Original Article

Social support among elderly women in a low income area in the municipality of Rio de Janeiro*

Apoio social entre idosas de uma localidade de baixa renda no Munícipio do Rio de Janeiro

Apoyo social entre ancianas de una localidad de baja renta en el Municipio de Rio de Janeiro

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ABSTRACT

Objective: To identify the perceived availability and provision of informal and formal social support among elderly women in a low income area of the municipality of Rio de Janeiro. **Methods:** This is descriptive and cross-sectional study; done by using household survey with 369 (83.5%) elderly in the community. **Results:** Elderly women had an adverse social condition (49.3% were illiterate, 71.3% had no partner, 62.3% reported a monthly income of up to minimum wage and 22.0% had no income.) The most common informal types of support were: money, personal care and companionship for locomotion. However, they relied on the care of grandchildren, housing and money. Only 20% reported receiving support from the state or institutions, most of them as basic food. The three main sources of formal supports were: the municipal government, the church and, the state government. **Conclusion:** The trade of relations had more weight on the side of the older, because the when the elderly cares for their grandchildren, the parents could work and thus increase the household income.

Descriptors: Health of the elderly; Social support; Aging; Cross-sectional studies; Women's health

RESUMO

Objetivo: Identificar a percepção de disponibilidade e oferta de apoio social informal e formal entre idosas de uma localidade de baixa renda do Município do Rio de Janeiro. **Métodos**: Estudo descritivo, de corte seccional realizado por meio de inquérito domiciliar com 369 (83,5%) idosas da comunidade. **Resultados**: As mulheres tinham condição social desfavorável (49,3% eram não letrados, 71,3% não tinham companheiro, 62,3% referiram renda mensal de até um salário mínimo e 22,0% não tinham renda). Os tipos de apoio informais mais recebidos foram dinheiro, cuidado pessoal e companhia para se locomover. No entanto, elas se apoiavam no cuidado dos netos, moradia e dinheiro. Apenas 20% declararam receber apoio do Estado ou instituições, destacando-se, sobretudo, a cesta básica. As três principais fontes desses apoios formais foram: governo municipal, Igreja e governo estadual. **Conclusão**: O fluxo das relações de troca foi maior no sentido das idosas para suas famílias do que o contrário. Ao cuidar dos netos, as idosas possibilitavam que seus filhos trabalhem e, consequentemente, aumentem a renda familiar.

Descritores: Saúde do idoso; Apoio social; Envelhecimento; Estudos transversais; Saúde da mulher

RESUMEN

Objetivo: Identificar la percepción de disponibilidad y ofrecimiento de apoyo social informal y formal entre ancianas de una localidad de baja renta del Municipio de Rio de Janeiro. **Métodos**: Se trata de un estudio descriptivo, de corte seccional, realizado por medio de encuesta domiciliar con 369 (83,5%) ancianas de la comunidad. **Resultados**: Las mujeres tenían una condición social desfavorable (49,3% eran analfabetas, 71,3% no tenían compañero, 62,3% informaron una renta mensual de hasta un salario mínimo y 22,0% no tenían renta). Los tipos de apoyo informales más frecuentes fueron dinero, cuidado personal y compañía para la locomoción. Sin embargo, ellas apoyaban en el cuidado de los nietos, vivienda y dinero. Apenas 20% declararon recibir apoyo del estado o instituciones, destacándose, sobre todo, la alimentación básica. Las tres principales fuentes de esos apoyos formales fueron: gobierno municipal, iglesia y gobierno estatal. **Conclusión**: El flujo de las relaciones de intercambio fue más fuerte desde las ancianas hacia sus familias. Debido a que, al cuidar de los nietos, las ancianas posibilitaban que sus hijos pudiesen trabajar y, consecuentemente, aumentar la renta familiar.

Descriptores: Salud del anciano; Apoyo social; Envejecimiento; Estudios transversales; Salud de la mujer

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** Work accomplished in the Nova Holanda community, in Maré district, Rio de Janeiro (RJ) Municipality, Brazil.*

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INTRODUCTION

The phenomenon of population ageing constitutes a worldwide concern for a long time now[1-2]. In Brazil, one of the countries in which the rate of growth in the elderly population is vertiginous[3] (from more than 3 million in 1960, to 7 million in 1975, and 14 million in 2002), researchers alert that this constitutes "one of the major contemporary public health challenges"[4] (p. 700). Society needs to get organized in order to conform to the changes that are occurring in the population profile, because these transformations have influences over this group's specific social demands[5].

One of the main factors that has contributed to guarantee the elderly survival, in this context of changes and transformations, is the inter-generational support transference, i.e., the exchange relationship, mutual-help, and solidarity that exists between the elderly and their family[6-7]. Authors[8] (p. 52) highlight that "the family is one of the most important and efficient institutions when it comes to the individual well being, as well as resource distribution", and that, in many countries, the family constitutes the only choice for the support of the elderly population. To the elderly, especially those with low income, the existence of social support is essential to raise their survival ability in the adverse conditions to which they are exposed, and, consequently, ameliorate their life quality[9].

Social support is a multidimensional concept that regards the resources offered by other people in needy situation[10]. It plays an important direct or indirect role in the development of the individual's levels of health and wellbeing[11-12]. The social support varies throughout the different life stages, i.e., the support received in childhood is very different than that which is needed in old age[11-12]. In its multidimensional aspect, this support can be classified according to its characteristics: direction (received or offered); disposition (availability or execution); way of measurement (described or evaluated); content (emotional, instrumental, informative, evaluative); social network (family, friends, neighbors, work colleagues, the community, and other)[10]. Besides that, two different social support modalities still need to be considered: the formal support (support system offered/provided by the State and institutions), that has an infrastructure with the specific purpose of support in certain areas and which utilize professionals or volunteers to reach their goals; and the *informal support* (offered/provided by the family, neighbors, friends, and community), motivated by feelings of affection or obligation[13-14].

According to the Human Development Report of 1999[15], the social support acts as a fundamental role in the formation of human capabilities and in human development. The report stresses that "(…) the offer of social support is not only a means for human development, it is also a result, an intangible ability, though essential – a human well being factor".

In this sense, besides the State's predominant role to ensure condign and quality aging, to research the availability of social informal support to the elderly, constitutes an important measure to gain knowledge on how the elderly live (and survive), as well as to point out which is the better way to stimulate and optimize this family's support. Taking these aspects into consideration, the present study has the objective of identifying the perception of availability and the offer of social support by the family, or for the family, and the formal social support perceived by the elderly women of a low income community in the Municipality of Rio de Janeiro.

METHODS

This is a descriptive cross sectional study developed in two stages: identifying census of the entirety of elderly women resident in one of the 16 communities that constitute the Maré Neighborhood, in Rio de Janeiro Municipality; and domiciliary survey in which all the 442 identified elderly women were visited in their homes by trained interviewers for the application of a questionnaire[9].

In order to subsidize the questionnaire elaboration, focal groups were established, with elderly women that live in the community and who took part in a companionship group of the "Programa Rio-Experiente" (Experienced Rio Program), of the Secretaria Municipal de Desenvolvimento Social – SMDS (Social Development Office), Municipality of the City of Rio de Janeiro. This Program was created in 1994, and had the objective of "offering to the elder in all regions of the municipality a service that aims at keeping, or re-inserting, the elder in the family or in his community, reinforcing his potentialities, preserving his autonomy and independence, and contributing to the rescue of his citizenship"[16].

There are presently 36 companionship groups in communities of the city of Rio de Janeiro[17]. The companionship group mentioned is part of the activities of the "Centro Municipal de Atendimento Social Integrado de Nova Holanda" (Municipal Center for Integrated Social Service of Nova Holanda), which is bound to the Social Programs Coordination of the SMDS. 120 elders participate in this group, divided in four subgroups that, at the occasion, met for three hours once a week in a warehouse yielded by the Association of Residents and Friends of Nova Holanda.

The questionnaire was elaborated, besides the contribution of the group discussions, taking as base the already tested questionnaires used in other epidemiologic studies, like the *Brazil Old Age Schedule*[18], that showed

good results in validity and reliability.

The questionnaire was pre-tested and improved. The following instrument variables were used in the study: socio-demographic information (age, marriage status, schooling, income, and family size), the self-referred health condition, as well as the morbidity referred. The informal support was analyzed by the following aspects[10]: "availability" of the support facing certain situations, i.e., the support that they suppose to have available independently of whether it is real or not; attention received and social value perceived by the elderly women; frequency of visits that the elderly women receive by their family, friends, neighbors and other people; relationship with sons and neighbors; and the perception of the interviewees of support's availability in a number of daily given situations.

The formal support was measured by the resources received by institutions like: the State, the Church, and non-governmental Institutions. Besides the resource's origin, the type and frequency of receiving the social support[13] were also investigated.

The research was approved by the Research Ethics Committee of the Instituto Fernandes Figueira/ FIOCRUZ. The Free and Acknowledged Consent Term was attached to the questionnaire, in accordance to the Resolution number 196/96 - Conselho Nacional de Saúde (National Health Council), so that the elderly women could authorize their voluntary participation in the study. From the 442 eligible elders, 369 (83.5%) accepted to take part in the study.

The data collection was made in the period between August and October, 2000, by three trained interviewers that lived and worked in the place of the study. With the objective of testing the study's logistics as a whole, a pilot study was made, at the same time as the training of the interviewers.

After the questionnaire application, they were revised and coded. They were then double data inserted, independently, using Epi-Info 6 (version 6.04) software, and the correction of the inconsistencies identified were done by the use of the validate program of the same software (Epi-Info). The statistical analysis was done through SPSS for Windows software (Statistical Package for the Social Sciences), version 9.0. Differences between proportions were tested by the Qui-square (c^2) test, with significance level of 0.05.

RESULTS

The main socio-demographic characteristics researched showed that the age of the elderly women varied between 60 and 90 years old (average of 69 years old; DP=6.73), around 60% of them were between 60 and 69 years old, and only 28.7% had a life partner. A meaningful percentage (49.3%) of the elderly women declared having no formal education (including those who asserted that did not know how to read and write, and those who only knew how to sign their own names). Among those who asserted that they went to school, 83.9% did not finish the first stage of the primary school (the first five years). As to the color/ethnicity, 48.0% asserted to be brown; 27.9%, black; 23.8% white and 0.3% yellow. The majority, i.e., 95.1% declared to have a religion (58.7% declared being Catholic; 39.9% Protestant; and 1.4% Spiritualist).

Table 1 – Perception of the 369 elderly women about the type of support received and offered to the family - Nova Holanda, Maré District, Rio de Janeiro Municipality, Brazil -2000

Types of Support	*n*	%
Received support	108	29.3
Types of support received from the family		
Money	66	61.1
Personal care	34	31.5
Companion to move around	20	18.5
Housing	14	13.0
Other	15	13.9
Support offered to the family	215	58.3
Taking care of grandchildren	134	62.3
Housing	99	46.0
Money	64	29.8
Other	12	5.6

N: The questions that generated this chart made it possible to choose more than one answer.

Table 2 – Elderly women that declared having received some sort of formal support, source, type and frequency of support – Nova Holanda, Maré District, Rio de Janeiro

Formal Support	n	%
Received formal social support	74	20.0
Source		
Municipality Government	41	55.4
Church	17	23.0
State Government	10	13.5
Public School	4	5.4
Health Service	2	2.7
Type		
Basic Basket of Food	62	83.8
Citizen Food Coupon	9	12.2
Medication	2	2.7
Housing	1	1.3
Frequency		
Monthly	73	98.6
Temporary	1	1.4

Municipality, Brazil – 2000

The informal support researched relating to its direction (received of out given), and the type of support received by the family are presented in Table 1, and only 29.3% of the elderly women declared to receive some kind of help from the family, 58.3% of these declared they provided some sort of help to their families. From

the 108 elderly women that declared some support of the family, 62.0% received only one type of help, and 38.0%, two types. The most frequent help received by the elders was money (61.1%), followed by personal care (31.5%), companionship to move around (18.5%), and housing (13.0%). The other types of support were food, medication, clothing, and health care. Therefore, the support received by the elderly women was, in the majority, the material kind.

As for the support given by the elderly women, from the 215 that declared having given some sort of support to their families, 56.3% offered only one type of help, and 43.7% offered two types of help. The most common help offered was taking care of grandchildren (62.3%), followed by housing (46.0%), and money (29.8%). The other types of support given were food, clothing, taking care of the mother, and taking care of the nephew (Table 1).

The formal support was analyzed based on the following dimensions: direction, type, source and frequency. In the data shown in Table 2, it is seen that

Table 3 – Social support received by 369 elderly women, and given to their families and associations with selected variables – Nova Holanda, Maré District, Rio de Janeiro Municipality, Brazil – 2000

Variables	Receives		Do not receive		p value	Offers		Does not offer		p value
	n	%	n	%		n	%	n	%	
Age Subgroups (y.o.)					<0.001*					0.692
60-69	53	24.0	168	76.0		132	59.7	89	40.3	
70-79	35	31.8	75	68.2		63	57.3	47	42.7	
80 +	20	52.6	18	47.4		20	52.6	18	47.4	
Marital Situation					0.022*					0.380
With companion	22	20.7	84	79.3		58	54.7	48	45.3	
Without companion	86	32.7	177	67.3		157	59.7	106	40.3	
Literate					0.046*					0.993
Yes	46	24.6	141	75.4		109	58.3	78	41.7	
No	62	34.1	120	65.9		106	58.2	76	41.8	
Monthly Family Income (MW*)					0.058					0.505
With no income	5	62.5	3	37.5		5	62.5	3	37.5	
From 0.01 to 1	40	28.6	100	71.4		74	52.9	66	47.1	
From 1.01 to 2	23	20.9	87	79.1		68	61.8	42	38.2	
More than 2	20	28.5	50	71.5		42	60.0	28	40.0	
Has a job					<0.001*					0.661
Yes	1	2.6	38	97.4		24	61.5	15	38.5	
No	107	32.4	223	67.6		191	57.9	139	42.1	
Number of sons					0.365					0.002*
0	6	20.7	23	79.3		9	31.0	20	69.0	
1 to 2	26	25.7	75	74.3		52	51.5	49	48.5	
3 to 5	44	29.7	104	70.3		93	62.8	55	37.2	
More than 5	32	35.2	59	64.8		61	67.0	30	33.0	
Family size					0.305					0.000*
1	17	29.3	41	70.7		19	32.8	39	67.2	
2 to 3	44	25.1	131	74.9		92	52.6	83	47.4	
4 to 6	35	36.1	62	63.9		70	72.2	27	27.8	
More than 6	11	28.9	27	71.1		33	86.8	5	13.2	
Self-referred health state					0.110					0.522
Excellent/Good	65	25.6	189	74.4		151	59.4	103	40.6	
Bad/Very bad	43	38.7	68	61.3		62	55.9	49	44.1	
Health Problems					0.143					
Yes	92	31.0	205	69.0		172	57.9	125	42.1	0.780
No	16	22.2	56	77.8		43	59.7	29	40.3	
Satisfaction with life					0.049*					0.190
Satisfied	85	27.5	224	72.5		184	59.5	125	40.5	
Unsatisfied	22	40.7	32	59.3		27	50.0	27	50.0	

p Value = level of significance of the Qui-square test; (*) = statistically meaningful.
Note: Some of the totals differ in reason to the different number of respondents in each variable.
Transl. Note: Brazilian Minimum Wage is R$ 510.00 (Brazilian Reais), as of Oct, 1st, 2010.

only 20% of the elderly women received some sort of help from the State or any other institution. The three main sources of support were: the Municipality Government (55.4%), the Church (23.0%), and the State Government (13.5%). As of the type of support, the majority received Basic Food Baskets (83.8%), followed by food coupons, medication, and housing. In general, the support was received in a monthly frequency (98.6%).

To identify the possible associations between the informal social support and the formal one, three of its variables (whether received family support, whether gave the family support, and whether received formal support) were correlated with some selected variables (Tables 3 and 4). As of the support received by the family, there were statistically significant associations found that had the following variables: age subgroups, marriage situation, schooling, participation in the labor market, and satisfaction with life. The results pointed to the fact that the higher the age, the greater the proportion of women that declared receiving some support from the family, being 24.0% of those between 60 and 69 years old, 31.8% of those between 70 and 79 years old, and 52.6% of those having 80 years old or more (p<0.0001). It was still found that the ones with even higher frequency of having received social support were those without a life companion, the ones who are illiterate, those that stated not having a job at the time of the study, and those who declared being unsatisfied with life. On the other hand, it was not possible to identify the association between receiving support and the following variables: number of sons, size of family, self-referred health condition, and health problems.

As of the support given to the family, associations were found that are statistically significant only with the variables of number of sons and size of the family (Table 3). The number of sons was directly proportional to the amount of support given to the family, which means, the higher the number of sons, the greater proportion of elderly women who declared helping their families.

The majority (83.2%) of the interviewees declared feeling very valued by their sons, and 73% asserted that they visited every day, or nearly every day. Besides that, 22.5% and 70.1%, respectively, declared having excellent and good relationships with their sons.

As for the formal support received (Table 4), it is observed that the proportion of the ones that received support is higher among elderly women between 70 and 79 years old (28.2%), than in other age groups (p=0.049). The family monthly income, however, is inversely proportional to the receiving of formal support, i.e., the lower the income, the higher the proportion of women that received formal support (p<0.001). The proportion of women that received support is higher between the elderly women who did not have a job (22.1%) than to those who did have a job (5.1%) (p=0.013). Besides that, the proportion of elderly women that received support was greater among the ones that gave support to the family (24.7%) than among those who did not (14.3%) (p=0.015).

Table 4 – Social support received by 369 elderly women, and associations with selected variables – Nova Holanda, Maré District, Rio de Janeiro Municipality, Brazil – 2000

Variables	Receives		Do not receive		*p* value
	n	%	n	%	
Age Subgroups (y.o.)					0.049*
60-69	38	17.2	183	82.8	
70-79	31	28.2	79	71.8	
80 +	6	15.8	32	84.2	
Marital Situation					0.112
With companion	16	15.1	90	84.9	
Without companion	59	22.4	204	77.6	
Literate					0.070
Yes	31	16.6	156	83.4	
No	44	24.2	138	75.8	
Monthly Family Income					<0.001*
With no income	4	50.0	4	50.0	
From 0.01 to 1	38	27.1	62	72.9	
From 1.01 to 2	21	19.1	89	80.9	
More than 2	5	0.07	65	93.0	
Has a job					0.013*
Yes	2	5.1	37	94.9	
No	73	22.1	257	77.9	
Number of sons					0.724
0	5	17.2	24	82.8	
1 to 2	24	23.8	77	76.2	
3 to 5	27	18.2	121	81.8	
More than 5	19	20.9	72	79.1	
Self-referred health state					0.737
Excellent/Good	51	68.0	24	32.0	
Bad/Very bad	203	70.0	87	30.0	
Health Problems					0.236
Yes	64	21.5	233	78.5	
No	11	13.3	61	84.7	
Satisfaction with life					0.712
Satisfied	64	20.7	245	79.3	
Unsatisfied	10	18.5	44	81.5	
Provides help to Family					0.015*
Yes	53	24.7	162	75.3	
No	22	14.3	132	85.7	

p Value = level of significance of the Qui-square test; (*) = statistically meaningful.
Note: Some of the totals differ in reason to the different number of respondents in each variable.

DISCUSSION

In the literature, only a few studies embrace elders who are resident in low income locations, and even scarcer are the ones that focus on women. Statistically and socially, this is a group of high magnitude and relevance. The woman-elder-poor triad puts a challenge to the academic and scientific community to produce knowledge that may subsidize the public power, and the civil society in the reach of the National Policies for the Health of the Elder.

A high prevalence of elderly women that had no life

companion was identified. Similar results were found in two other researches[19-20]. There are two aspects that deserve special attention: the presence of the spouse can be very important for the security; and financial and emotional stability of the elders; as a consequence, many women end up assuming the role of head of the family with all financial duties deriving from that[6-7].

The low literacy levels found in our research were also identified in the study made in a metropolitan Brazilian South-East Region[21]. The fact that these elderly women were born and grew up in a period of time when the access to education was very difficult, specially to women, because the priority were the men, has to be taken into account. These results are still a reflex of the low educational levels found in Brazil until very recently. The IBGE[3]** data show that there was a significant raise in the proportion of people older than 60 who declared to be literate, going from 55.8%, in 1991, to 64.8% in 2000, a raise of 16.1%. Even with this raise, the number of illiterate elders is still high – around 5.1 million (35.5%). The analysis by gender shows that women are still in disadvantage in relation to men (62.6% of women, and 67.7% of men). The IBGE research showed that the average number schooling years among elders is low especially among women. The average of schooling years among Brazilian elders, in 2000, was of only 3.4 years (3.5 in men and 3.1 in women).

This research identified that, even though the exchange relations between the elderly women and their families occur in both ways, the flow is much higher in the direction from the elders to their families than in the opposite direction. It is worth mentioning that the support offered by the elderly women by taking care of grandchildren enables their daughters to work, which, consequently, contributes to the raise of family income. However, this contribution is still very little valued by the family or the community[22].

On the other hand, the support received by the elderly women is, generally, of a material kind. An author[6] says, "the exchange relations and mutual help between parents and sons are the main factor that has assured, throughout history, the survival of people who are older". That author asserts that these intergenerational relationships are being established in a very different manner in the developed countries than in the less developed ones. While in the developed countries there is a reduction in the role of the family as basic support for elders, as the family functions are being gradually taken over by the public sector, in most less developed countries the family is still the most significant source of assistance to an important part of the elder population.

Though understanding that family support should not substitute the role of the State in the attention to the elder, the results found in this study show that the families of elderly women that were interviewed do not constitute their main source of assistance, as would be expected in countries like Brazil. In the group interviewed, an intergenerational transference of family support was not detected, as was the case with the IBGE[23] in the other transferences between the elder and the Brazilian lower income family. The women of the community studied in our research, instead of being the recipients of family support at the stage of their lives when they most need, they are actually the great providers of support in their families.

Considering the poverty conditions in which the elderly women in the community were exposed to, the results found are, in the least, preoccupying. The family, that could be an important source of informal support to the elders, is not capable to fulfill this role, probably because of economic reasons. The State, in turn, is presenting deficiencies especially regarding the access and distribution in the areas of health and social security, areas which directly affect the life quality of the elders. Thus this results show that the aims of the National Policy for the Health of the Elder[24] are still far from being achieved.

In this sense, support alternatives to give support to this group should be collectively found. While writing about the informal support received by the family, an author states that the family should face growing difficulties to care and maintain in their own houses their elders who are most dependent. The reasons for this are: lack of social policies of support to the caregivers (person, member or not of the family that, with or without being paid for their service, takes care of the elder who is ill or dependent of others to exercise their daily activities), in sectors like food, home care, medical assistance, and orientation services, among others; if, in one hand, the size of families in Brazil is getting smaller because of a fall in fecundity, on the other hand, the participation of women in the job market is raising – this, thus, diminishes their availability to take care of the elders; the raise in the proportion of marital separations, of elders living alone, of couples who choose not to have children, and mothers that take care of their children by themselves; more than a half of the elders that live with the family are from homes where the total income is not over three minimum wages; the system of formal support has not been capable of substituting the role of the family. Some authors[26] highlight the need of nursing as "a discipline oriented to human care and the teaching of self-care" of "providing a better quality of life, through strategies that aim the maintenance of autonomy and independence".

One of the limitations of the present research is that sectional data use is a tool recognizably incapable of establishing a temporal relation between the events studied. Thus, reverse causality cannot be discarded. This research was a first approximation in the sense of giving light to how these elderly women lived (survived), as well as to point ways in which to optimize the social

** IBGE – Instituto Brasileiro de Geografia e Estatística (Brazilian Institute for Geography and Statistics).

support available. This aspect should be granted the making of other studies oriented to the systematization of information about the network of formal and informal support and their reflex in the health and quality of life of the elder population.

FINAL CONSIDERATIONS

Although the relations of exchange between the elderly women and their families occur in both ways, when it comes to the availability of social support, the flux was much greater in the direction of the elderly women to their families than in the opposite direction. In the Nova Holanda location, support alternatives should be collectively sought to give support to this group. However, the family support should not substitute the role of the State in what concerns the attention to the elder.

The elders social issue, together with the complexity of the life in a location of low income, demands urgent measures to accomplish the aims of the National Policy for the Health of the Elder, which is to allow a healthy aging, with their functional capacities preserved, as well as their autonomy, and the maintenance of their quality of life.

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