



SOCIAL SUPPORT AND STRESSFUL LIFE EVENTS IN PORTUGUESE MULTI-PROBLEM FAMILIES

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ABSTRACT:

The identification of family risk factors and of contextual factors that protect and promote personal and social resources may contribute to break the cycles of vulnerability of multi-problem families. This study analyzes the psychosocial profile of families at risk in the Algarve (South of Portugal). The participants were 54 mothers, with a mean age of 41.9 years (SD = 6.93). The following instruments were applied: Arizona Social Support Interview Schedule (Barrera, 1980), Appendix to the Arizona Social Support Schedule (López, Menéndez, Sánchez, Hidalgo, Lorence, & Jiménez, 2006), Stressful and Risk Events Inventory (Hidalgo, Menéndez, Sánchez, López, Jiménez, & Lorence, 2005) and a sociodemographical interview.

The results suggest that most stressful events are related to economic and labor problems. Furthermore, the participants reported stressful life events related with conflicts in the mother-child relationship, and the caring for a dependent relative. Mothers reported greater emotional needs than material or informative needs. Also, participants reported as their main source of support their family and friends, and experienced low support from professionals. The families' needs regarding social support highlighted by the present data are discussed in relation to intervention programmes to be held by professionals.

KEY-WORDS: Multi-problem families, Psychosocial Risk, Social Support, Support Network, Stressful Life Events.

INTRODUCTION

Multi-problem families face long-term problems in contexts deprived of resources, and accumulate multiple stressful life events. They live in personal and relational circumstances that difficult or restraint their parental competences (Álvarez-Dardet, García, García, Lara, & Hidalgo, 2010; Jiménez, Decovik & Hidalgo, 2009; Lerner, Lerner, Almerigi, & Theokas, 2005; Moreno, 2002; Rodrigo, Martín, Máiquez, & Rodríguez, 2007; Rodríguez, Camacho, Rodrigo, Martín, & Máiquez,



2006; Sousa & Rodrigues, 2009). Moreover, their parental competences and communicational patterns reflect deficitary family transactions over generations (Lerner, Walsh & Howard, 1998).

Social support is a multidimensional concept with different structural and functional aspects. Barrera (1986) distinguish social embeddedness, perceived social support, and enacted support. In this study we will assess perceived social support because it has more impact in health and well-being than enacted support (Cohen & Wills, 1985). It is also important to consider three main types of social support:

Emotional, which refers to aspects such as intimacy, attachment, comfort, care and concern;

Material, which refers to the provision of material assistance;

Informative, which involves advice, guidance or information relevant to the situation.

Multi-problem families use various forms of formal and informal support to overcome their problems. In Portugal, formal support for multi-problem families is provided by public and private organizations, mainly based on a problem-centered approach. Moreover, social and health assistance are separate and poorly articulated. Frequently at the request of agencies such police, schools, or neighborhood, these families interact with several professionals and institutions (Matos & Sousa, 2004, 2006). Recently, some efforts have been made to improve inter-institutional articulation and partnership (Sousa, Ribeiro & Rodrigues, 2007). However, our knowledge about the characteristics of Portuguese multi-problem families and their formal and informal social support is quite limited. Namely, there is lack of information about their size, composition, needs and satisfaction with the social support network.

Matos et al. (2004), in a qualitative study about formal social support with 56 multi-problem families from Aveiro (West coast of Portugal), reported that 59% of these families were getting help from one or more social agencies. Most of the support was offered in material goods (e.g., food, medicine) or money, which could be given directly or indirectly. The support was mainly provided by public social security (70%), followed by private social welfare institutions, local authorities, and parishes. Commonly, families tend to accumulate support from several organizations.

However, previous studies conducted in Spain indicate that women from multi-problem families have more perceived needs and less satisfaction with emotional and informative support than with material support (López, Menéndez, Lorence, Jiménez, Hidalgo, & Sánchez, 2007; Menéndez et al., 2010). In these studies, the social support network was not reduced, but was often dysfunctional, since women searched emotional support on professionals and also, on their minor children (López et al, 2007; Menéndez et al., 2010; Rodrigo, Máiquez, Martín, & Byrne, 2008). These mothers tend to accumulate several stressful and risk life events and report the need for more personal and cognitive resources, in order to cope successfully with their parental tasks. The authors suggest that a detailed study of these families, their relationships and contextual circumstances is relevant because the effectiveness of interventions depends largely on their degree of adjustment to their needs.

In this study we describe and analyze the psychosocial profile of Portuguese multi-problem families, their stressful life events and perceived support from their social network. Our aim is to contribute with useful information for professionals working with families experiencing multiple problems and presenting low or moderate risk situations for their children.

METHOD

Participants

Participants were 54 mothers, with an average of 40.15 years ($SD=8.90$; Range: 27-58) living in Algarve (south of Portugal), selected through local and social protection agents. The inclusion criteria were: (1) having a child between 4 and 18 years old and (2) experiencing multiple problems



and risk situations for their children, which, even if important, did not reach sufficient severity to remove the child from home.

Measures

Perceived social support was measured by the Arizona Social Support Interview Schedule (ASSIS) Barrera (1980). It is applied through a semi-structured interview and identifies the size and composition of the social network of emotional support (social participation and personal feelings), material support (material and physical assistance) and informative support (advice and positive feedback) as well the conflict network. Also evaluates the perceived need and satisfaction on a scale of 1 to 10. We also used the Appendix to the Arizona Social Support Schedule (ASSE) (López, Menéndez, Sánchez, Hidalgo, Lorence, & Jiménez, 2006) which collect data about the size, composition, need and satisfaction with the network in stressful and risk situations.

Stressful and risk life events was measured by the Inventory of Stressful and risk life events (ISER) (Hidalgo, Menéndez, Sánchez, López, Jiménez, & Lorence, 2005). This inventory includes a list of 18 stressful or risk situations in the last three years.

Socio-demographic information was assessed by a questionnaire that collected the following data: participant' age, family composition, marital status, family structure, labor status and qualification, educational level and the number of children at home.

Procedures

All participants belonging to multi-problem families that met the inclusion criteria were approached to participate in the research by the practitioner of their Social Center. Participation was both voluntary and anonymous, and written consent was provided. The families were visited at their homes by trained interviewers and the duration of the interview took on average 30 minutes.

Descriptive and inferential analyses were conducted using SPSS (version 18).

RESULTS

Socio-demographic Information

The majority of participants (83%) live in stable families (without recent modifications in familiar composition). The mean number of families' members was 4.75 (SD=1.67; range: 2-10). The mean number of children was 2.80 (SD=1.84). 63.6% were biparental, 23,6% monoparental and 10.9% reconstructed. Most of the participants were married or living together (80%), 13% separated or divorced, 6% single and 2% widowed. Most of the family incomes came from their jobs, but about one third had financial and professional instability and a half received social benefits.

A majority of mothers was unemployed (59%) and 77% of those who worked had untrained and low qualification jobs. They have a very low academic level. The majority have not finished primary education (70%), 19% has primary education, 7% secondary education and 4% higher education.

Stressful life events in the last three years

The mean number of stressful life events reported by women that attained her selves was 3.33 (SD=2.91, range=0-15). In their family, the number of stressful life events average was slightly higher ($X=3.91$, $SD=2.512$; Range: 0-10). Figure 1 shows that, the average number of individual problems of women and of their family, if taken separately, is usually less than four. However, the global burden of problems increases significantly when considering the individual and family problems together.

Regarding the type of problems reported, the most common problems for the individual woman were economics (57%), with labor (39%), with children (31%), take charge of a familiar (31%), and marital (30%). To their family the most frequently reported problems were economics (43%), with law (43%), death of a relative (39%), physical (37%) and drugs use (31%) (Figure 2).



Figure 1. N° of problems distribution (woman, family & both)

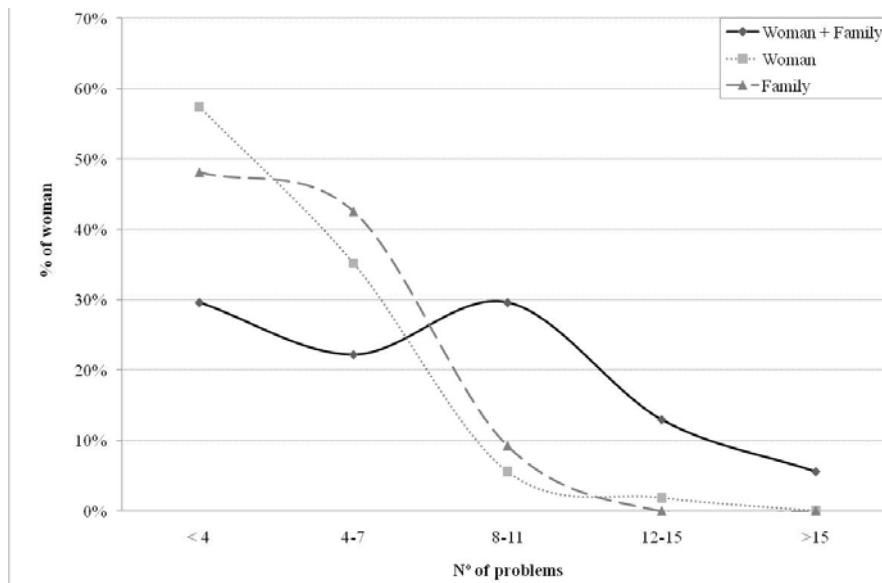
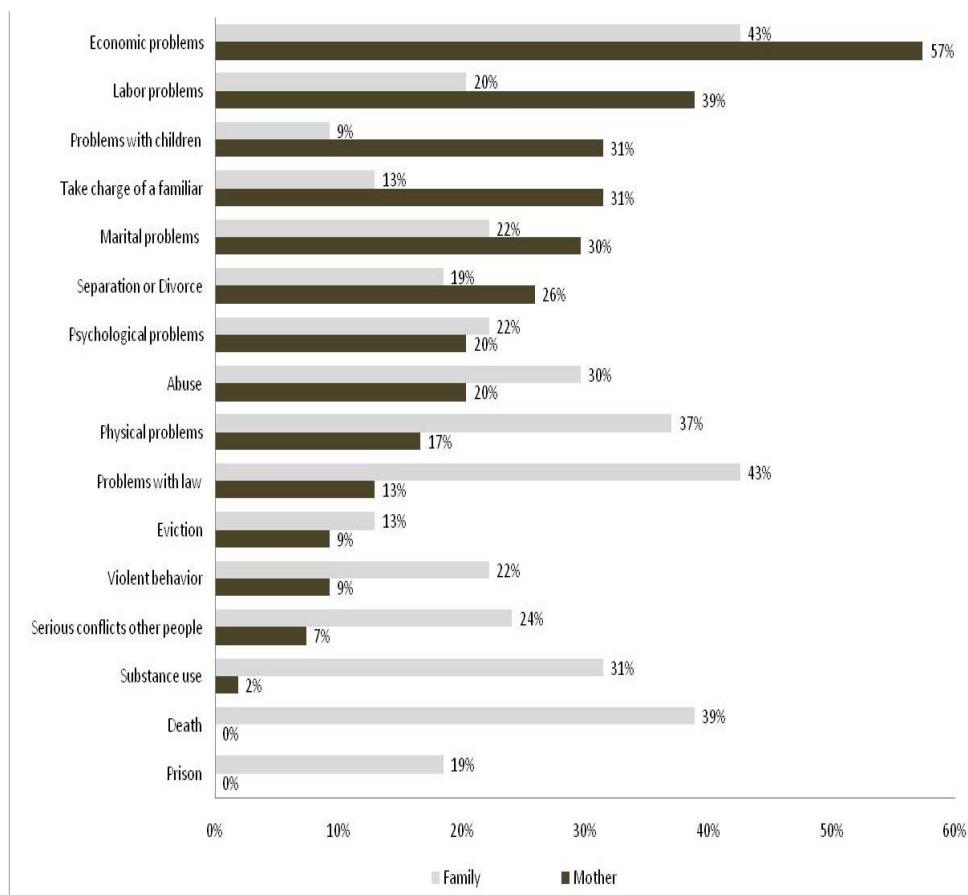


Figure 2. Stressful and risk life circumstances



Perceived social support

The social support network is composed in average by six members, with a range between 2 to 18. 93% of women had familiars in her network and 41% friends. The husband is mentioned as part of the network by 76% of women, minor children by 46% and professionals by 26%. The wider network is the emotional one (Table 1).

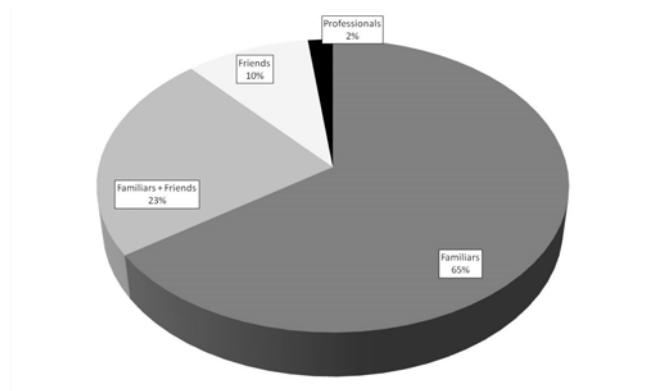


Table 1. Size and composition of the social support network

	Emotional	Material	Informative
Size: Mean (SD) Range	3.46 (1.96) 0-8	2.87 (1.48) 1-8	2.81 (2.66) 1-18
Composition:			
Familiars only	41.5%	57.4%	50.0%
Friends only	5.7%	5.6%	3.7%
Familiars + Friends	49.1%	29.6%	25.9%
Professionals only	0.0%	0.0%	3.7%
Combinations with professionals	3.8%	7.4%	16.7%

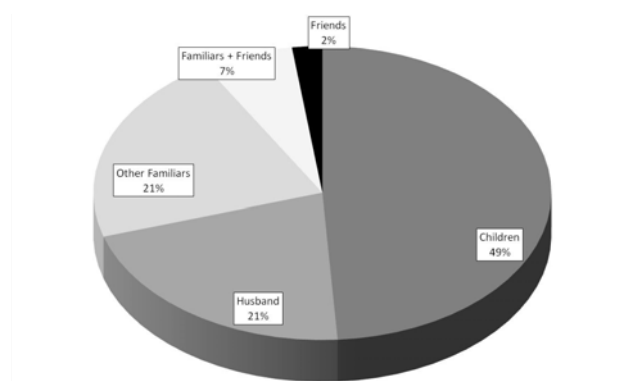
Family members emerged as a very important source of help and support in the three types of network. However, friends also play an important role mainly in emotional support. Professionals are present mainly in informative support. The average size of the network in risk situations is 2.50 members (SD = 1.87) and includes familiars for 88% of women and friends for 33%.

Figure 3. Risk situation network composition



The size of the conflict network is on average 1.30 (SD = 1.19), ranging between 0 and 6 individuals and it is composed mainly by children (Figure 2).

Figure 3. Conflict network composition



In table 2 we present the perceived needs and satisfaction with social support network. These mothers perceived more needs in emotional social support than in informative or material. In gen-



eral they have a high satisfaction with their support network. Also Emotional support is the area that they feel less satisfied.

Table 2. Perceived needs and satisfaction with social support

Dimension	Types of social support				<i>t</i>	<i>r</i>
	Total	Emotional (a)	Material (b)	Informative (c)		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Needs	4.28	5.12	3.93	3.82	$t_{a,b} = 3.245^{**}$	$r_{a,b} = .393^{**}$
	(2.15)	(2.32)	(2.79)	(2.75)	$t_{a,c} = 3.944^{***}$	$r_{a,c} = .589^{***}$
					$t_{b,c} = ns$	$r_{b,c} = .522^{***}$
Satisfaction	7.78	7.79	8.03	7.87	$t_{a,b} = ns$	$r_{a,b} = .247$
	(1.31)	(1.68)	(1.79)	(2.03)	$t_{a,c} = ns$	$r_{a,c} = .309$
					$t_{b,c} = ns$	$r_{b,c} = -.028$

* $p < .05$, ** $p < .01$, *** $p < .001$ in the *t* test for paired samples

DISCUSSION

Like other investigations had reported (e.g., Matos et al., 2004; Menéndez et al., 2010; Rodrigo et al., 2007; Rodrigo et al., 2008; Rodríguez et al., 2006; Sousa et al., 2009), in our study, we observed a high frequency of precarious economic situation, unstable and unskilled labor and very low educational level. Only 41% of the women that participated in the present investigation had a job. This figure is lower than the percentage of working women from the Portuguese general population (50%) (Instituto Nacional de Estatística [INE], 2011). However there is a high proportion of unskilled labor probably related to a very low level of education - 70% of these women did not complete primary education. This educational level is significantly lower than those of the general Portuguese population of 2010 ($\chi^2=9.042$, 3 gl., $p = .03$) (PORDATA, 2011).

Labour is the main source of income in these families; half did not receive economic benefits, and 42% referred not suffer serious economic problems. Thus, while economic problems are very important and prevalent, the concept of multi-family should not be confused with the issues related with being poor. In Portugal, in 2008, the poverty risk rate after social transfers in women between 15 and 64 years old was 16.3% (INE, 2010). Our results suggest that the type, stability and average size of families studied are favorable. Only a minority of the families studied show structural imbalances that may hinder their functioning. It is difficult to compare our data with those of Matos et al. (2004, 2006) because the age range of their sample, more dispersed and aged, skews possible conclusive comparisons.

However, our sample is similar to that studied in Seville (López et al., 2007; Menéndez et al., 2010) with respect to age and number of children, and family size, but quite different in regard to the type of family. Almost half the Spanish sample consists of Seville's separated or divorced women, while in the present study there is a clear predominance of women living with their husband or partner. This difference in family structure is probably related with the kind of problems these families face.



Combining the study of the problems affecting women personally and affecting their family environment has proved useful in showing, simultaneously, the convergence of its impact and the diversity of the problems.

In fact, to experience cumulatively an average of seven or more types of serious problems, even if diverse in nature, suggests that this population will not succeed without a strong social support. On the other hand, the type of problems affecting women and their families are quite different, suggesting a complex interaction between those and the increase in vulnerability.

These data suggest that interventions with these families based in a problem-centered approach is not likely to be efficient and that it would be advantageous to adopt a perspective based in a family-centered approach (Matos et al., 2004; Sousa et al., 2007, Sousa et al., 2009).

The main differences in our sample compared with the Seville sample (Lopez et al., 2007, Menéndez et al., 2010) are: fewer individual problems reported by women (2.28 in Seville vs. the Algarve 3.3); Seville women report more problems in the relation with the spouse (50.5% vs. 30%) and with the children (47.4% vs. 31%); women from the Algarve report economic issues as the most frequent problem (57%).

Although some studies report social isolation as a very important characteristic of this population (Arruabarrena & De Paulo, 2002; Moreno, 2002) the social support network in our sample is not scarce and almost identical of that of Seville (6.1 Sevilla vs. 6.0 Algarve) (López et al., 2007; Menéndez et al., 2010). Other studies have also found social support networks of normal size (Rodrigo et al., 2007; Rodrigo et al., 2008). Despite of a normative size of the social network, results suggest as indicators of dysfunctionality in network composition the inclusion of children in the sources of emotional and informational support.

This result deserves special attention because it is an indicator of family maladjustment, since children in the family should receive emotional and informative support, and not be a source of support for parents (Menendez et al., 2010; Rodrigo et al., 2008). In our sample, children are part of the support network of nearly half the women (46%) while in Seville one out of four women report the need of support from their children.

One in four women (24%) does not include the husband in her network. This figure is even higher in Seville (30%). In our study, family is the most important source for all types of support, in greater proportion than in other studies (Lopez et al., 2007, Menéndez et al., 2010).

The fact that three out of four women did not include any professional in the support network, suggests that there is a need for improvement in this area. Under adverse situations the support network decreases from 6.0 to 2.5 people. However, these circumstances do not modify the dominance of the family. In the present study, this reduction in the size of the network under adversity is greater than that observed in Seville (4.83 people on average).

We must reflect on the fact that that professionals are a source of support under adversity for only 2% of women in the Algarve, while in Seville they represents 35% of the support network.

The average size of the conflictive network of women from the Algarve is higher (1.30) than that of the Seville's (0.83). In the Algarve sample the main source of conflict are the children (49%), whereas in Seville is the husband (33.4%) (Lopez et al., 2007; Menéndez et al., 2010).

Surprisingly, Portuguese women report a moderated need and a high satisfaction with the social support they receive. The level of perceived needs is lower and the level of satisfaction is higher, when compared with the results of the studies mentioned above.

Emotional support is perceived as significantly more crucial than material and informative support. Considering this result, which was also observed in other studies, psychosocial intervention is important with these families.

Matos et al. (2004) refer that, in Portugal, multi-problem families receive material support from social services, but seldom targeting emotional support. Since literature on this subject frequently



identifies dysfunctional relationships as a main characteristic of these families, interventions focusing on this issue are expected to improve the family well-being and to increase parenting competences.

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