

INFLUENCES OF INTERGENERATIONAL SUPPORT ON LIFE SATISFACTION OF THE ELDERLY: A TURKISH SAMPLE

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Influences of intergenerational support on life satisfaction levels of older persons were investigated. Participants were 200 persons aged over 60. Hierarchical regression was used for data analysis. Variables relating to help received from children were entered into regression equations, then variables relating to help provided for children were added to the equation. Results indicated a negative relationship between older men's and women's life satisfaction and the amount of help they received from their children. In other words, the more help provided by the children, the larger the decrease in the older persons' life satisfaction levels.

Keywords: aging, elderly, life satisfaction, intergenerational support, help received from children, help provided for children.

Changes in the demographics of Turkey have brought about increases in the number of elderly individuals. Given the continuing improvements in living standards and medical technologies, this increase is projected to continue into the foreseeable future. Industrialization and urbanization have also led to changes in the social lives and living circumstances of the elderly. Some of these changes have had significant negative implications for this population. As a result of these changes, quality of life and the psychological well-being of the elderly have become important issues for service providers, politicians, and scientists in Turkey and around the world.

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Appreciation is due to anonymous reviewers.

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Using an intergenerational support model, we aimed to examine the quality of life of a sample of elderly persons in Turkey focusing specifically on the impact of intergenerational support on elderly persons' total levels of perceived life satisfaction. As with individuals in a number of other countries, children of older individuals in Turkey provide support to their parents using various methods (Atalay, Konaş, Beyazit, & Madencioğlu, 1992; Baran et al., 2005; İmamoğlu & İmamoğlu, 1992; Kağıtçıbaşı, 1996; Öztop & Telsiz, 2000). Studies have also shown that older persons provide support for their children (Kalaycıoğlu & Tılınç, 2000, 2001; Kalaycıoğlu, Tol, Küçükural, & Cengiz, 2003; Öztop & Telsiz, 2000). Furthermore, some studies found that despite their advanced age, elderly persons continue to assume parental responsibilities for their children (Kim & Rhee, 1999). However, little empirical attention has been paid to the support elderly persons provide for their children. Literature from various countries has instead focused on children's support of their elderly parents (Ofstedal, Knodel, & Chayovan, 1999).

There is not a single agreed-upon definition of the term *social support*. Some researchers focus on the functional aspects of social support while others approach it from constructivist or appraisal points of view (Sauer & Coward, 1985; Veiel & Baumann, 1992; Wenger, 1993). Cobb (1976) offers one of the most commonly used definitions of *social support* as being: *information that leads a person to believe that he or she is cared for and loved, is esteemed and valued, or belongs to a network of communication and mutual obligation*. Shumaker and Brownell (1984) define social support as *exchanges between at least two parties (a giver and a receiver) that contribute to the well-being of the receiver*. These definitions highlight the mutuality of social support in the context of social relations.

Social support is often categorized in terms of the type and frequency of social relations or whether it involves emotional or material help. Studies show that both the quality and quantity of social support are associated with the life satisfaction of older individuals (Liang, Dvorkin, Kahana, & Mazian, 1980). There have been various classifications of social support, such as formal and informal (in terms of its resources), instrumental and emotional (with regard to content). *Informal support is the help provided by one's spouse, children, relatives, friends, and neighbors at no monetary cost* (Ng, 1999; Sauer & Coward, 1985; Siu & Philips, 2000). Informal support can be instrumental, providing help in terms of goods and money or information in the form of advice and guidance, medical needs, household work, and errands. It can also involve emotional support in the form of understanding and love (Barrera, 1986; Siu & Phillips, 2000). *Formal support often refers to help and care offered by state or private institutions* (Krause, 1990).

Scientific interest in social support has been increasing since the 1970s. A host of studies report that social support, particularly its informal form, increases

elderly persons' psychological well-being and life satisfaction (Ho et al., 1995; Krause, Herzog, & Baker, 1992; Siu & Philips, 2000; Ward, Sherman, & LaGory, 1984). In addition, studies have documented that social support alleviates hopelessness (Berkman & Syme, 1979) and functions as a buffer against the negative impacts of stress on mental and physical health (Bankoff, 1983; Krause, 1986). The impact on one's social network might be through providing information on health and access to care services (Bloom, 1990), encouraging and directing toward healthy behavior (Bovbjerg et al., 1995), encouraging utilization of health services (Litwin, 1997), and emotional and financial support enabling more effective stress management (Thoits, 1995). In short, social support appears to strongly affect the mental health of the elderly.

Adult children are one of the closest sources of support for older individuals. Parent-child relationships are remarkable in that they are naturally occurring and long-standing (Umberson, 1992). Studies show that family ties are highly prioritized by older persons who often live close to at least one of their children, keep close contact with them, and are both givers and receivers of support in their relationships with their children (Arling, 1976; Powers & Bultena, 1976). In other words, older persons and their adult children have significant roles in each others' lives. Indeed, studies examining intergenerational support have found that the mutual support between older persons and their adult children is a significant contributor to elderly individuals' life satisfaction (Ferraro & Su, 1999; Kim & Kim, 2003; Lee, Netzer, & Coward, 1995; Silverstein & Bengston, 1994; Stevens, 1992; Umberson, 1992;).

The exchange, or equity, approach provides essential insight about intergenerational support and its relationship with the life satisfaction of the elderly (Kim & Kim, 2003). *Equity or exchange theory* states that *mutual support relationships are key to good aging* (Antonucci, 1990, Dowd, 1975; Walster, Walster, & Berscheid, 1978). Authors such as Blau (1964), Emerson (1962), and Homans (1961), view *social interactions as a mutual exchange process of material and psychological help between the involved parties*. This approach recommends that a balanced relationship of exchange can occur when both parties participate equally in the process. However, if such a balance is not established, relationships could be affected by inequalities of power and dependence.

Care for the elderly in Turkey commonly assumes an approach of "care within community." In other words, policies regarding services for the elderly encourage these persons live with family members or by themselves rather than in nursing homes. Turkish people tend to provide care and assistance for their older relations rather than relying on government services. Thus older persons are particularly reliant on their children or other sources of support within their informal networks. This not only contributes to intergenerational integration but also to the well-being of the elderly population. In relation to this, this study

was aimed at investigating the influences of intergenerational support on the life satisfaction levels of older persons.

METHOD

SAMPLE

Participants were 200 individuals aged 60 years or older and present during the researchers' visit to the Family Living Center, sponsored by the Municipality of the Ankara Metropolitan Area. Persons with no children or those living with their children were not included in the study. Participation in the study was voluntary. One hundred and twenty-three of the participants were female and 77 were male. One hundred and ten persons had elementary or lower levels in education, 60 had secondary level education, and 30 had higher education. One hundred and twelve persons lived with their spouses and 88 lived alone. Forty-one persons considered their health to be bad, 100 considered it to be reasonable, and 51 persons considered it to be good. There were 34 participants in the low income bracket, 101 in the middle, and 65 in the high income bracket. Distance from adult children was categorized into four groups: living in the same place (49 persons), living in the same neighborhood (45 persons), living in a different neighborhood of the same town (62 persons), and living in a different town (44 persons). Thus, the majority of the participants had average income, reasonable health, lower levels of education, and were living in relatively close proximity to their children.

INSTRUMENTATION

Dependent Variable Perceived life satisfaction was the dependent variable in this study. The Turkish form of the Life Satisfaction Scale, originally developed by Neugarten, Havighurst, and Tobin (1961), was used to measure life satisfaction. Translation of the scale into Turkish and its validity and reliability testing were carried out by Çamur Karataş (1988). Data were obtained through face-to-face individual interviews with the participants. The Life Satisfaction Scale assesses individuals' satisfaction levels in regard to past and envisioned future situations. Reliability and validity coefficients for the original scale were .79 and .57 respectively (Neugarten et al., 1961) and were .93 and .82 for the Turkish form (Çamur Karataş). Each of the 20 items is rated *agree*, *undecided*, or *disagree*. In calculating the scores on the scale, a response of "agree" gains 1 point while "disagree" and "undecided" gain 0 (zero) points. Thus, scores on the Life Satisfaction Index range between 0 and 20, with higher scores indicating higher levels of life satisfaction. In this study, the KR-20 reliability coefficient of the scale was .80.

Independent Variables There were two sets of independent variables of this

study: those relating to the support/help given to the elderly by their children and those relating to the help/support provided by the older persons to their children. Variables in each of these two sets were the same, with the exception of help with childcare (provided by the elderly for their grandchildren).

Help/Support Received from Children: The help provided to older persons by their children was divided into six variables: help with decision making, illness, financial issues, household chores, transportation, and giving of nonmonetary presents. Older persons were asked about the frequency with which they receive these types of help. The responses were scored as *every day*, *once a week*, *once a month*, *once a year*, *once in a few years*, or *never*. Responses were given a score of 5, 4, 3, 2, or 1 respectively depending on how frequently help was received.

Help/Support Provided to Children: Help provided to children by their parents was divided into 7 categories: help with decision making, illness, financial issues, household chores, transportation, giving of nonmonetary presents, and help with childcare. Older parents were asked about the frequency with which they provided these types of help to their children. Responses ranged from *every day*, *once a week*, *once a month*, *once a year*, *once in a few years*, to *never*. Responses were given a score of 5, 4, 3, 2, or 1 respectively depending on how frequently help was provided.

DATA ANALYSIS

Hierarchical regression was used for data analysis. The rationale for this use was that hierarchical regression not only reveals significance but also provides information on the degree of change in the independent variables and the degree to which the independent variables explain the variance in the dependent variable. It also illustrates the degree of change in the F value, which is indicative of the significance of the model being tested. Thus, hierarchical regression is capable of illustrating which independent variables provide the most explanation of the variance in the dependent variable (Pedhazur, 1997).

First, variables of help received from children were entered into regression equations, then variables of help provided to children were added. The fit of the data for regression analysis was tested. Data were examined for multicollinearity and autocorrelation and their fitness for regression analysis was ensured. F values and adjusted R values were used for interpretation of the results. Along with regression analysis, correlations between the variables were determined.

RESULTS

Table 1 provides the results of the hierarchical regression analysis examining influences of help given and received on older persons' levels of life satisfaction.

WOMEN

The first model using help received variables was significant ($F = 2.72, p < .05$). Help with decision making, caring during illness, aid with financial issues, household chores, transportation, and receiving nonmonetary presents accounted for 8% of the variance of life satisfaction of elderly women. Adjusted regression coefficients showed that among these variables, receiving nonmonetary presents was statistically significant and was the determining variable in this model. The rest of the variables did not have a significant effect on determining life satisfaction levels of the elderly women.

The second regression model involved the variables relating to help provided to children. This model was significant ($F = 2.50, p < .05$). Variables in the second model accounted for 14% of the variance in life satisfaction. Adjusted regression coefficients showed that help provided to children for decision making was the strongest and most determining variable. The rest of the variables were not significant in determining the level of life satisfaction.

In relation to the two models of giving and receiving help, independent variables in the first model were stronger in explaining life satisfaction in women while the second model involving variables relating to help provided to children was relatively weaker in explaining life satisfaction. While independent variables explained 14% of variance in the outcome variable, 57% of the explained variance was due to the help received variables and 43% was due to the help provided variables. Thus variables relating to receiving help were stronger in explaining life satisfaction than were those of providing help.

MEN

The first model, which involved variables relating to receiving help, was not significant ($F = 1.91; p > .05$). Help with decision making, caring during illness, financial issues, household chores, transportation, and receiving nonmonetary presents accounted for 7% of the variance of the life satisfaction of elderly men. Adjusted regression coefficients showed that among these variables, receiving help with transportation was statistically significant and was the determining variable in this model. The rest of the variables did not have a significant effect on determining the life satisfaction levels of the elderly men.

In the second model, variables relating to help provided were added to the model. This model was not significant ($F = 1.19, p > .05$). The help giving and help received variables in this model accounted for only 3% of the variance in life satisfaction. Adding variables relating to help provided for children weakened the degree to which independent variables explained the life satisfaction levels of the elderly men. Adjusted regression coefficients showed that receiving help with transportation was the only significant variable in this model. The rest of the adjusted regression coefficients were not significant.

TABLE 1
HIERARCHICAL REGRESSION RESULTS FOR LIFE SATISFACTION

Independent variables	Females						Males					
	B	SD	β	F	R	AR ²	B	SD	β	F	R	AR ²
Model 1	8.055**	1.541		2.72*	0.35	0.08	9.511**	1.272		1.91	0.38	0.07
1. Receiving help with decision making (advice)	.327	.391	.094				.510	.493	.162			
2. Receiving help while ill	-.589	.440	-.173				-.326	.477	-.109			
3. Receiving financial help	-.509	.327	-.161				-.515	.507	-.143			
4. Receiving nonmonetary gifts	1.577	.652	.229*				.508	.645	.120			
5. Receiving help with household chores	-.534	.341	-.182				.656	.378	.238			
6. Receiving help with transportation	.209	.365	.066				-.969	.423	-.355*			
Model 2	6.451**	1.672		2.50*	0.48	0.14	8.492**	1.774		1.19	0.44	0.03
1. Receiving help with decision making (advice)	-.257	.458	-.074				.420	.598	.134			
2. Receiving help while ill	-.588	.455	-.172				-.263	.533	-.088			
3. Receiving financial help	-.450	.333	-.142				-.514	.541	-.142			
4. Receiving nonmonetary gifts	1.023	.687	.148				.105	.745	.025			
5. Receiving help with household chores	-.697	.353	-.237				.534	.414	.194			
6. Receiving help with transportation	.159	.356	.050				-.951	.450	-.349*			
7. Providing help with decision making (advice)	1.283	.493	.357**				.308	.582	.105			
8. Providing help while ill	.038	.381	.012				-.073	.563	-.026			
9. Giving financial help	-.748	.457	-.188				-.405	.541	-.124			
10. Giving nonmonetary gifts	.738	.565	.143				.445	.808	.093			
11. Providing help with household chores	.473	.329	.152				.242	.526	.074			
12. Providing help with transportation	.130	.469	.030				.241	.602	.067			
13. Providing help with child care	-.208	.280	-.074				.342	.498	.116			

* $p < .05$, ** $p < .01$

When the two models for males were considered together, the variables in the first model were relatively stronger in explaining life satisfaction. In the second model, variables relating to help provided were added to the model. These variables weakened the independent variables' power in explaining the life satisfaction of elderly men. Therefore, it is safe to conclude that variables relating to help provided were not significant in explaining the life satisfaction levels of the elderly.

As individuals age, the degree to which they receive help from their children and thus their dependence on assistance from children increase. Parents perceive their contributions in raising their children as giving them credit for the help they will need in old age. As with other societies around the world, traditional societal norms in Turkey hold children responsible for the care of their parents. Older persons' help and support (contribution to their children's lives) is associated with alleviated psychological distress. When help and support between older persons and their children is reciprocal, it contributes to their subjective well-being. The opportunity for older persons to give back in some form promotes a sense of usefulness and self-esteem. This notion is consistent with the perception of older persons in Turkey, that regardless of their age, their parental responsibilities to their children endure. If older persons continually receive help from their children without having any way to reciprocate, this can lead to guilt and a sense of being burdens on their children (Kim & Rhee, 1999).

DISCUSSION

Previous research has established that relationships between support and life satisfaction of older persons can foster existing care services for this population. A significant factor contributing to the individuals' self-confidence and buffering against distress in their lives is support from informal sources, one of which is mutual support between older persons and their children. This can have a valuable impact on older persons' physical and psychological well-being and thus improve the quality of their lives (Chen & Silverstein, 2000; Kahn, Hessling, & Russell, 2003; Kalaycıoğlu & Tılınç, 2001; Litwin & Shiovitz-Ezra, 2006; Lum & Lightfoot, 2005; Silverstein, Chen, & Heller, 1996; Verbrugge & Chan, 2008). Furthermore, Chen and Silverstein (2000) found that support is an essential variable fostering older persons' well-being. These authors observed that, regardless of the number or gender of the children older people had, the presence of at least one child interested in their care was essential to the life satisfaction of the elderly. Studies with Turkish samples also indicate the significance of emotional and instrumental support between older individuals and their adult children (Atalay et al., 1992; Baran et al., 2005; İmamoğlu & İmamoğlu, 1992;

Kağıtçıbaşı, 1996; Kalaycıoğlu et al., 2003; Kalaycıoğlu & Tılınc, 2000, 2001; Öztop & Telsiz, 2000).

Results of this study indicate a negative relationship between older men and women's life satisfaction and the degree to which they receive help from their children. In other words, an increase in the amount of help provided by their children corresponded to a decrease in older persons' levels of life satisfaction. Pyke and Bengtson (1996) also report that older parents did not enjoy receiving too much help from their children and were in fact hurt by offers of too much help. The authors reasoned that such help might foster a sense of helplessness in older persons. Results obtained by Silverstein et al. (1996) also indicated that older persons did not like burdening their adult children with requirements for too much help.

Results of this study indicate that increases in frequency of receiving financial help, help with household chores, or while ill correspond with lower scores for life satisfaction of older women. However, the opposite was found regarding receiving gifts. These results could be interpreted as an indication that older women do not wish to burden their children but enjoy being thought of and valued. Shenk (2001) also found that older women were concerned about being a burden to their children.

In older men, there was a significant negative relationship found between life satisfaction and receiving help with transportation. Considering the relative freedom traditional Turkish culture affords to males, being able to move around independently could be more important to older males than to females. Thus, the inability to do so and need for assistance in this area could bring about feelings of helplessness and dependence.

When results for men and women are considered together, giving help is positively related to life satisfaction, while the relationship between life satisfaction and receiving help appears to be moderated by traditional gender roles. These results parallel those of previous studies (Kim, Hisata, Kai, & Lee, 2000; Lum & Lightfoot, 2005, Verbrugge & Chan, 2008; Wolff & Agree, 2004).

CONCLUSIONS

Given the increasing numbers in the aging population in contemporary societies, empirical data on mutual social support variables influencing their independent living and contributing to their life satisfaction can guide interventions and policies for this population.

Although there are various aspects of the relationships between older persons and their adult children that need further scientific exploration, one point of

consensus is that adult children can be a valuable source of social support to their older parents (Mutran & Reitzes, 1984; Umberson, 1992). Depending on the degree and type of help received, social support can have both positive and negative effects on older individuals' psychological health (Siu & Phillips, 2000). While reliance on – and trust in – family members can have positive impacts on this population's well-being, too much dependence could cause psychological issues. Therefore, receiving too much help could adversely impact on older individuals' sense of independence. Particularly, such help in certain areas might lead to a sense of weakness and helplessness (Chen & Silverstein, 2000; Silverstein et al., 1996).

Data for this study were obtained from 200 older persons. Gaining data on mutual support from only one source of the support constitutes an important limitation of this study. In other words, not utilizing the participation of these individuals' adult children was a weakness of the study. On the other hand, by confirming the findings of previous studies, the present study contributes to the literature guiding constructing social support systems for the elderly.

Findings of this study indicate that different sources of help and support can have varying impacts on the life satisfaction levels of older males and females. As indicated above, over half of the participants indicated that they were in good health. Individuals with poor health are likely to have different needs for support and perceive the help they receive differently from those who are in reasonable health. Thus another limitation of this study was its exclusion of status of participants' health from data analysis. Future researchers should consider not only multiple sources of support (relatives, friends, neighbors etc.) but also incorporate variables such as health. In addition, studies investigating parties involved in mutual support should also include data from all the parties in order to gain more precision on the effects of social support on the life satisfaction of the elderly.

Considering that formal sources of support are relatively lacking in meeting the needs of older persons in Turkey, the support needs of this population are highly dependent upon informal sources such as friends and family members. Furthermore, the government's efforts toward improving quality of life for older individuals are currently aimed at fostering and enriching informal sources of support. On the other hand, as mentioned above, the results of this study show that older persons' life satisfaction is more positively influenced by the help these persons give to their children than by the support they receive from their children. Thus, efforts toward improving the living circumstances and well-being of the elderly could focus particularly on enabling these persons' independent living. Accordingly, the government could contribute to the physical and economic conditions of the elderly while encouraging informal support by family for their older relatives.

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