

VARIATIONS IN EXPERIENCE OF SOCIAL SUPPORT AND PHYSICAL HEALTH AMONG ADULT RESIDENTS OF POLAND IN URBAN VERSUS RURAL AREAS

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ABSTRACT

Background. A study reveals – against to common beliefs – less support between rural area residents in comparison to town-dwellers and significantly higher support for healthy, not for poor health research participants.

Objectives. The aim of our paper was comparing support from spouse/partner, relatives, friends and strangers among people with good and ill physical health. A next purpose was to find differences of social support and experience of social undermining in urban and rural residential settings.

Material and methods. The study “Epidemiology of Mental Disorders and Access to Mental Health Care, EZOP – Poland” was carried out on random sample of 24 000 of Poland residents and a 50,4% response rate, 10 081 computer-assisted personal interviews. Of those respondents, 4 000 constituted a sub-sample asked to complete the social networks and support section of the questionnaire. Data were analyzed by age, gender, residential setting and marital status for statistically significant differences in the percentage of functional and structural social support being reported, using the chi-squared test with a significance level of 0.05 used to reject the null hypothesis (H_0 = lack of relationship between variables).

Results. A majority of respondents maintain that in difficult life situations, family and a close network of friends and acquaintances make it possible to openly discuss problems and obtain help. However, respondents who rate their health as “poor” or “very poor” significantly less often than healthy individuals experience support coming from their relatives, friends, or strangers.

In comparison to urban areas, the extent of social support in rural areas is significantly limited. The rural setting offers less support and even less opportunities for interaction with relatives, friends, acquaintances and strangers. Negative social factors – low levels of trust, isolation from friends and family, lack of a social life, lack of a helpful neighborhood – are conditions significantly more often found in the countryside than in urban areas.

Conclusions. Results obtained from the EZOP study shows that amount of social support received is higher in urban areas and among those who enjoy better physical health.

Key words: *relatives and friends support; residential setting; support and health; health status differences; gender differences; social undermining; cultural determinants.*

STRESZCZENIE

Wprowadzenie. Praca odkrywa niezgodną z powszechnymi przekonaniem prawdę, że wieś jest mniej przyjaznym środowiskiem dla swoich mieszkańców niż miasto, a chorzy ludzie, najbardziej potrzebujący wsparcia, otrzymują go znacząco mniej niż zdrowi.

Cel. Celem niniejszej pracy jest porównanie wsparcia, jakie uzyskują osoby w dobrym i złym stanie zdrowia ze strony współmałżonka (partnera), rodziny, przyjaciół i obcych. Kolejnym celem jest ocena różnicy w uzyskiwanym wsparciu, a także przejawach zaprzeczenia wsparcia przez mieszkańców miast i wsi.

Material i metody. Badanie „Epidemiologia zaburzeń psychiatrycznych i dostęp do psychiatrycznej opieki zdrowotnej – EZOP Polska” zostało zrealizowane na próbie losowej 24 tysięcy mieszkańców Polski. Przy 50,4% poziomie realizacji wywiadów przeprowadzono 10 081 wywiadów indywidualnych wspomaganym komputerowo. Następnie

wyodrębniono 4 000 respondentów, którzy odpowiedzieli na pytania o relacje społeczne i wsparcie społeczne. W analizie uwzględniono podział według wieku, płci, środowiska zamieszkania i stanu cywilnego. Ustalono istotne statystycznie różnice w uzyskiwanym wsparciu strukturalnym i funkcjonalnym przy zastosowaniu testu chi-kwadrat, zakładając poziom ufności 0,05 do odrzucenia hipotezy zerowej (H_0 = brak związku między zmiennymi).

Wyniki. Większość respondentów utrzymuje, że rodzina oraz krąg bliskich przyjaciół i znajomych - w trudnych sytuacjach życiowych - stwarza warunki do otwartego omówienia problemu i otrzymania pomocy. Niemniej respondenci, którzy oceniają swoje zdrowie jako „złe” i „bardzo złe” istotnie rzadziej doświadczają wsparcia, niż osoby zdrowe. Zakres wsparcia społecznego na terenach wiejskich jest znacząco ograniczony w porównaniu ze wsparciem wśród mieszkańców miast. W środowisku wiejskim stwierdzamy mniej wsparcia, a nawet mniej możliwości spotkania z członkami rodziny, przyjaciółmi, znajomymi lub obcymi. Również na wsi istotnie częściej niż na terenach zurbanizowanych obserwujemy działanie takich negatywnych czynników jak niski poziom zaufania społecznego, izolację wobec rodziny i przyjaciół, brak życia towarzyskiego, oraz brak pomocnego sąsiedztwa.

Wnioski. Wyniki badania EZOP wskazują, że zakres otrzymywanego wsparcia społecznego jest istotnie wyższy w środowiskach miejskich, oraz wśród osób cieszących się lepszym zdrowiem fizycznym.

Słowa kluczowe: *wsparcie w rodzinie; wsparcie przyjaciół; miejsce zamieszkania; wsparcie społeczne i zdrowie; różnice w stanie zdrowia; podział według płci; zaprzeczenia wsparcia; determinanty kulturowe.*

INTRODUCTION

Susceptibility to illness, as well as the effects of illness and treatment outcomes may depend on the quality of social support provided by those nearest to the patient [1-8]. The study “Epidemiology of Mental Disorders and Access to Mental Health Care, EZOP – Poland” was carried out from 2010 to 2011 by the Institute of Psychiatry and Neurology (IPiN) in Warsaw, together with the National Institute of Public Health (NIZP-PZH) in Warsaw and the Psychiatry Department and Clinic at Wrocław Medical University [9]. Results obtained from the EZOP study shows that amount of social support received is higher in urban areas, for women and among those who enjoy better physical health.

The lengthy World Health Organization’s Composite International Diagnostic Interview (WHO-CIDI) questionnaire, translated into Polish and used for the study as the EZOP questionnaire, contained a section pertaining to social networks and support from family and close friends. The following were identified and studied as sources of social support in the EZOP Project: meetings and (phone) conversations engendering a sense of belonging – with one’s spouse/committed partner, with relatives (interactions and conversations), with friends and acquaintances (interactions and conversations), and with strangers/others (conversations). If the respondent had a serious problem or needed to talk to someone, he or she was asked how much she/he can rely on the support of a) spouse/partner, b) relatives not living with him/her, c) friends/acquaintances, d) other people. Questions asking the respondents to self-rate their symptoms and condition of physical health were used to gauge the state of their health.

AIMS

Our paper aims to answer the following research questions:

Q1: Is the degree of social support in the two identified residential settings (urban vs. rural) the same or different?

Q2: Does *social undermining* occur in both settings equally often? Does the residential setting influence how social support is experienced or perceived? What about the experience of social undermining or denial of social support in the two settings [10]?

Q3: Who receives less social support from their spouse/partner, relatives, friends and strangers – those who are well or those who are ill in urban and rural areas?

MATERIALS AND METHODS

Given a random sample of 24 000 of Poland’s residents, and a 50.4% response rate, 10 081 computer-assisted personal interviews were carried out. Of those respondents, 4 000 constitute a sub-sample asked to complete the social networks and support section of the questionnaire. The sub-sample consists in all respondents with mental disorders as well as their randomly selected counterparts.

The analysis presented in this paper is focused on functional and structural social support, based on answers that were given by 3 999 respondents of which 61.1% lived in the urban areas while 38.9% in rural areas.

Measures of structural social support, included answers to questions about the frequency of interactions with acquaintances, friends, family and spouse/partner, as well as demographic variables: the respondent’s residential setting, gender, education completed and marital status.

Measures of functional social support on the other hand, include how much the respondent can rely on help from family, friends and acquaintances in case of problems, how open he or she can be with them and how often he or she has conflicts or argues with them (reverse-coded) [11]. An example of such a reverse-coded question was: *Not including your (husband/wife, partner) how often do your relatives argue with you – (often, sometimes, rarely, or never)?* Another question, structured the same way, was asked about relatives placing too many demands on the respondent. Two analogous questions were asked about disagreements with and demands made by friends (see Annex).

Data were analyzed by age, gender, residential setting and marital status for statistically significant

differences in the percentage of functional and structural social support being reported, using the chi-squared test with a significance level of 0.05 used to reject the null hypothesis (H_0 = lack of relationship between variables).

RESULTS AND DISCUSSION

SOCIAL SUPPORT ACCORDING TO RESIDENTIAL SETTING

As the tables illustrate, residents of rural areas receive significantly less support than residents of urban areas.

Table 1. Structural social support: Frequent interactions (conversations, meetings, phone calls) with the following people

Setting: Who:	Urban			Rural			Total		
	Percentages	95% CI		Percentages	95% CI		Percentages	95% CI	
Partner/spouse	71.7	69.1	74.2	76.5	73.4	79.4	73.6	71.6	75.5
Relatives living separately	81.6	81.5	84.9	78.6	78.8	83.3	80.4	81.1	83.8
Friends and acquaintances	88.1	86.5	89.5	82.9	80.6	85.0	86.1	84.8	87.3
Others	55.5	53.2	57.7	52.4	49.5	55.3	54.3	52.5	56.1

Table 2. Functional social support: Trust and degree of perceived help

Setting: Support:	Urban			Rural			Total		
	Percentages	95% CI		Percentages	95% CI		Percentages	95% CI	
Being open with relatives	70.8	68.7	72.8	67.0	64.2	69.7	69.3	67.7	70.9
Being open with friends and acquaintances	65.4	63.2	67.5	57.9	55.1	60.7	62.5	60.8	64.2
Perceived help from relatives	73.4	71.4	75.4	72.2	69.5	74.7	73.0	71.3	74.5
Perceived help from friends and acquaintances	20.3	18.5	22.2	15.0	13.1	17.1	18.2	16.9	19.7

SOCIAL SUPPORT – STRUCTURAL VARIABLES

The EZOP study reveals that interactions with friends and acquaintances are more frequent than interactions with relatives who do not live with the respondent. In cities, the frequency of interactions (meetings in person, phone conversations) with acquaintances and friends is significantly higher than in the countryside. However, overall, Poles are more trusting and open towards their relatives than with friends; rural residents being

somewhat less open and trusting towards relatives than respondents living in cities.

When in need, in case of a serious problem, respondents indicated that they rely on their family for help [12, 13]. Friends and acquaintances were identified as a source of support four times less often than relatives living in a separate household. Rural residents less frequently expect direct help from friends and acquaintances than respondents living in urban areas [14].

SOCIAL SUPPORT – FUNCTIONAL VARIABLES

Respondents who are equally open with family and friends/acquaintances are as often found in rural areas (9.6%) as in urban areas (10.5%) [15]. Men residing in cities (8.0%) reported being able to open up slightly more often in their interactions than their rural counterparts (7.3%). Likewise, female urban residents believe they can talk about their problems more often (12.8%) than do women living in rural areas (11.8%). The highest statistically significant difference in the ability to talk about one's problems was found between men in the countryside (7.3%) and women living in cities (12.8%).

One should ask whether respondents who are open towards friends and relatives are also equally open with their spouse or partner. Regardless of where they live, women are significantly more likely to talk openly with their partner/spouse (12.4%) than are men (7.7%). This difference between the sexes is also true

concerning conversations with relatives and friends. Women declare a greater willingness than men do to openly discuss their problems [16].

DENIAL OF SOCIAL SUPPORT – CONFLICTS AND EXCESSIVE DEMANDS

Social undermining, the opposite of social support, is the intentional contestation of somebody's position, which is detrimental to self-esteem, social reputation and others' view of one's ability to maintain positive interpersonal relations [17].

The behavior of one's less-immediate family can be hostile or unfriendly at times. Still, those who live in the countryside report slightly less frequent overt denial of social support on the part of their relatives, when compared to respondents in cities. Rural residents indicate that their relatives argue/have conflicts with them slightly less often than do their counterparts living in urban areas – and this difference borders on being significant.

Table 3. Social undermining among relatives

Q: How often do your relatives argue with you?							
Social undermining:	Setting:	Urban		Rural		Total	
		Percentages	95%CI	Percentages	95%CI	Percentages	95%CI
Rarely, never		80.7	78.9-82.4	83.1	80.9-85.2	81.7	80.3-83.0
Often, sometimes		19.3	17.6-21.1	16.9	14.8-19.1	18.3	17.0-19.7

Table 4. Social undermining among friends

Q: How often do your friends make too many demands on you?							
Social undermining:	Setting:	Urban		Rural		Total	
		Percentages	95%CI	Percentages	95%CI	Percentages	95%CI
Rarely, never		84.3	82.6-85.9	88.1	86.1-89.8	85.8	84.5-87.0
Often, sometimes		15.7	14.1-17.4	11.9	10.2-13.9	14.2	13.0-15.5

The contrast between urban and rural settings when it comes to being subject to excessive demands of friends is as follows: 16.6% of respondents in cities compared to only 11.9% in the countryside report feeling that their friends' demands are excessive. This difference is statistically significant.

SOCIAL SUPPORT AND PHYSICAL HEALTH

The social support network may play a crucial role in one's ability to cope with a serious illness [18-21]. We investigated whether in case of

illness the social network increases or denies its support, and whether this pattern is similar in cities and in the countryside.

Relatives

Respondents who are ill and live in the country report being isolated from their relatives more often (24.3%) than their city-dwelling counterparts (21.6%). Similar results were obtained from healthy respondents, with 19.2% feeling isolated in the country and 16.7% in cities.

Respondents who reported that they do not receive help from their relatives constituted 28.1% of the whole sample. Among those who are ill, the percentage is higher: 35.1% in the countryside and 35.4% in urban areas. Thus, regardless of where they live, individuals in worse physical health count on help from relatives less often than do healthy individuals.

Worse physical health is also linked to lower levels of openness and trust towards relatives. 34.1% of ill respondents said they cannot be open with their relatives, compared to 31.6% of respondents whose health is satisfactory and 29.3% of respondents who are in perfect health. Isolation and lack of an open atmosphere among relatives is described by 34.0% of ill respondents in cities and by 34.2% in the country. This difference between residential settings is small and statistically insignificant.

About one third of ill respondents in urban areas feel their relatives demand too much from them while a corresponding figure in the countryside is about one fifth.

City residents in poor physical health report conflicts with relatives significantly more often (26.0%) while in the countryside only 12.4% of ill respondents mentioned family conflicts, which is suggestive of a rather agreeable environment.

Friends and acquaintances

About 15% of all respondents, regardless of their health status, see their friends' expectations as excessive.

Nearly all healthy residents of urban areas (91.7%) mentioned frequent contact with their friends [22]. Healthy residents of rural areas maintaining frequent contact with friends and acquaintances constitute 87.8% of their group, which is less than in urban areas. The percentage of city-dwelling ill respondents maintaining such contacts is lower (80.4%), compared to even lower percentage of ill rural residents (71.9%).

16.7% of rural residents, who declare being in good health, are likely to receive help from their friends and acquaintances, compared to 13.4% of those who report that their health is bad. In urban areas, 23.2% of respondents who identify themselves as healthy count on the help of friends and acquaintances, but only 10.1% of ill individuals do. This difference is statistically significant.

Among healthy female respondents there is a clear difference depending on the place of residence. 25.5% of healthy women residing in cities say they can count on the help of friends, compared to only 14.5% of healthy female residents of rural areas.

The data used in this study reveal statistically significant differences in the situation of respondents, depending on whether they are in good or poor physical health. In general, ill respondents perceive less openness

in relations with their friends than do respondents who are healthy, regardless of whether they live in the city or in the country.

Spouse/partner

Only in urban areas does illness play a role in how often personal problems are discussed with one's spouse or partner [23]. When compared to healthy city residents (73.7%), urban residents who are ill significantly less often count on the support of their spouse or partner (63.9%).

Someone else

Poor health tends to significantly reduce trust [24] and the frequency of interactions with strangers and individuals with whom one is less acquainted. In urban areas, 58% of healthy respondents feel they can talk to strangers about their worries or problems, compared to only 46% of respondents who are ill. In the countryside, 55% of healthy respondents reported talking to strangers about their problems, while only 42.8% of respondents in poor health did the same. All of the above differences are statistically significant.

CONCLUSIONS

1. A vast majority of respondents maintain that in difficult life situations, family and a close network of friends and acquaintances make it possible to openly discuss problems and obtain help. However, respondents who rate their health as "poor" or "very poor" significantly less often than healthy individuals experience support coming from their relatives, friends, or strangers.
2. In comparison to urban areas, the extent of social support in rural areas is significantly limited. The rural setting offers less support (in terms of functional variables) and even less opportunities for interaction (structural variables) with relatives, friends, acquaintances and strangers. Negative social factors – low levels of trust, isolation from friends and family, lack of a social life, lack of a helpful neighborhood – are conditions significantly more often found in the countryside than in urban areas.
3. Female respondents more frequently perceive that they are the recipients of social support. Likewise, respondents who are in a committed relationship, be it with a spouse or partner, also report receiving more support.

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ANNEX SURVEY QUESTIONS

How often do you talk on the phone or get together with relatives who do not live with you – most every day, a few times a week, a few times a month, about once a month, or less than once a month?

MOST EVERY DAY.....	1
A FEW TIMES A WEEK.....	2
A FEW TIMES A MONTH.....	3
ONCE A MONTH.....	4
LESS THAN ONCE A MONTH.....	5
DON'T KNOW.....	8
REFUSED.....	9

How often do you talk on the phone or get together with friends – most every day, a few times a week, a few times a month, about once a month, or less than once a month?

MOST EVERY DAY.....	1
A FEW TIMES A WEEK.....	2
A FEW TIMES A MONTH.....	3
ONCE A MONTH.....	4
LESS THAN ONCE A MONTH.....	5
DON'T KNOW.....	8
REFUSED.....	9

How much can you rely on relatives who do not live with you for help if you have a serious problem – a lot, some, a little, or not at all?

A LOT.....	1
SOME.....	2
A LITTLE.....	3
NOT AT ALL.....	4
DON'T KNOW.....	8
REFUSED.....	9

How much can you rely on your friends for help if you have a serious problem – a lot, some, a little, or not at all?

A LOT.....	1
SOME.....	2
A LITTLE.....	3
NOT AT ALL.....	4
DON'T KNOW.....	8
REFUSED.....	9

How much can you open up to relatives who do not live with you if you need to talk about your worries – (a lot, some, a little, or not at all)?

A LOT.....	1
SOME.....	2
A LITTLE.....	3
NOT AT ALL.....	4
DON'T KNOW.....	8
REFUSED.....	9

How much can you open up to your friends if you need to talk about your worries – (a lot, some, a little, or not at all)?

A LOT.....	1
SOME.....	2
A LITTLE.....	3
NOT AT ALL.....	4
DON'T KNOW.....	8
REFUSED.....	9

How often do your relatives make too many demands on you – often, sometimes, rarely, or never?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

How often do your friends make too many demands on you – often, sometimes, rarely, or never?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

How often do your relatives argue with you – (often, sometimes, rarely, or never)?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

How often do your friends argue with you – (often, sometimes, rarely, or never)?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

When you have a problem or worry, how often do you let your (husband/wife/partner) know about it – always, most of the time, sometimes, rarely, or never?

ALWAYS	1
MSOT OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
DON'T KNOW	8
REFUSED	9

When you have a problem or worry, how often do you let someone (else) know about it – always, most of the time, sometimes, rarely, or never?

ALWAYS	1
MSOT OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
DON'T KNOW	8
REFUSED	9

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