Research Article

The Relationship Between Perceived Social Support and Lifestyle in Middle-Aged Females of Ahvaz, Iran

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Abstract

Background: Females' health is the growth indicator of countries. To maintain and promote health is essential to correct and improve lifestyle.
Objectives: Accordingly, the current study aimed to determine the relationship between social support and life style.
Methods: In this cross-sectional study, 700 middle-aged females were selected by random multistage cluster sampling method in Ahvaz, Iran. The data were collected using demographic questionnaire, the personal resource questionnaire (PRQ 85- Part II perceived social support) and lifestyle questionnaire (LSQ). Data were analyzed by the Spearman correlation coefficient, ANOVA and linear regression.
Results: Results showed significant association between total score of perceived social support and lifestyle (P > 0.001). Regression results showed a significant relationship among the variables; only variables of perceived social support, economic status, health status, family structure and education of husband were significantly associated with lifestyle (P < 0.05). Also total score of social support and the dimensions had a direct and positive correlation with lifestyle.
Conclusions: Perceived social support has a strong and positive association with lifestyle; interventions of social support should be considered in programs to improve lifestyle in such females.

Keywords: Social Support, Lifestyle, Middle Age

1. Background

Females are as pillars of social development and the basis of family; they have important roles in the family and society. It is required that they have physical and mental health (1, 2). The world health organization introduced females' health as the growth indices of countries (3). Middle age is to the time for physical, mental, social and family dimension changes in females' lives (4). Population of 40 - 65-year-old females in Iran is more than 4.5 million (5). These courses of life, due to increased life expectancy, constitute the largest part of adults' lives. The golden age of females' lives is their childbearing age (6). Therefore, increasing attention to the issue of females' health is essential in this period of life.

One of the social determinants of health that refers to the importance of the social dimension is social support; the evidence is increasing for protective effects of social support on health outcomes. However, an important question, that is not clearly answered yet, is its directions and mechanisms (7). Social support is generally divided into two categories, the real social support that is the support people receive; the second batch including perceived or mental social support; the subjective sense of belonging, acceptance, recognition and assistance conditions is required (8). Social support is associated with multiple psycho-social benefits such as improved self-esteem, a sense of empowerment, improving health and higher quality of life and the lack of it is associated with lose

of mental protests, stress and low level of health (9). Social support may be associated with factors that play a role in people's health or affect them (10). Lifestyle is among the factors that can have positive or negative impacts on health. Health requires promotion of lifestyle. To maintain and improve health, it is essential to correct and improve the lifestyle (11). The world health organization (WHO) believes that change and modification of lifestyle can cause many risk factors that are among the most important causes of death (12). Therefore, based on studies by Tamakoshi et al. (13) in Japan, lifestyle management could prevent 18.5% of deaths in females. On the other hand, each of lifestyle factors is independently and significantly predictive of multiple chronic diseases and mortality in middle-aged females (14). Since social attitudes toward health and factors affecting it has changed; today, many researchers instead of addressing the treatment of diseases insist on prevention. The role of lifestyle is obvious in a healthy life and prevention of diseases of different ages. Several factors are affecting the lifestyle of females of different ages. It seems that possible factors related to lifestyle are not reviewed, in particular little attention is paid to the issue of social support in such females, and studies in this field are limited.

2. Objectives

Considering the lack of studies in this field in Iran, to evaluate the relationship between social support and

lifestyle in middle-aged females can help to develop and design health promotion and prevention programs in this age group.

3. Methods

It was a descriptive, cross-sectional analytical study. Sampling was conducted in Ahvaz health centers, Ahvaz, Iran. One health center was randomly selected from each of the eight Ahvaz municipal areas; proportional to the population covered by each health center and the number of family files, sampling was done in the eight centers. The final sample consisted of 700 middle aged females of 40 - 60 years old who were literate.

Data collection instruments included demographic-social characteristics (age, husband's age, marital status, economic status, education, spouse's education, ethnicity, health status, family structure and dimension, and resource of initial support), perceived social support and lifestyle questionnaires. For this purpose, the second part of the personal resource questionnaire (PRQ 85 - Part II perceived social support) was used. To measure social support, PRQ- 85 was designed by Brandt and Weinert in 1987. It includes 25 items in five dimensions (individual worth, social integration, assistance, nurturance and assistance). Cronbach's alpha and intra-class correlation coefficients were 0.84 and 0.9, respectively (15). The validity and reliability of the Persian version of this questionnaire was confirmed by Rambod and Rafiee. Cronbach's alpha of the PRQ 85-Part II was 0.85 in the current study. Questionnaire score was in the range of 25 - 175 for the whole questionnaire and 5 - 35 for each dimension. Obtained scores were classified in three levels of support; that is high, moderate and low. Scores of 25 - 75 were classified as low perceived social support, scores of 76 - 125 as average and 126 - 175 as high (16). Lifestyle questionnaire (LSQ) was designed by Lali et al. (17) In the current study, the indices of Cronbach's alpha and intraclass correlation coefficient for LSQ were 0.87 and 0.81, respectively, the scientific reliability of this questionnaire was obtain by test re-test method. The questionnaire has 70 items and its objective is to evaluate the different aspects of lifestyle such as physical health, exercise and fitness, weight management and nutrition, disease prevention, psychological health, spiritual health, social health, avoid drugs and drug consumption, accident prevention and environmental health. Questionnaire scores are in the range of 70 - 210 for the whole questionnaire and for its dimensions are 6 - 48. To collect data, ethical code (No. U - 94033) was obtained from Ahvaz Jundishapur University of Medical Sciences. The principal researcher introduced herself and the study objectives to the participants. Interview

was conducted after giving confidence to maintain confidentiality for answers and obtaining consent of the participants.

Data were analyzed using SPSS version 22. To evaluate social demographic features, descriptive statistics was used; Spearman correlation coefficient and ANOVA were used to determine the relationship between perceived social supports and lifestyle; to determine the effect of confounding variables on the lifestyle, linear regression was used.

Table 2. The Relationship Between Perceived Social Support and Lifestyle

Types of Perceived Social Support	Frequency (%)	Mean $\pm$ S D for Lifestyle	P Value[a]
Low	29 (4.1)	121.5 5$\pm$ 23.43	
Moderate	436 (62.3)	139.38 $\pm$ 20.77	
High	235 (33.6)	172.58 $\pm$ 26.31	0
Total	700 (100)	149.78 $\pm$ 26.31	

[a]$P < 0.05$ was considered as level of significance (2-tailed).

4. Results

Results of ANOVA showed significant association between perceived social support and lifestyle ($P > 0.001$) (Table 2).

In Table 3, the variables of marital status, education, job, education and husband's job, economic status, family structure, health status, the primary supporter and perceived social support were transferred to the multivariable linear regression model. The study found five statistically significant variables that influenced lifestyle behaviors: perceived social support, economic status, health status, family structure and husband's education ($P < 0.05$). Overall, these variables predicted 74% of lifestyle behaviors changes ($R^2 = 0.746$).

Table 4 showed that perceived social support and also its dimensions, including those of individual worth, social integration, intimacy, nurturance and assistance had direct and positive significant relationship with lifestyle ($P < 0.05$). The highest correlation was between total social support and lifestyle ($r = 0.748$). At sub-scales of level of social support, the dimension of intimacy had the highest correlation with life style ($r = 0.684$). And social integration dimension had the lowest correlation ($r = 0.506$).

5. Discussion

The results of the current study showed significant association between perceived social supports and lifestyle.

Table 3. Regression Analysis of Factors Associated With Lifestyle

Variables	β	P Value[a]	T	Adjusted R^2	R^2
Perceived social support	1.567	0	22.352		
Economic status	5.917	0.026	2.234		
Health status	-5.040	0.003	-2.994	0.552	0.746
Family structure	-8.938	0.018	-2.374		
Education of husband	4.815	0.049	1.969		

[a]$P < 0.05$ was considered as level of significance (2-tailed).

Table 4. Correlation Between Perceived Social Support and Lifestyle

Variables	Correlation (r): Lifestyle[a]
Individual worth	0.590
Social integration	0.506
Intimacy	0.684
Nurturance	0.680
Assistance	0.666
Perceived social support	0.748

[a]Spearman correlation coefficient was significant at the level of 0.05 (2-tailed).

There are several studies showing that social support is an important factor affecting health promoting behaviors [18, 19]. Croezen et al. [20] showed that social support was significantly associated with lifestyle. In this cohort study, social support was divided into two categories of positive and negative experiences of support, which both experiences showed significant relationship with lifestyle. Related importance of positive and negative supports in this study showed that positive support can be related to just increase of welfare; while, the negative experiences of support were relevant to the psychological discomfort and there were different mechanisms which affected individuals' health. Ballard found that social and emotional support had relationship with lifestyle and health promotion; the higher scores of support promote better health behaviors [21]. But Croezen et al. [22] in another study found that positive perceptions of social support decreased mortality in a 20-years duration, while there was no effect on mortality of the ones with negative perception. Therefore, positive and negative perceptions of support may impact health.

Mirghafourvand et al. [23] found a direct relationship between overall perceived social support and lifestyle behaviors. They also concluded that perceived social support was a strong predictive variable in healthy lifestyle behaviors and intervention in social support should be considered in programs designed to promote health. The factors of education, social support and population index on the prognostic area, was 29.8% of lifestyle score.

A study in Thailand on females with cervical cancer showed that among cognitive factors, only income and stage of the cancer and total social support were effective on lifestyle. In the current study, the most influential factor was lifestyle behaviors, and with increments by one unit in the level of social support, lifestyle behaviors increased by 0.7 unit [24]. In the current study, among other variables, perceived social support was the most influential factor on the lifestyle behaviors.

As shown in the current study, there was a positive and direct relationship between perceived social support in middle aged females with lifestyle, which can be used for interchange in social support and thereinafter change and improvement in lifestyle in this group. The study by Tang et al. [25] on Chinese family caregivers of patients with stroke showed that perceived social support had a direct and positive correlation with such individuals' lifestyle. The study by Taechaboonsermsak et al. [24] on females with cervical cancer and under treatment with radiation therapy evaluated a variety of emotional, information and instrumental supports and reported overall correlation between health-promoting behavior and support. Ballard [21] showed that social and emotional supports were correlated with promoting lifestyle behaviors; therefore, increase in the level of support leads to the healthier lifestyle behaviors. The results of these studies were consistent with those of the current study.

The results of the current study showed a significant and positive relationship between perceived social support and lifestyles in females. Interventions of social support should be considered in programs for lifestyle improvement in middle-aged females.

It can be concluded that with increasing the social support, health level in such females' increases.

The data in this study were collected at the point in time. The limitation of the study was not the cause of relationship between perceived social support and lifestyle, since the study was cross-sectional.

Acknowledgments

Footnotes

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Table 1. Sociodemographic Profile of Subjects

Demographic Variables		No. (%)
Age	40 - 45	359 (51.3)
	46 - 50	160 (22.9)
	51 - 55	90 (12.9)
	56 - 60	91 (13)
Age of husband	≤ 40	63 (9)
	41 - 50	300 (42.9)
	51 - 60	170 (24.3)
	≤ 61	63 (9)
Number of family members (family dimension)	Living alone	18 (2.6)
	2 people	38 (5.4)
	3 people	99 (14.1)
	4 people	175 (25)
	5 people	168 (24)
	More than 5	202 (28.8)
Education level	Elementary	244 (34.9)
	Secondary school-diploma	343 (49)
	Academic	113 (16.1)
Education of husband	Elementary	173 (24.7)
	Secondary school-diploma	301 (43)
	Academic	120 (17.1)
Economic situation	Poor	158 (22.6)
	Middle	404 (57.7)
	Good	138 (19.7)
Job	Housewife	507 (74.4)
	Employee	99 (14.1)
	Self-employed	56 (8)
	Retired	13 (1.9)
	Other	25 (3.6)
Husband's job	Unemployed	43 (6.1)
	Employee	184 (26.3)
	Self-employed	224 (32)
	Retired	95 (13.6)
	Other	50 (7.1)
Ethnicity	Arab	314 (44.9)
	Lor	165 (23.6)
	Persian	157 (22.4)
	Other	64 (9.1)
Marital status	single	41 (5.9)
	married	594 (84.9)
	Widow/divorced	65 (9.3)
Family structure	Independent	520 (74.3)
	Dependent	180 (25.7)
	Living with son family	50 (7.1)
	Living with daughter family	20 (2.9)
	Living with mother or father in law	48 (6.9)
	Living with other relatives	54 (7.7)
	Living with friends	8 (1.1)
Health status	Healthy	469 (67)

	Recovering	222 (31.7)
	Ill	9 (1.3)
Main supporter	Husband	306 (43.3)
	Parents	80 (11.4)
	Children	121 (17.3)
	Friends	29 (4.1)
	Other relatives	106 (15.1)
	Governmental organizations	27 (3.9)