of the older’s adult family is also a significant part the departure of the children and the admission of the new family members, whereby it shows a challenge to establish strong links that work to build new relationships. In addition, couple's relationship can be uncertain because of the imminent death and/or the reassessment of the reasons of the union of couples. (Flores, 2011).

Making reference to the work environment, whether due to health conditions of institutional criteria, it is present the retirement, with what is the conclusion of the work life in which activities were done based on the practive of several years, and a person became an expert, and got a feeling of satisfaction, just as well as a social place that provide to be the provider for the family (Flores, 2011).

As a result, it is relevant that an individual also connects with his own social environment, promotes support and be part of social groups or alternative networks of the missing links. (Zarebski, 2011). Since the old age, the relationships and the social contact are seen as a protective factor in the aging, besides they are linked to the physical and mental health, as well as the quality of life, longevity, well-being and the loneliness (Fernández-Ballesteros, 2002).

The social networks, family networks and community networks contribute favorably to the general well-being and to the older’s adult health through a high social participation and also a cross-generational one both inside and outside (Serrano, 2013).

As noted by Serrano (2013), feeling needed is a predictor factor of longevity, so keeping family relationships and community relationships with a good level of satisfaction contributes to a satisfying old and a quality of life.

One one hand, some recent studies about the social support network that most of the older adults have, it has been found that the individuals of this population group perceive as the main source of support the children, after the friends, couple or other relatives (Castellano, 2014; Polizzi & Arias, 2014). The family links have greater source of satisfaction than those additional relatives (Polizzi & Arias, 2014).

On the other hand, there are investigations such as Polizzi and Arias (2014) in which satisfaction is not the same for the different types of support received by the diverse members of the network, thus the support that make the older adults seem to feel more satisfied is the emotional, followed by the economical

one, and the informative one, but the instrumental or practical has the minimum level.

In order to have more precise information about the source of support, it is found the study done by Arias and Polizzi (2012), in which indicates that the older adults notice that the main source of emotional support from the partner, followed by the children and to a lesser degree friends, although little support given to the couple. The advice or informational support only have of moderating way of the partner and a minimal level both the children and the friends. Finally, a little practical or instrumental of any of the members of the network.

As an integrated way, authors such as Fernández-Ballesteros (2002), have established that there is a positive meaningful relation between the social support network and the quality of life. Thereby, the family relationship is a good predictor of the prevalence of diseases and the satisfaction. As same as receiving support benefits the mental health of the older adults (Fernández-Ballesteros et al., 2010).

In this sense, there are diverse studies that show empiric evidence about the relation between the social support network and the quality of life in general (Acuña, 2012; Vivaldi & Barra, 2012).

Notwithstanding, there are few publications of studies done for example, Urzúa, Bravo, Ogalde & Vargas (2011) whereby provide a detailed explanation between the social support network and each one of the domains of the quality of life (subjective), in which is mentioned that the social support network is a good predictor not only for the quality of life in general but also for the autonomy, the activities, the social participation and the intimacy, but it is not of the sensorial skills such as the death and dying. Nevertheless, neither this study nor the other studies report that the influence of the distinct types of support, coming from each one of the links of the network regarding the quality of life and its domains.

As a consequence, the purpose of the present study is to identify the type and the source of support that has greater impact on the quality of life of the adult participants.

METHOD

It was used a quantitative, transversal and descriptive design, with a sample of 143 men and adult women older than 60 years who live in the cities of San Luis Potosí, Mexico and urban zones with an average of 68.5 years old.

To whom were given in their homes and assembly points through an interview the following instruments:

- Data sheet of socio-demographic, wherein it is taken into account questions about satisfaction with the social, the emotional, the instrumental, the material and the informational support that the older adults receive from the different participants that are part of their social support, network for instance the partner, the children, the grandchildren, the relatives, the friends and the neighbors.

- A questionnaire of quality of life, WHOQoL-Old of the World Health Organization is formed by 24 questions with multiple

choice type Likert whose values are from 0 to 4. The reactivities are grouped into six domains: sensorial skills, autonomy, past activities, present and future activities, social participation, death and dying and intimacy.

To the analysis of the data, groups of the levels of quality of life and each one of their domains were established, based on the standard deviation from the average.

It was applied the non-parametric test of Kruskal-Wallis to calculate if there were meaningful differences in the levels of quality of life and each one of their domains. Depending on the satisfaction with the different types of support, for example, emotional, instrumental, material and informational which were received by the distinct participants who were part of the network of social support of the adults.

Furthermore, the levels of quality of life and the domains are described, and showed diverse meaningful differences in terms of the satisfaction with the level of support received.

RESULTS

To the sample of this study, the questionnaire of quality of life (WHOQoL-Old) shows a total explained variance of 63.07%, with alpha of 0.839 to the scale in general.

Referring to the results, then the differences in the levels of quality of life and its domains are shown, according to the satisfaction that the older adults have with the support received, as well as, the grouping arrangement in the variables of the different levels that prove meaningful differences.

The marital status determines a meaningful difference exclusively in the domain of autonomy (13.31, $p > 0.05$), with values without statistical significance to the rest of the domains (sensorial skills with 11.00, $p < 0.05$; activities with 6.59, $p < 0.05$; social participation with 5.98, $p < 0.05$ and; death and dying with 5.33, $p < 0.05$), the same as the quality of life in general (5.98, $p < 0.05$).

As it can be observed in the chart 1, the percentage of the distribution of the sample showed, it is based on the marital status and level of quality of life in the domain of autonomy.

Chart 1. Percentage of participants with different levels of quality of life in the autonomy domain, based on marital status.

		Levels of Autonomy			
		0 - 9.86	9.87 - 12.66	12.66 - 15.44	15.44 or more
M a r i t a l S t a t u s	Single (n=17)	0.00%	17.60%	58.80%	23.50%
	Married (n=74)	18.90%	25.70%	41.90%	13.50%
	With partner (n=1)	0.00%	0.00%	100.00%	0.00%
	Non-marital or cohabitation (n=2)	0.00%	0.00%	50.00%	50.00%
	Separated (n=8)	0.00%	12.50%	50.00%	37.50%
	Divorced (n=2)	0.00%	0.00%	50.00%	50.00%
Widowed (n=39)	20.50%	25.60%	41.00%	12.80%	

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s				
Total	15.40%	23.10%	44.80%	16.80%

Source: Own authorship.

On one hand, the links that make up the social support network of the older adult, as shown in Chart 2, in the level of perceived satisfaction with respect to the support received from the partner, all types of support show a significant difference in the domain of death and dying, but only emotional and informational support makes a difference in the level of general quality of life, and none in the domains of sensory skills, autonomy and activities.

On the other hand, only the emotional support of the children showed a significant difference in the intimacy domain of quality of life, as did the emotional support of the grandchildren in social participation.

Similarly, the instrumental support of relatives presents a significant difference in the domains of sensory skills, as well as in the fear of death and dying. In addition to the effect of material support on sensory skills.

With respect to extra-familial ties, the emotional support of friends presents a significant difference in general quality of life and autonomy. While in the domain of social participation there are significant differences with instrumental and material support.

Likewise, it is revealed that the emotional support of neighbors presents a significant difference in the domains of autonomy and activities, as well as instrumental support in death and dying, and material support in the domain of sensory skills.

Chart 2. Differences in quality of life and its domains based on perceived support from different network ties.

Satisfaction with the support				
	Emocional	Instrumental	Material	Informative
Partner				
Quality of life	10.21, p ≥ 0.05			8.04, p > 0.05
Activities				14.73, p > 0.05
Social participation		8.86, p ≥ 0.05		
Death and Dying	14.3, p ≥ 0.05	7.76, p ≥ 0.05	8.18, p > 0.05	
Intimacy	11.04, p ≥ 0.05		9.52, p > 0.05	
Children				
Quality of life	7.79, p ≥ 0.05			
Intimacy				
Grandchildren				
Quality of life				
Social participation	8.22, p ≥ 0.05			

Relatives			
Quality of life			
Sensorial skills	8.31, p ≥ 0.05	9.62, p ≥ 0.05	
Death and dying	11.04, p ≥ 0.05		

Friends			
Quality of life	7.60, p ≥ 0.05		
Autonomy	9.29, p ≥ 0.05		
Social participation	10.56, p ≥ 0.05	9.07, p ≥ 0.05	

Neighbors			
Quality of life			
Sensorial skills		7.55, p ≥ 0.05	
Autonomy	8.25, p ≥ 0.05		
Activities	9.64, p ≥ 0.05		
Death and Dying	8.60, p ≥ 0.05		

Source: Own authorship.

Referring to table 3, shows the percentage distribution of the participants in terms of their level of quality of life and its domains. Based on satisfaction with the different types of perceived partner support, which show a significant difference. Chart 3 clearly expresses the relevance of the four types of partner support, especially emotional and informational, in the perception of the quality of life of the older adult, as well as in the different domains, mainly intimacy.

Chart 3. Percentage of participants with different levels of satisfaction with partner support on quality of life variables with significant differences.

Satisfaction with emotional support						
	Level	Nothing (n=8)	Little (n=4)	Regular (n=28)	Much (n=35)	Total
Quality of life	0 - 63.40	12.50%	0.00%	39.30%	5.70%	18.70%
	63.41 - 74.70	25.00%	25.00%	28.60%	28.60%	28.00%
	74.71 - 86.00	50.00%	75.00%	25.00%	54.30%	44.00%
	86.01+	12.50%	0.00%	7.10%	11.40%	9.30%
Death and dying	<= 6.33	0.00%	25.00%	25.00%	8.60%	14.70%
	6.34 - 11.14	0.00%	0.00%	35.70%	31.40%	28.00%
	11.15 - 15.96	25.00%	25.00%	25.00%	42.90%	33.30%
	15.97+	75.00%	50.00%	14.30%	17.10%	24.00%

		<= 10.15	10.16 - 12.94	12.95 - 15.74	15.75 or more	
Intimacy		25.00%	0.00%	17.90%	14.30%	16.00%
		50.00%	50.00%	39.30%	5.70%	25.30%
		25.00%	25.00%	28.60%	42.90%	34.70%
		0.00%	25.00%	14.30%	37.10%	24.00%
Satisfaction with isnrumental support						
	Level	Nothing (n=12)	Little (n=4)	Regular (n=14)	Much (n=40)	Total
Social participation	0 - 11.00	16.70%	0.00%	21.40%	10.00%	12.90%
	11.01 - 13.63	58.30%	50.00%	57.10%	27.50%	40.00%
	13.64 - 16.27	25.00%	50.00%	21.40%	62.50%	47.10%
	0 - 6.33	8.30%	0.00%	21.40%	15.00%	14.30%
Death and dying	6.34 - 11.14	8.30%	50.00%	35.70%	25.00%	25.70%
	11.15 - 15.96	25.00%	50.00%	35.70%	32.50%	32.90%
	15.97 or more	58.30%	0.00%	7.10%	27.50%	27.10%
	Satisfaction with the material support					
	Level	Nothing (n=8)	Little (n=5)	Regular (n=22)	Much (n=39)	Total
Death and Dying	0 - 6.33	0.00%	0.00%	18.20%	15.40%	13.50%
	6.34 - 11.14	12.50%	20.00%	40.90%	23.10%	27.00%
	11.15 - 15.96	25.00%	60.00%	27.30%	33.30%	32.40%
	15.97 or more	62.50%	20.00%	13.60%	28.20%	27.00%
Intimacy	0 - 10.15	12.50%	40.00%	27.30%	7.70%	16.20%
	10.16 - 12.94	37.50%	60.00%	27.30%	17.90%	25.70%
	12.95 - 15.74	37.50%	0.00%	18.20%	46.20%	33.80%
	15.75 or more	12.50%	0.00%	27.30%	28.20%	24.30%
Satisfaction with informative support						
	Level	Nothing (n=10)	Little (n=5)	Regular (n=23)	Much (n=36)	Total
Quality of life	0 - 63.40	10.00%	0.00%	34.80%	13.90%	18.90%
	63.41 - 74.70	20.00%	80.00%	34.80%	19.40%	28.40%
	74.71 - 86.00	60.00%	20.00%	21.70%	55.60%	43.20%
	86.01 or more	10.00%	0.00%	8.70%	11.10%	9.50%
Activity	0 - 10.84	20.00%	20.00%	30.40%	5.60%	16.20%

		10.85 - 13.03	13.04 - 15.22	15.23 or more		
Intimacy		30.00%	80.00%	56.50%	41.70%	
		40.00%	0.00%	13.00%	36.10%	
		10.00%	0.00%	0.00%	16.70%	
Satisfaction with informational support						
	Level	Nothing (n=10)	Little (n=5)	Regular (n=23)	Much (n=36)	Total
Death and Dying	0 - 6.33	0.00%	20.00%	26.10%	11.10%	14.90%
	6.34 - 11.14	0.00%	40.00%	34.80%	25.00%	25.70%
	11.15 - 15.96	40.00%	40.00%	21.70%	38.90%	33.80%
	15.97 or more	60.00%	0.00%	17.40%	25.00%	25.70%
Intimacy	0 - 10.15	10.00%	20.00%	17.40%	16.70%	16.20%
	10.16 - 12.94	50.00%	40.00%	43.50%	5.60%	25.70%
	12.95 - 15.74	30.00%	40.00%	30.40%	38.90%	35.10%
	15.75 or more	10.00%	0.00%	8.70%	38.90%	23.00%

Source: Own authorship.

The distribution of the participants in regard to the influence on quality of life of satisfaction with support from other family ties of the social support network is shown in Chart 4. In this chart, it can be observed that with respect to support from children and grandchildren, the distribution with satisfaction with emotional support received tends to cluster in the high levels of intimacy and social participation, respectively, as this satisfaction is higher.

In the same chart, a similar trend is observed for satisfaction with the instrumental support received from relatives, in their respective domains.

Chart 4. Percentage of participants with different levels of satisfaction with the support of family ties, in the quality of life variables with significant differences.

Children					
Satisfaction with emotional support					
	Level	Little (n=3)	Regular (n=40)	Much (n=89)	Total
Intimacy	0 - 10.15	33.30%	25.00%	10.10%	15.20%
	10.16 - 12.94	33.30%	35.00%	21.30%	25.80%
	12.95 - 15.74	0.00%	22.50%	41.60%	34.80%
	15.75 or more	33.30%	17.50%	27.00%	24.20%
Grandchildren					

Satisfaction with emotional support						
Level	Nothing (n=5)	Little (n=3)	Regular (n=22)	Much (n=99)	Total	
Social Participation	<= 11.00	20.00%	33.30%	9.10%	8.70%	9.80%
	11.01 - 13.63	60.00%	66.70%	40.90%	29.30%	33.60%
	13.64 - 16.27	20.00%	0.00%	50.00%	62.00%	56.60%
Relatives						
Satisfaction with instrumental support						
Level	Nothing (n=29)	Little (n=20)	Regular (n=24)	Much (n=45)	Total	
Sensorial skills	0 - 8.02	31.00%	15.00%	12.50%	11.10%	16.90%
	8.03 - 11.30	24.10%	15.00%	41.70%	26.70%	27.10%
	11.31 - 14.58	41.40%	55.00%	41.70%	35.60%	41.50%
	14.59 or more	3.40%	15.00%	4.20%	26.70%	14.40%
	0 - 6.33	17.20%	20.00%	20.80%	8.90%	15.30%
Death and dying	6.34 - 11.14	17.20%	35.00%	37.50%	20.00%	25.40%
	11.15 - 15.96	37.90%	35.00%	29.20%	28.90%	32.20%
	15.97 or more	27.60%	10.00%	12.50%	42.20%	27.10%
Satisfaction with material support						
Level	Nothing (n=33)	Little (n=13)	Regular (n=29)	Much (n=42)	Total	
Sensorial skills	0 - 8.02	27.30%	15.40%	17.20%	9.50%	17.10%
	8.03 - 11.30	36.40%	23.10%	20.70%	23.80%	26.50%
	11.31 - 14.58	30.30%	53.80%	48.30%	40.50%	41.00%
	14.59 or more	6.10%	7.70%	13.80%	26.20%	15.40%

Source. Own authorship.

The distribution of the participants regarding the support received from the extra-familial links of the social support network, the distribution of satisfaction with the emotional support of friends is somewhat heterogeneous, but with a slight tendency towards higher levels of quality of life and autonomy as satisfaction increases (Chart 5).

In the same Chart 5, a similar trend to that of friends can be observed in the distribution of social participation with respect to satisfaction with instrumental and informational support received from neighbors.

Chart 5. Percentage of participants with different levels of satisfaction with the support of other extra-familial ties, in the quality of life variables with significant differences

Friends						
Satisfaction with emotional support						
Level	Nothing (n=3)	Little (n=5)	Regular (n=37)	Much (n=85)	Total	
Quality of life	0 - 63.40	66.70%	0.00%	18.90%	16.50%	17.70%
	63.41 - 74.70	33.30%	20.00%	37.80%	21.20%	26.20%
	74.71 - 86.00	0.00%	80.00%	32.40%	45.90%	42.30%
	86.01 or more	0.00%	0.00%	10.80%	16.50%	13.80%
	0 - 9.86	66.70%	0.00%	27.00%	10.60%	16.20%
Autonomy	9.87 - 12.65	33.30%	40.00%	21.60%	18.80%	20.80%
	12.66 - 15.43	0.00%	60.00%	35.10%	50.60%	45.40%
	15.44 or more	0.00%	0.00%	16.20%	20.00%	17.70%
	Neighbors					
Satisfaction with instrumental support						
Level	Nothing (n=19)	Little (n=10)	Regular (n=39)	Much (n=50)	Total	
Social participation	0 - 11.00	5.30%	20.00%	12.8%	10.0%	11.0%
	11.01 - 13.63	68.40%	20.00%	41.0%	16.0%	33.1%
	13.64 - 16.27	26.30%	60.00%	46.2%	74.0%	55.9%
	Satisfaction with material support					
Level	Nothing (n=41)	Little (n=13)	Regular (n=25)	Much (n=43)	Total	
Social Participation	0 - 11.00	7.30%	15.40%	16.00%	9.30%	10.70%
	11.01 - 13.63	46.30%	61.50%	16.00%	20.90%	32.80%
	13.64 - 16.27	46.30%	23.10%	68.00%	69.80%	56.60%
	Neighbors					
Satisfaction with emotional support						
Level	Nothing (n=16)	Little (n=12)	Regular (n=47)	Much (n=53)	Total	
Autonomy	0 - 9.86	25.00%	33.30%	19.10%	9.40%	17.20%
	9.87 - 12.65	18.80%	16.70%	31.90%	13.20%	21.10%
	12.66 - 15.43	31.30%	33.30%	38.30%	54.70%	43.80%
	15.44 or more	25.00%	16.70%	10.60%	22.60%	18.00%

Activities	0 - 10.84	12.50%	16.70%	19.10%	9.40%	14.10%
	10.85 - 13.03	37.50%	33.30%	53.20%	34.00%	41.40%
	13.04 - 15.22	43.80%	33.30%	21.30%	32.10%	29.70%
	15.23 or more	6.30%	16.70%	6.40%	24.50%	14.80%
	Satisfaction with instrumental support					
		Nothing (n=34)	Little (n=12)	Regular (n=36)	Mucho (n=37)	Total
Death and dying	0 - 6.33	29.40%	16.70%	16.70%	13.50%	19.30%
	6.34 - 11.14	29.40%	25.00%	22.20%	18.90%	23.50%
	11.15 - 15.96	26.50%	41.70%	38.90%	21.60%	30.30%
	15.97 or more	14.70%	16.70%	22.20%	45.90%	26.90%
	Satisfaction with material support					
		Nothing (n=51)	Little (n=14)	Regular (n=33)	Much (n=25)	Total
Sensorial skills	0 - 8.02	19.60%	50.00%	9.10%	12.00%	18.70%
	8.03 - 11.30	27.50%	14.30%	24.20%	40.00%	27.60%
	11.31 - 14.58	45.10%	28.60%	48.50%	16.00%	38.20%
	14.59 or more	7.80%	7.10%	18.20%	32.00%	15.40%

Source. Own authorship. Fuente.

DISCUSSION AND CONCLUSIONS

The present study provides empirical evidence on what has been presented by Fernández-Ballesteros (2002), Fernández-Ballesteros et al. (2010), Serrano (2013) and Zarebski (2011), regarding the relationship between the social support network and the well-being of older adults, especially their quality of life. In particular, it presents descriptive evidence, such as Acuña (2012) as well as Vivaldi and Barra (2012), on this relationship, and also provides elements on the evaluation of a statistically significant influence of the network on the quality of life.

Beyond what is reported by Urzúa, Bravo, Ogalde and Vargas (2011), the results of the evaluations of the sample presented here, composed of older Mexican adults from Potosí, show that there are differences between the effect of each of the types of support from the different ties on quality of life and its domains. That is to say, although the effect of the support network, as well as each of the ties that compose it, is different for each element of quality of life, we find that the effect of the support network, as well as each of the ties that compose it, social is different for each element of quality of life.

The support of the partner, for this sample, is presented as the link with the highest number of statistically significant effects on the quality of life and its domains in the older adult. Contrary to what is stated by other authors (Castellano, 2014; Polizzi & Arias, 2014), where they refer to children as the main source of

support in general, in the sample of the present study it is the partner who has a significant impact, if not in all domains, then in a greater number of elements of quality of life.

Regarding the types of support, in addition to what Arias and Polizzi (2012) pointed out that the elderly perceive their partner as the main source of emotional support, followed by their children, and to a lesser degree, informational support. In the present sample, it is observed that satisfaction with support has a greater impact on different quality of life factors such as emotional and informational, mainly in the domain of death and dying and intimacy. In addition, informational support from the partner also has a statistically significant effect on the performance of activities.

However, it should be clarified that having an emotional bond with a partner is not a requirement for a good level of quality of life, because although it is important, marital status is not shown to be a significant factor for quality of life in general, nor for all its domains, but only for autonomy. Moreover, other sources of support, such as emotional support from friends and neighbors, also have a significant influence on this domain.

Therefore, it is not only about the level of satisfaction with the support received, but also about the effect that this satisfaction has on the quality of life and on which domain has a greater impact.

Similarly, although there are authors who express that older adults perceive greater support from their children (Castellano, 2014; Polizzi & Arias, 2014), in this sample it could be observed that the effect of such support is not statistically significant. Thus, the only support in which a significant difference is exhibited is the impact of emotional support on the feeling of intimacy. This situation is similar in the bond with the grandchildren, where the only support that shows a significant influence is emotional support, with an impact on social participation.

This may be due to the family dynamic itself, which, although it includes children and grandchildren, the older adults in the sample have a broad social support network that also includes other links such as relatives, friends and neighbors, who provide other types of support that benefit the quality of life of the participants; therefore, since the other support needs are covered by other links in the network, the most significant support that the older adults require from their children and grandchildren may be precisely emotional.

The link with other relatives, on the other hand, shows a significant influence of instrumental and material support on sensory skills, as components of quality of life.

Thus, although other studies show that there is greater satisfaction with the support of children, above that of other links in the older adult's network, this study provides evidence that the support received by other members of the network may have a different, and even greater, impact on their quality of life and their domains, as shown in the results on the support received from partners, grandchildren, relatives, friends and neighbors, in different elements of quality of life.

In this sense, despite the fact that there are authors who report a greater source of satisfaction from family ties rather than from extra-family ties (Polizzi & Arias, 2014), this sample provides evidence of the beneficial influence of the support coming from the bond that the elderly establish with individuals who do not belong to their family, such as friends and neighbors.

Thus, friends, in this sample, represent an element with more statistically significant effects than children. Both instrumental support and material support from friends have an influence on social participation and, therefore, its impact on autonomy.

Similarly, neighbors also appear to be an important source of support, even more so than children and grandchildren. Emotional support from this bond has a significant influence on autonomy and participation in activities, as well as instrumental in death and dying, as well as material in sensory abilities.

On the basis of the foregoing, it provides empirical evidence on the need for what Zarebski (2011) expressed, regarding the need to create new network ties to replace those that are lost. Since these new ties provide significant support for a larger number of domains, although partly different from the support provided by children and grandchildren, at least in this sample.

In this way, evidence is provided regarding the fact that the level of satisfaction of the elderly with the support received from the links that make up their social support network is not enough, but it is necessary to detect the benefit that such support has on each element of the quality of life. This is because each type of support from the different links has a different influence on each of the components of quality of life.

Finally, there are older adults who do not have family or extra-family ties, or whose ties are not satisfactory, since, as established by del Valle and Colli (2011), the quantity of ties is not synonymous with quality. Nevertheless, based on the evidence provided in this study, it can be concluded that it is important to diversify the links that make up the network of older adults, as well as to strengthen the existing links in order to enhance the benefit to the quality of life of the individual, as a result of the support received by each member of the network.

Each link that makes up the network is a potential source of different types of support that provide specific but not exclusive benefits in the quality of life during old age.

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