

Social support of leprosy patients

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ABSTRACT

The present study reveals that social support and well-being among leprosy patients the current study shows that there is a moderate social support to both male and female, there is significant difference among male and females, higher level of social support among rural aged people has influenced higher level of wellbeing and lower level of social support and lower level of wellbeing among urban aged people.

Keywords: *Social Support, Leprosy Patients*

In recent years, there has been a dramatic increase in the older population in India. There is increase in older population throughout the world. The United States census Bureau (2004) projects that by the year 2030; adults 65 and older will constitute 20% of the population. Advance in medical sciences, and improved lifestyles have significantly reduced mortality rates (Williams, Dunning and Manias, 2007).

Aging begins the movement a person is born. A body develops and matures into an adult then at some point the aging process changes. The person begins to decline in function that ultimately leads to death.

Aging can be related to a decline in fitness and in health. Primary aging related to changes affected by the aging process itself which are irreversible. Secondary aging are the changes associated with age related illness that are preventable or reversible. Lifestyle behavior influence secondary aging.

Science can provide information about changes in the body that lead to aging and death. Science can determine how some of the changes occur. But two basic mysteries remain whether aging and dying have a purpose, and if so, what that purpose is. Throughout history, people have responded to these mysteries by searching for a "fountain of youth" that will prolong the time spent as vigorous, healthy young adults. And the search continues as researchers look for ways to slow or reverse the aging process.

As the population is aging, the older generations are facing the problems related to health, adjustment and psychological problems. The psychological problems arise due to the death of

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the spouse, changing family pattern and changing role of family, lack of communication between aged and the younger generations. The amount of psychological and physical problems aged people faces depends upon the case and social support. Higher the social support greater is psychological well-being. Social support plays very important role in determining the health of aged people.

Social support has been defined as information from others that one is loved and cared for, esteemed and valued, and a part of network of communication and mutual obligations from parents, a spouse or lover, other relatives and friends, social and community contacts or even a devoted pet.

Theoretically, social support is any exchange of resources between two or more individuals perceived by each to enhance the well-being of the recipient. Social support includes behavior such as attachment, problem solving, information, material aid and education.

The three types of social support include

1. Emotional support by reassuring the person that he or she is a valuable individual who is cared for this includes comforting by physical affection or expressing concern for well-being.
2. Guidance support/informational support involves providing information about stressful events, giving knowledge of how to do something or suggesting some actions.
3. Tangible support involves the provision of material support, such as services financial assistance or goods.
4. Research suggest that when one receives help from another, but is unaware of it, that help is most likely to benefit the self. This kind of support is known as invisible support.

Well-being of the old people depends upon the care and social support. If the social support is greater than the well-being is also greater. Well-being or psychological well-being is how satisfied a person is with his/her life.

Well-being can be defined in terms of an individual's physical mental, social and environmental status with each aspect refuting with the other and each having differing levels of importance and impact according to each individual. W.H.O defined health/wellbeing as "a complete state of physical, mental and social wellbeing and not merely the absence of disease or infirmity"

CONCEPTUAL FRAMEWORK

Social support

Social support is the physical and emotional comfort given to us by our family friends, co-workers and others. It is knowing that we are part of a community of people who love and care for us, and value and think, all of it is social support is a way of categorizing the rewards of communication in a particular circumstance. An important aspect of support is that a message or communicative experience does not constitute support unless the receiver views it as such.

The concept of social Support

The term social support is often used in a broad sense., including social integration. However social integration refers to the structure and quantity of social relationship, such as the size and density of networks and the frequency of interaction but also sometimes to the subjective

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perception of embeddedness social support in contrast refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to altruism, a sense of obligation, and the perception of reciprocity. The most common distinction made is the one between perceived, available support and support actually received. The former may pertain to anticipating help in time of need, and the latter to help provided within a given time period. The former is often prospective, the latter always retrospective. This is an essential distinction because these two constructs need not necessarily have much in common. They can be closely related in some studies, but in others they may be unrelated. Depending on wording and context.

Definitions of social support

1. According to Tracy and Whittaker "social support is responsive acts of assistance between human beings"
2. According to Carolyn Cutrona "social support is in the eye of the beholder"
3. The first definition was put forward by Cobb (1976) "the individual belief that one is cared for and loved, esteemed and valued, belongs to a network of communication and mutual obligations".
4. Stephen J. Lepore, explained that social support is "Resources from the environment that can be beneficial to psychological and physical health".
5. According to "the encyclopedia of psychology" the terms "social support refers to the process through which help is provided to others"

Hypothesis of social support

1. The direct effects hypothesis: this hypothesis states that social support is generally higher during non-stressful times as well as during highly stressful times.
2. The other hypothesis: Known as the buffering hypothesis, maintains that health and mental health benefits of social support are chiefly evident during periods of high stress, when there is little stress social support may have few physical or mental health benefits.
3. The matching hypothesis: This hypothesis states that a match between one's needs and what one receives from others in one's social network, will be more effective and helpful.

Types of social support

Researchers have suggested that social support takes several forms. There are basically 4 common types of social support, they are:

1. Tangible assistance: involves the provision of material support, such as services, financial assistance or goods. For example; providing financial help at the time of need.

Informational support/Guidance support: involves providing information about stressful events, giving knowledge of how to do something or suggesting some actions. For example: If an individual is facing an uncomfortable medical test, a friend who went through the same thing could provide information about the procedure of the test etc.

Emotional support: is given by supportive friends and family by reassuring the person that he or she is a valuable individual who is cared for. This includes comforting by physical affection or expressing concern for well-being.

Invisible support: Research suggests that when one receives help from another, but is

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unaware of it, that help is most likely to benefit the self. This kind of support is 1'. Known as invisible support, The first 3 types of social support involve the actual provision of help and solace by one person to another, But in fact, many of the benefits of social support may actually. Come from the perception that social support is available. Actually receiving social support from another person can have several potential costs.

1. One is using up another's time and attention, Which can produce a sense of guilt.
2. Needing to draw on others can also threaten: self-esteem because it suggests a need to be dependent on others these potential adverse costs of receiving social can compromise the ability too. social support to otherwise ameliorate psychological distress and health Consistent with the idea that implicit or invisible aspects of social support most benefits others, researchers have increasingly uncovered evidence that perceiving that one has social support goes consider. enable distance in providing health and mental health.

Wellbeing

Wellbeing can be defined in terms of an individual's physical, mental, social and environmental status with each aspects interacting with the other and each giving differing levels of importance and impact according to each : individual.

W.H.O defined health/wellbeing as a "complete state of physical, mental and social wellbeing and not merely the absence of disease or infirmity", A change in the different aspects of wellbeing of an individual may be reflected in alternation of behavior or the performance of a task or activity.

Well-being refers to how well a person's life is going for that person. It :- describes what is non-instrumentally or ultimately good for a person. Well-being tends to be very individualistic in that self perception is the defining factor for how one views their "wellbeing".

Psychological wellbeing is not solely the absence of mental disorder. It is the state in which the individual can fulfill an active role in society interacting and overcoming appropriately with others and overcoming difficulties without major distress or disturbances in behavior. The impact of poor well-being can have devastating consequences for health and quality of life.

Well-being reflects an individual's emotional relationship with their environment, communicating, qualities such as happiness, personal well-being satisfaction, optimism, and morale. Well-being is not simply the lack of depressive symptoms.

Persons in a positive mood are more likely to engage in social relationship be optimistic about their future, successfully cope with stressful situations and feel in control of their lives. Well-being has frequently been associated as part of the umbrella concept of "quality of life" encompassing the functional, physical, emotional, social and spiritual dimensions of a person's life.

The concept of wellbeing or psychological wellbeing (these two are used interchangeably) consists of factors like self-esteem positive affects, satisfaction, wellness, efficiency social support, somatic symptoms, personal control and the like. The wellbeing is constituent quality of life, which is a conceptualized as a composite of physical, psychological and social wellbeing of individuals and social wellbeing of individuals, as perceived by the person and

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the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is oftenly called subjective wellbeing or psychological well-being. Thus wellbeing is based on subjective experience, Instead of objective life conditions, it has both positive and negative affects and it is a global experience.

Bhogale and Prakash (1993) found satisfaction variables to be closely related to wellbeing while distress and meaninglessness represented a negative aspect or ill-being. Thus psychological wellbeing is composite of several components both positive and negative. The factor like satisfaction, positive effect, social support and several others clearly reveal the multidimensionality of psychological wellbeing.

It is assumed that psychological wellbeing is influenced and fostered by several factors like SES, education, religion and the like. The increased education adds to knowledge of individual and thus is expected to increase the amount of wellbeing of individual. Similarly, SES and religion are expected to exert influence on psychological wellbeing of leprosy patients because of diversity inherited in them.

While definitions of health and wellbeing vary. They tend to be two silent person related concepts that are often combined with a more societal ever perspective. The first is that health and wellbeing can refer to the actual physical health of people. The second is that health and wellbeing can refer to the mental, psychological, or emotional aspects of people.

The term "health" generally appears to encompass both physiological and psychological symptomlogy within a more medical context. Therefore the term "health" can be used when specific physiological or psychological indicators or indexes are of interest and concern. Wellbeing tends to be a more broad and encompassing concept that takes into consecration.

REVIEW OF LITERATURE

Social support from friends and psychological distress among leprosy patients :- moderator effects of age : George- Matt and Alfred Dean:- h this study , the relationship among age, sex friend support and psychological distress are examined among leprosy patients person. They concluded that old people in general and old men in particular are especially vulnerable to psychological. distress when looking friend support.

Neal Krause and Jersey Liang (1992) in their study of "stress, social support, and psychological distress among Chinese Leprosy patients - Observed that leprosy patients people respond to stressful situation by mobilizing assistance from significant , and that financial strain (i.e one kind of stressor) may increase some kind of assistance (i.e, economic support) at the same time it erodes other type of support (e.g, emotional support).

Shu-chuan Jennifer Yeh and Yea-Ying Liu (2003) in their study of "influence of social support on cognitive function in the leprosy patients" found that social support and cognitive function has positive association. In their study, marriage and perceived positive support from friends were significantly and associated with cognitive functions Loneliness and living alone were not significant associated with cognitive functions.

Psychological wellbeing physical impairments and rural aging in development country setting: Melanic A Abas, kanchana taugachonlatip and morven leere (2009). This study was carried out on that developing country the researchers concluded that disability is potentially

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mediating the association between impairment to carry out daily task encourage them to be physically active. And enhance self-esteem.

Neena L. Chappell and Mork Badger in their study “social isolation and well-being” in 1988. They concluded that combined indicators of living alone and being unmarried and giving no children plus living alone were related to global unhappiness or life dissatisfaction among leprosy patients.

Lalitha K and Jamuna D in their “remote memory and well-being in the order men and women” examined and found that education gender locality and marital status significantly influenced the remote memory performance remote memory was positively associated with being older men and women. Sahab P. Sinha, P. Nayyar and Surat P. Sinha, in their study examined that social support and self-control in interaction with age reduced the crowding stress of high density and enhance the older participants perceived control and positive attitudes towards life.

METHODOLOGY

Statement of Problem: To study social support of leprosy patients.

Variables

1. Independent variables :

- a) Gender
- b) Rural/ urban

2. Dependent variables :

- a) Social support
- b) Well-being

Objectives

1. To know the influence of social support on wellbeing among leprosy patients
2. To know the difference in social support given to male and female old people.
3. To know the difference in social support given in rural and urban areas to old people.
4. To know the difference in wellbeing among male and female old people.
5. To know the difference in wellbeing among old people living in rural and urban areas.

Hypothesis

1. Higher levels of social support will be associated with higher levels of wellbeing and lower levels of social support will be associated with lower levels of wellbeing.
2. There is significant difference in amount of social support given to old males and females.
3. There is significant difference in amount of social support given to old people living in rural and urban areas.
4. There is significant difference in wellbeing among old males and/ females.
5. There is significant difference in wellbeing among old people living in rural and urban areas.

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Sample

The sample of the present study consists of 100 old people. The sample was randomly selected.

Category	Rural	Urban	Total
Male	25	25	50
Female	25	25	50
Total	50	50	100

Tools

1. PGI Social Support Questionnaire.
2. Psychological wellbeing scale.

PGI Social support Questionnaire: Was constructed and standardized by Nehra, Kulhara and Verma, is the Indian adaptation of "The measure of social support by Pollack and Haris (1983).

PGI Social support questionnaire consists of 18 items with 4 alternative answers. Item No. 2, 4, 8, 9, 11, 12, and are positively worded and scored as 4, 3, 2, 1. Item No. 1, 3, 5, 6, 7, 10, 13, 14, 15, 16, and 17 are negative items and have to be scored in reverse order i.e., 1, 2, 3, 4. The total score indicates the amount of social support perceived by the individual. Higher score indicates more perceived social support.

Interpretation of scores:

32-45	Less social support
46-70	Moderate social support
71 and above	High social support

Psychological wellbeing scale: This scale is developed by Bhogale and Prakash (1995) which consists of 27 items distributed along 12 factors.

These are:

1. Meaninglessness.
2. Somatic Symptoms.
3. Self Esteem.
4. Positive effects.
5. Daily activities.
6. Life Satisfaction.
7. Suicidal Ideas.
8. Personal control.
9. Social Support.
10. Tension.
11. Wellness.
12. General efficiency.

The scoring is done with the help of scoring key given in the manual. One who agrees with scoring key will get a mark, thus those who get higher scores are said to have greater psychological wellbeing.

Statistical Analysis

In the following research work data was collected and put to statistical analysis mean, SD, t-value was calculated for the purpose of discussion.

DISCUSSION

India like any other developing countries the world, is present! · witnessing rapid ageing of its population. Almost eight out of 10 older people in India live in rural areas. Urbanization, modernization and globalization have led to changes in economic structure, erosion of societal values and the weaning of social institutions such as the joint family. In this changing economic and social milieu, the younger generation is searching for new identities encompassing economic independence and redefini.cd social roles within, as well as outside, the family. The changing economic structure has reduced the dependence of rural families on land, which had provide strength to bonds between generation. The traditional sense of the younger generation towards their older generation is being eroded.

The older generation is caught between the decline in tradition values on the one hand and the absence of an adequate social security system on h other. Whereas the older adult people in urban areas is significantly different from that of just a decade ago. An active lifestyle after retirement is anticipated by older adults besides functioning better today's older generation is likely to be better educated. It is proposed that this increased education will be associated with beneficial changes in life style, access to care, ability to comply with physician's instructions and the ability to modify one's environment.

Table No-1 Showing the mean, SD and t-value of social support of male and female old people N:100

	Male (50)	Female (50)	t-value
Mean	49.1	46.6	1.84
SD	6.94	6.59	

No significant difference

The mean and SD of male old people is 49.1 and 6.94 respectively. The mean and SD of female old people is 466 and 6.59 respectively and t-value is 1.84.

The calculated t-value is 1.84 which is not significant. This indicate that there is no significant difference in social support given to old male and female.

The mean score of male old people is 49 .1 This indicates that male old people perceived or got moderate social support. The mean score of female old people is 46.6 this indicate that female old people perceived or got moderate social support. It means both male and female old people received moderate social support and there is no difference in social support given to male and female old people.

But when mean scores are taken into consideration, the mean score of the male old people is slightly higher than female old people. This difference might be due to active participation of the aged male people in social activities, whereas aged female usually stay isolated in home and has less contact and friends than aged male .

Table No-2 Showing the mean, SD and t-value of social support of rural and urban old people. N: 100

	Male (50)	Female (50)	t-value
Mean	51.16	44.54	4.89**
SD	7.23	6.29	

*** Significant at 0.01 level*

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The mean and SD of male old people is 49.1 and 6.94 respectively. The mean and SD of female old people is 46.6 and 6.59 respectively and t-value is 1.84.

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But when mean scores are taken into consideration, the mean score of the male old people is slightly higher than female old people. This difference might be due to active participation of the aged male people in social activities, whereas aged female usually stay isolated in home and has less contact and friends than aged male.

Table No-3 Showing the mean, SD and t-value of social support of rural and urban old people. N: 100

	Rural	Urban	t-value
Mean	51.16	44.54	4.89**
SD	7.23	6.29	

** Significant at 0.01 level

The mean and SD of rural old people is 51.16 and 7.23 respectively. The mean and S.D of the urban old people is 44.54 and 6.29 respectively. The mean score of rural old people is higher than the urban old people, this clearly indicates that old people living in rural areas received or perceived more social support than old people living in urban areas.

When the t-test was applied to know the significant difference, it was found that obtained t-value 4.89 is significance at 0.01 level.

Mean value of both rural and urban old people is 51.16 and 44.54 respectively. It shows that both rural and urban old people perceived or got moderate social support.

The difference in actual or perceived social support among urban and rural old people might be due to the availability of social networks.

In rural areas the availability and the effective social network are more when compared with urban areas. Social networks might be friends, community contacts such as religions institutions etc. are more in rural areas.

In rural areas the joint family system, the values and beliefs of Indian culture such as respecting elders and sense of duty towards elders are still in practice whereas in urban areas due to modernization, industrialization and urbanization, Indian culture is replaced by western culture. The younger generation in urban areas no more treat their elders with respect. They don't have time to care for their elders. All These has caused the elders in urban areas .to be isolated from families. Many old people are placed into old age due to lack of values ad sense of duty towards elders among younger generations.

Hence it can be said that rural old people receive more social support than urban old people.

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Table No-4 Showing mean, SD and t-value of wellbeing of male and female old people N:100

	Male (50)	Female (50)	t-value
Mean	19.44	19.14	0.56
SD	2.74	2.70	

No significant difference

The mean score of the male old people is 19.44 and the mean score of the female old people is 19.14. This indicates that male have higher psychological wellbeing than female old people. The S.D of the male old people is 2.74 and the SD of the female old people is 2.70 and the t-value is 0.56.

The t- value indicates that there is no significant difference psychotically well-being among male and female old people.

The difference in psychological wellbeing among male and female old people might be due to level of education and participation in social setting. The aged female due to lower education status experience difficulty to move easily along with hanging world. Also when compared with aged males, the lower degree of social contacts and activities of the aged females may increase the isolation resulting in lower level of psychological wellbeing.

Whereas male old people have higher education and high social contacts and activities in low isolation and higher psychological well-being.

Physical health also plays important role in psychological wellbeing. It is assumed that and supported by various studies that females have more physical problems than males. This is true in the case of aged old females and males. The aged females suffer from physical disability than aged males is enables them carry out daily activities and need extra care, resulting in lower level of psychological well-being.

Table No-5 Showing the mean, SD and t-value of psychological wellbeing of rural and urban old people N: 100

	Rural	Urban	t-value
Mean	20.68	17.9	5.08**
SD	2.92	2.52	

***Significance at 0.01 level*

The mean score of the rural old people and urban old people is 20.68 and 17.9 respectively. This indicates that rural old people have higher psychological wellbeing than the urban old people.

The SD of rural old people is 2.92 and the SD of urban old people is 2.52 and the t-value is 5.08.

The t-value indicates that it is significant at 0.01 level. This indicates that the rural and urban areas influenced wellbeing of old people.

The difference in psychological wellbeing among rural and urban old people might be due to lack of values and changing pattern of family structure.

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The aged people, who live in rural areas get more attention and care and more social support. This influences the wellbeing of aged people. The rural aged people do not face any psychological problems such as isolation or stress. Whereas the aged people in urban areas suffer from isolation and depression due to the negligence of family members.

The changing family pattern in urban areas has also placed more stress among aged people in urban areas resulting in lower level of psychological wellbeing.

Table No-6 Showing the comparison of mean, S.D and t-value of psychological wellbeing and social support of male and female old people. N:100

	Social support			Psychological well-being		
	Mean	SD	t- value	Mean	SD	t- value
Male (50)	49.1	6.94	1.84	19.44	2.74	0.56
Female (50)	46.6	6.59		19.14	2.70	

The mean score of the male in social support is 49.1 SD is 6.94. The mean and SD of male in psychological wellbeing is 19.44 and 2.74 respectively.

The mean and SD of female in social support is 46.6 and 6.59 respectively. The mean and SD of female in psychological wellbeing is 19.14 and 2.70 respectively).

This result indicates that males have higher or more social support which has influenced the wellbeing i.e, higher level of social support influences higher level of wellbeing.

Whereas females have low social support than males this has influenced wellbeing i.e lower level of social support influences lower level of wellbeing.

Hence it can be said that social support acts as an essential factor in determining psychological wellbeing. The presence of social support has positive effects on wellbeing of aged people.

Table No-7 Showing the mean, SD and t-value of psychological wellbeing and social support of rural and urban old people. No: 100

	Social support			Psychological well-being		
	Mean	SD	t- value	Mean	SD	t- value
Rural (50)	51.16	7.23	4.89**	20.68	2.94	5.08**
Urban (50)	44.54	6.29		17.9	2.52	

** Significance at 0.01 level

The mean score of the rural in social support is 51.16 and SD 7.23. The mean and SD of rural in psychosurgical wellbeing is 20.68 and 2.94.

The mean and SD of urban in social support is 44.54 and 6.29 respectively. The mean and SD of the urban in psychological wellbeing is 17.9 and 2.52 respectively. This result indicates that rural aged people have higher social support which has influenced the wellbeing i.e, higher level of social support influences higher level of wellbeing.

CONCLUSION

1. There is moderate social support given to both male and female aged people. There is no significant difference among males and females.

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2. There is moderate social support given to both rural and urban old people. There is significance difference among rural and urban old people.
3. Rural old people have higher Psychological wellbeing than urban old people. There is no significant difference in psychological wellbeing among rural and urban old people.
4. Males have higher psychological wellbeing than female old people but there is no significant difference.
5. The level of social support has influenced the level of wellbeing among male and female old people i.e, Higher level of social support has higher level of wellbeing among aged male and lower level of social support has lower level of wellbeing among females.
6. Higher level of social support among rural aged people has influenced higher level of wellbeing and lower level of social support has influenced lower level of wellbeing among urban aged people.

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Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interests.

How to cite this article: S Kumar (2019). Social support of leprosy patients. *International Journal of Indian Psychology*, 7(4), 890-901. DIP:18.01.103/20190704, DOI:10.25215/0704.103