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Gender-related differences in social support programme for mentally ill persons

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Summary

Aim. The current study is part of a research program on schizophrenia course in the system of community based assistance and support for mentally ill persons who do not use regular mental health system. The aim of this study was to investigate both the accessibility of the system for gender populations and its applicability in terms of addressing the needs of both males and females.

Method. 105 subjects (46 males and 59 females) using home care services in three Warsaw districts were included in the study. The following domains of the functioning were assessed: the scope, content and efficiency of the social networks as well as social functioning of home care services users.

Results. Males and females differed significantly with regard to several attributes of social networks as well as social functioning.

Conclusions. Comparing to males, females had greater opportunity to receive support from more distant categories of persons constituting their social networks. The differences in social functioning of males and females were limited only to stereotypical gender roles and were not noted in other areas of social functioning.

Keywords: gender-related differences, home care services, social support network

Introduction

The term „gender differences" describes similarities and differences which exist between genders on biological, cultural and social level. This is also a research trend which emerged in the early 1990s. As far as schizophrenia is concerned, epidemiological studies show that there are no variations in the incidence of this illness between genders. Its course however, is distinctly different [1]. First episode appears later in females and has more benign course, which is probably associated with quicker response to treatment [2]. It also seems that prognosis are more optimistic for females

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[3]. The important treatment factors include ability of cooperation with doctors as well as compliance which are better developed in females than in males suffering from schizophrenia [4]. The differences observed during the course and treatment of schizophrenia concern biological distinctions but also they are the result of distinctions in social functioning and social roles [5].

The differences between genders in the course of schizophrenia and recovery patterns that have been described for many years now prompt to ask the question about effectiveness of therapeutic interventions designed for these two groups of patients. In this context it is also important to determine the options of rehabilitation that are available for the patients within the systems of community support.

The current study is a part of the research on schizophrenia course in non- medical community help and support system for mentally ill persons. The objectives of the research included assessment of social functioning of the participants, their abilities to use social support networks [6], coping with living in community [7] as well as quality of life [8].

Social support system created locally and operating in three Warsaw districts aims at enhancing both recovery process and accomplishment of life goals of chronically mentally ill persons. Home care services, that are part of the community support system, are the programme specifically designed for persons who require support, frequently experience crisis in different life areas and whose attitude towards challenges of the community is usually passive. Moreover, home care services users are at risk of frequent and long psychiatric hospitalizations which inhibit phenomenon of "revolving doors" from ending. Therefore the results of the current study are applicable only to this group of patients.

The specific research questions are as follows:

1. Do males and females participating in home care services programme differ with regard to qualities of their social support networks?
2. Do the two groups of participants differ with regard to their social functioning?

Material and method

A total of 105 patients who used home care services in three Warsaw districts (Targowek, Bielany, Bialoleka) were included in the current study. Inclusion criteria were the following:

at least 3 months of home care services use, ICD- 10 diagnosis of schizophrenia, 18 years of age or older, mental state allowing for the interview to be conducted and consent for participation in the study.

Data on the functioning of the participants was collected during single interview with the use of the following research tools:

– The Map and the Questionnaire of Social Support (Z. Bizon) to assess size of social support networks in the following areas: household, closest relatives, distant relatives, colleagues, fellow rehabilitation centres and hospital patients, neighbours, acquaintances, therapists and other important persons [9].

– Social Support Inventory to assess both scope and size of social support in eight different support functions: advice giving (serving), replacing, approval, care, encouragement, trust, comforting, unconditional support [9].
– Social Functioning Scale (M. Birchwood) to assess social functioning of mentally ill persons. The scale includes areas that are particularly important in terms of maintenance of patients' functioning in non- hospital environment. In the present study the following areas of functioning were analyzed: social engagement/ withdrawal, interpersonal behavior, pro- social activities, recreation and entertainment, independence-performance, employment/ occupation [10].

The results are presented in mean values. The differences between means were analyzed by Student's t-test. Pearson's chi- squared test was used to investigate the relations between the independent variable and the dependent ones The significance level was set at $p = \leq 0.05$.

Results

59 females and 46 males participated in the study. The detailed analyses of socio-demographic differences between the two groups are presented in Table 1.

Table 1**. Socio-demographic and clinical characteristics of home care services users – mean values (N= 105)**

Socio- demographic and clinical characteristics	males (n = 46)	females (n= 59)	t	p
Age	48	55.9	-2,66	p=0,009
Duration of illness (years)	20.7	23.31	-1,1	n.s
Number of persons in the same household	1.72	1.57	0,5	n.s
Age at illness onset	26.8	31.5	-2,1	p=0.04
Number of inpatient hospitalizations	9.35	6.1	2	p=0.04

n.s – not significant

The participants differed with regard to socio- demographic characteristics. Females were significantly older than males, they were also older at illness's onset and experienced fewer hospitalizations. The important part of social functioning is engagement and realization of social roles, specifically the marriage roles. The results indicate that females were married significantly more frequently than males (57,6% and 19,6% respectively) (Chi^2=18,449, $p<0.001$).

1. Social networks of home care services users.

The female home care services users differed significantly from males users with regard to contacts with their neighbours (table 2 – *next page*). Comparing to males, females included significantly more neighbours in their networks. No significant differences were found between genders with regard to number of persons constituting their social networks.

Table 2. **Differences in composition of social surrounding- mean values (N= 105)**

Category	males	females	t	p
Persons in the same household	0.8	0.75	0.25	n.s
Closest family	1.37	1.35	0.21	n.s
Other relatives	0.43	0.73	-1.27	n.s
Colleagues	0.22	0.15	0.56	n.s
Neighbours	0.24	0.47	-1.9	p=0,05
Other acquaintances	0.65	0.41	1.2	n.s
Therapists	1.76	2	-1.02	n.s
Other persons	0.37	0.43	-0.34	n.s
Number of persons in the social surrounding	5.83	6.15	-0.416	n.s

The analyses of number of persons providing support within specific functions did not show statistically significant differences between groups. Similarly, no significant differences between genders were found with regard to support functions provided by specific categories of persons that constitute patients' social environment.

In- depth analyses of the results concerning provision of specific support functions by selected categories of persons constituting social networks revealed significant differences between genders. Detailed data is presented in Table 3.

Table 3. **Mean numbers of support functions provided by selected categories of persons from social surrounding (statistically significant results only) N= 05**

Support functions provided by selected categories of persons	males	females	t	p
„Advising" provided by acquaintances	1	1.06	-2.05	p=0.04
„Unconditional support" provided by other significant persons	1	1.06	-2.05	p=0.04
„Comforting" provided by distant relatives	1	1.1	-2.5	p=0.01

The results indicate that while comparing to males, females receive support from greater number of persons from some of the categories. Specifically females receive "advising" from greater number of "acquaintances", "unconditional support" from greater number of "significant persons" and "comforting" from greater number of "relatives". It is worth noticing that the differences concern people from more remote circles of social network and not the closest ones, such as "closest relatives" or "friends".

2. Social functioning of females and males

Significant differences were found between genders with regard to two areas of functioning: social activities and independence performance.

The detailed data on social activities is presented in Table 4.

Table 4. **Types of undertaken activities – mean values (statistically significant results only) N=105**

Type of activity	males	females	t	p
Outdoor sport	1.26	1.05	2.26	p=0.027
Eating out	1.89	1.54	2.25	p=0.026
Needlework	1.26	2.76	-3.9	p=0.000
Listening to the radio	3.21	2.69	3.09	p=0.003
Cooking, baking	2.08	2.76	-3.54	p=0.001
Tinkering	1.63	1.08	4.42	p=0.000
Small home repairs	1.58	1.16	3.32	p=0.001
Car trips, biking	1.27	1.07	2.27	p=0.008
Swimming	1.58	1.20	2.95	p=0.004

The results showed that males significantly more often than females undertake activities outside of the home. They are more willing to leave the house and do sport. Meanwhile, females are much more active at home, taking care of everyday necessities, such as meals preparation or needlework. Generally males seem to be more active than females, both inside and outside of the house.

Differences between genders observed with regard to their independence performance are summarized in Table 5.

Table 5. **Activities related to independence performance- mean values (statistically significant results only) N=105**

Activity related to independence performance	males	females	t	p
Washing and bathing on regular basis	3.1	3.3	-2.002	p=0.04
Cleaning and cooking	2.47	2.84	-2.03	p=0.04
Clothes selecting and buying	2.34	2.7	-2.09	p=0.03
Meals preparation	1.7	1.3	2.39	p=0.019

It was found that females significantly more often take care of their appearance and hygiene. They are also more self- dependent with regard to keeping tidiness and cleanness of the surrounding.

Social functioning of the two groups was also analyzed in terms of the following collective categories: social engagement/ withdrawal, interpersonal behaviour, prosocial activities, recreation, independence performance. No significant differences between genders were found with regard to general areas of social functioning. It is worth noticing that at the time of the interview none of the study participants was professionally active.

Discussion

The aim of the current study was to assess the social networks as well as indicators of social functioning of females and males participating in home care services programme.

Females were on average 5 years older than males at the onset of illness, had fewer inpatient hospitalizations and were significantly more often married. Later onset of illness seems to enable women to undertake different social roles. However, despite these important experiences, women did not differ significantly from men with regard to number of persons in the same household and only minor significant difference was found in frequency of the present intimate relationships. The dynamics of socio- demographic changes in the study population is different than dynamics observed in the analyses regarding prospective changes in non- community service users' lives [11]. Research findings show that patients with prognosis of optimistic treatment outcomes positively change their social functioning over time, despite of the presence of illness. Age of illness onset may be crucial in this regard [11]. Paradoxically at younger age of onset, when a person is still cared by parents, numerous valuable sources of support are available. In case of home care services users illness emerged when they were already living independently from their parents, which was associated with less influence of the important support source. It can be concluded that age of illness onset may significantly contribute to the illness course. However, later age of onset allows patients to accomplish important goals, such as education, professional career, family. Research shows that in the later course of the illness women are still better educated, have more professional experience and are more frequently married, while compared to males [12]. This profile is consistent with other studies' results which show that comparing to men, women experience more benign form of the illness in its beginning and more similar in its later course [13].

The analyses of the composition of social networks as well as different functions of support they offer showed differences between genders. Comparing to males, female home care services users include greater number of neighbours into their social networks. This difference does not result into statistically significant variation in acquisition of different support functions between the two groups. However, in- depth analyses showed that in case of three support functions ("advice giving", "comforting" and "unconditional support") women can count on more distant categories of persons constituting their social networks. It can be concluded that women have better access to support resources other than closest family members and professionals, although it should be stressed that the differences between groups are relatively small. Reports from other studies underline that women demonstrate better social skills that help them in building more effective social support networks. It is also associated with the specifity of the course of illness in women [4, 13]. Men suffering from schizophrenia initially demonstrate lower social skills and the illness seems to worsen the deficits even more [1, 14]. However, research conducted in the groups of older patients show that in the later course of the illness level of social functioning is comparable in both genders. In consequence of physiological changes women loose their biological pro-

tection against adverse effects of psychosis. Other study, conducted in the group of patients who were > 50 years of age, found that differences in the functioning between genders do not disappear completely [15]. Older men suffering from schizophrenia tend to undertake risky behaviours associated with psychoactive substances use more frequently than women.

It is worth to note that women receive support from persons from more distant circles. These persons may be more anonymous or only occasionally present in women' lives. However, they provide emotional support ("advice giving", "comforting) which is especially difficult to obtain for mentally ill persons.

Results of the present study may indicate that in case of women specific support functions are provided by many different links of the social network. Men have limited access to specific functions [16]. Results show that characteristics of such social support networks are similar but not identical. However, it is not clear whether participation in home care services programme or significant differences between the two groups in the early stage of illness contributed to gathering of social capital, it could protect, especially women, from the adverse effects of illness. It is not conclusive which factor had buffering effect and which had compensation effect.

Social functioning was the second analyzed aspect of home care services use. The differences in frequency of various activities outside the house were found between females and males. Females tend to stay at home more frequently and they seem to be more active in this field. The result is consistent with the observed differences in the level of self- dependence which is higher in females. The study findings correspond with the stereotypical division of male and female activities. It can be concluded that participants' satisfactory coping with everyday activities strengthens their settlement in the current roles and is consistent with fulfillment of the important need for clear declaration of social rules, especially those related to social roles [17].

Conclusions

1. There are small but significant differences between males and females in the qualities of their social networks. Comparing to males, females had better access to support resources other than closest family members and professionals. It should be underlined that the differences turned out to be less intense than expected.
2. Statistically significant differences in social functioning found between genders were related only to stereotypical social roles of males and females and were not observed in other areas of social functioning.

Limitations of the study

In the present study no data on baseline and pre- illness competences of the subjects was available. Moreover, lack of inclusion of control groups of home care services non- users increased the uncertainty of interpretation regarding relationships between participation in the programme and current condition of the subjects.

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