

# Social Support and Women's Health

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## Abstract

**Context:** Social relations have been found to affect different aspects of people's life. This article is a systematic review of attempts to consider the social support as a major determinant of health during life span.

**Evidence Acquisition:** For our research we retrieved data from the J Store, Springer, Wiley Online Library, Elsevier, Science Direct, PubMed database as well-known sources of scientific studies. The study comprised all studies considering social ties and relationships and health outcomes of both genders in different aspects of medical sociology and social epidemiology, with particular emphasis on comprehensive studies to identify the implications of and the effect of social support on women's health.

**Results:** The results obtained from this review are presented in three main sections. These include perceived versus received social support, main effect versus buffering effect of social support, and finally the consideration of women's health. Overall, empirical studies confirm the importance of social relationship to health and longevity and its different implications in women's health.

**Conclusions:** To be healthier and more usefully active in the society, women need to have different kinds of support from social relationships. Women are required to be better informed about the significance of enjoying positive social relationships which provide potential health benefits, by social support, from both relatives and other people.

**Keywords:** Social Support, Health, Women, Medical Sociology

## 1. Context

Human beings do not exist in a social vacuum. Our interactions with relatives, friends, and surrounding community expose us to the situations which could improve our health and wellbeing through social ties and relationships. The importance of social relationships in human's life has long been recognized. In fact, the essence of human existence is expressed in our relationship to others.

Substantial portion of the literature in medical sociology has focused on the impact of the presence and quality of social relationships on health and illness (1). Social support is the most widely used phrase which refers to the content of these relationships. As a matter of fact, social networks give rise to various social functions including social support.

The origin of social support research dates back to 1897 with Durkheim's empirical assessment of the role of social involvement in the prevention of suicide (2). Durkheim in 1951 postulated that the breakdown in family, community, and work ties would be detrimental to psychological well-being (3). In addition, social support owes much to the work of social epidemiologist John Cassel in 1976, who posited that social support served as a key psychological protective factor that reduced individual's vulnerability to the deleterious effects of stress on health (4).

According to seminal work by House in 1981, social sup-

port is the functional content of relationship (5). Social support refers to those aspects of social relationships that provide a sense of self-worth and offer resources in tackling life's troubles (6).

According to the studies, social support can ease life's transitions and is often linked with beneficial health outcomes (7, 8). It has positive emotional effects, as well as health and survival benefits. Social contact has been demonstrated to reduce overall mortality risk (9). Mortality is higher among more socially isolated individuals, and the association between social relationships and health is comparable with standard risk factors, including smoking, blood pressure, and physical inactivity (10, 11).

As far as a comprehensive body of research considers the relationship between social support and health, this article aims at conducting a systematic review of attempts considering the social support as a major determinant of health. In so doing, the article will cover studies related to social support and health in general, putting more focus on women related studies of social support and health.

## 2. Evidence Acquisition

This review article is based on a documentary approach. To have a comprehensive insight in the topic, data were retrieved from different databases including J store,

Science Direct, Elsevier, Wiley online library, Springer, and Pub Med. The main period in which articles are selected is as latest as possible to make sure that the newest available data is provided. The keywords of “social support”, “health”, “social relationships”, “social ties”, and “health outcomes” were used to acquire the most relevant articles possible. In regard to systematic review of the literature, the topic was divided into three main categories comprising the most essential concepts of social support and health consideration. Furthermore, several books with different viewpoints in different related topics were consulted to gain more knowledge about the different aspects of the social support and their interactions. The review was supplemented with the new materials to reach a conceptual saturation.

### 3. Results

#### 3.1. Received Versus Perceived Social Support

Social support includes perceived, as well as received support. In fact, the perceptions of support recipients, rather than the objective behaviors involved interactions, are most strongly linked to recipients' health and well-being (12). Research and experience both suggest that people receive social support from different people such as a marriage partner, a parent, a close friend, a superior at work, or a sympathizer based on their different needs and various problems relating to emotional, physical, intellectual, financial aspects (13).

Perceived support on the other hand, constitutes an important area of research in social support. This construct refers to “the extent to which an individual believes that his or her needs for support, information, and feedback are fulfilled” (14). Numerous studies have shown that perceived emotional support, directly and positively influences physical health and longevity (7, 15). Another study, investigating determinants of maternal postpartum depression, found that prepartum levels of perceived social support significantly predicted postpartum parenting self-efficacy beliefs of women (16). However, empirical associations between received and perceived support have generally been quite modest (1, 15, 17). Supportive actions of others tend to be assessed with respect to a delimited retrospective period, and often in relationship to a particular stressful experience, whereas measures of perceived social support allow the respondent to generalize over a wide array of social interactions potentially over their entire lifetime (18).

Received support is typically assessed with reference to a particular stressful situation or a delimited time period (e.g., in the past month), while measures of perceived

support capture generalizations that have emerged from numerous real instances of great and small help supplied by various network members during individuals' lives. In general, the perceptions of support are probably daily episodes and invisible supportive exchanges mostly occur over time (15, 18, 19).

Interestingly, the effects of perceived support are stronger and consistently more beneficial for mental and physical health than received support (15, 19). Perceived support consists of information leading the subject to believe that he or she is cared for, loved, esteemed, and valued, the information that lead the subject to believe that he or she belongs to a network of communication and mutual obligation. For women who tend to have abortion, one potential risk factor for negative psychological outcomes following abortion is a lack of perceived social support from partner, family, or friends in making decision on or subsequent to carrying out the abortion. Because pregnancy depends on a couples' collective decision, perceived support from the partner may be particularly important for the woman's post abortion adjustment (16). Besides, Bracken et al. found that greater perceived partner support and greater anticipated parental support were associated with more favorable reactions to abortion consequences (20). Thus, it is perceived social support that has been the most prominent conceptualization in social support research (1).

But where do perceptions of adequate support originate? In this context perceptions must be based on actual social exchanges and supportive transactions; either personally experienced or observed (21).

Social Support can be categorized in four broad types of emotional, informational, instrumental and appraisal entities (5, 22). Emotional support is provided by focal individuals such as friends and family members who express sympathy, concern, care, and empathy. Emotional support is inversely related to diverse forms of psychological disorders (23). Instrumental support is the provision of aid, resources, money, goods, equipment, and services at a time of need. Informational support is the provision of advice, knowledge, suggestions, and tools useful to the individual and appraisal support is the feedback and analysis that allow the focal individual to evaluate his or her situation (24).

#### 3.2. Direct Versus Buffering Effects of Social Support

Psychological and sociobiological theories suggest that the mere presence of, or sense of relatedness with another organism may have relatively direct motivational, emotional, or neuroendocrinal effects on promoting health or operate in the face of stress or other health

hazards affecting behavioral coping and adaptation strategies (25). In fact, Social support may be a primary coping resource or may interact with the individuals' coping response to one's level of stress. This kind of support helps individual overcome difficulties in real word facing real problems. For example among working women, higher levels of support from work colleagues led to the greater use of problem-focused coping and less emotion-focused coping (26). Social support has both direct and indirect effects on measures of health (27).

In a wide-ranging review of social relationships and health, social support acts as a powerful mediating factor in a range of physical and mental health problems (6, 28). In fact, social support is thought to affect mental and physical health through its influence on emotions, cognitions, and behaviors (3, 13). Social support, in this account, is a set of processes, that mediate a causal sequence that result in health-related outcomes (6). Social support is also thought to play a role in the risk for, progression of, and recovery from physical illness. In this case, the hypothesis is that social relationships influence behaviors with implications for health such as diet, exercise, smoking, alcohol intake, sleep, and adherence to medical regimens (3). La Greca et al. in their study reveal that social support from friends and classmates appears to facilitate adaptation to youngsters' disease and may help with the lifestyle aspects of treatment regimens (29). In other words, supportive relationships to others may also aid in health maintenance and recovery which help promote healthy behaviors such as compliance with prescribed health care and smoking cessation.

The way, in which, different social supports affects health has been explained remarkably in two models. The first is stress-buffering model which proposes that support is primarily related to well-being only for persons under stress (3). According to this model specific factors including social support can lessen the association between stress and negative outcomes (30). For example in the case of smoking, this model posits that social support helps smokers quit and maintain abstinence by helping them evaluate and deal more effectively with the stressors associated with quitting smoking (31). The stress-buffering model is the most influential model used to explain the relationship between social support and psychological distress (32). Within this model, social support is protective, and moderating (i.e., buffering) the relationship between stressful life events and distress (33). In regard to existing chronic disease and the absence of friends, living children, and close relatives for women with breast cancer, the findings of Kroenke et al. (34) were consistent with those of Waxler-Morrison et al. (35) who found a two-fold increase in the risk of breast cancer mortality among white women

lacking close friends and relatives.

On the other hand, the main or direct effect model proposes that social resources have a beneficial effect irrespective of whether persons are under stress (3). In other words, the main effect or "direct effect" model implies that social support makes a direct contribution to one's well-being, whether a stress is present or not (36, 37). Psychosocial factors for instance, may alter patterns of health-related behavior such as smoking, alcohol consumption, physical activity, sexual practices, and food choice and impose a direct effect on health even when a person is not exposed to stressful conditions and circumstances (38).

Social support facilitates coping with crises and adaptation to change. From this perspective, there will always be some main effects simply because life is full of changes and crises, but the major effects of social support is moderating the health and mental health impact of the major transitions in life and of the unexpected crises. Besides, a more recent review concludes that the stress-buffering effects of social support are "less dramatic and consistent" than the direct effects of social support on mental health (1, 15). Thoits suggests that the general health benefits of social support may operate through many mechanisms, but the efficiency of support as a stress buffer is based on very specific combinations of type and source of support. Specifically, love, care, sympathy, and instrumental assistance are hypothesized to be the most effective stress buffers when coming from significant others, while validation of feelings, advice, and role modeling are most helpful coming from similar others (15).

### 3.3. Women's Health Consideration

Despite having numerous similarities, women and men have shown to exhibit substantial differences in psychological and social interactions. These interactions have been found to affect men and women in different ways. Women engage in more close social ties, are connected to more people in their primary networks and show more satisfaction with their close relationships than men (39).

Even though a substantial number of studies have been carried out on social support in relation to gender, but the question on sex differences regarding the degree of support experienced remain a matter of some debate. Studies indicate that women have more tendency to experience supportive relationships than men (40). In other words, the women's relationships are more likely to depend on emotional closeness, whereas those of men tend to focus more on shared activities. In the context of interpersonal interactions, these studies suggest that women derive satisfaction from talking with intimate friends about feelings, problems, and people, whereas

men derive satisfaction from companionship and instrumental task accomplishment (21). Furthermore, studies suggest that women are more likely than men to mobilize social support at times of stress (8).

Women seem to benefit as much or more than men from relationships with friends and relatives, which tend to run along same-sex lines (10). In fact, women with larger support resources appear to have less health risk (41). Besides, women have larger networks of confidants and receive higher levels of social support from friends and relatives than men (26). In a study on african american elderly women, severe social isolation, that is living alone and not having contact with family or friends during the last two weeks, was associated with a three-fold increase in mortality during a five-year follow-up period (42).

Differences in support may become even more evident across adult life course. Men were less likely than women to replace friendships lost in the later years. Women's contact with associates remained relatively stable across the middle years, while that of men declined (26). In line with the foregoing, studies, Taylor et al. (43) have shown that adult women maintain more same-sex close relationships than do men, mobilize more social support in times of stress than do men, rely less heavily on their spouses for social support than do men, turn to female friends more often, and report more benefits from contact with female friends and relatives than males (40).

Research also shows that, in general, women have larger, denser, more supportive, and more diverse social networks than do men, and that women are more likely to give and take emotional support than men (44).

The benefits of social support for women expand and even more directly affect their lifelong health status. It has been postulated that social support plays an important role in stressful transition periods and serves as a statistically significant parameter in predicting postpartum women's health status (45). These findings are consistent with the effect of social support on health status during the perinatal period when women are experiencing high level of stress (41).

Overall, men are generally more likely than women to receive high levels of support from their spouses; and are far less likely than women to receive support from other sources throughout their life course (21, 46). A large population-based survey (47) carried out in New England (US) showed that men typically named their spouse as their primary source of social support, whereas women were more likely to name a female relative (7).

It has been argued that the existing gender differences refer to men's socialization that leads them to be less willing to express their need and desire for and accept social support than women, less prepared than women to accept

support when offered, less proficient than women at soliciting support and less ready and able to reciprocate support than women (46).

#### 4. Conclusions

Understanding the impact of social relationships and health status contributes to the effective design of interventions for promoting health and health-related behaviors. This study highlighted the links between social support, social relationship and health.

The review of related articles and valid materials indicated that having a sufficient number of viable and reliable relationships with other people is a basic need for both men and women, who cannot survive in isolation and thus are required to interact with other people. Empirical studies confirm the importance of social relationships for health and longevity, which is in conformity with our intuition.

In this regard, females as a more emotional population are required to be better informed about the significance of enjoying positive social relationships. The measures taken should highlight the potential health benefits of social support from both kin and other people.

The results obtained from this study emphasize that perceived social support is a cumulative amenity which is shaped during time span. Therefore promoting social support does not necessarily need well off situation of support givers. People in every circumstance can provide support and receive support.

However, despite the huge body of research on social support, much remains to be learned about how and why social support matters for health and well-being, and about the circumstances and processes that promote and enhance its availability and effectiveness.

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