

Income and Social Support for

With Enough Money,

by Carole Miles-Tapping

Cet article présente les résultats d'une étude sur l'importance du revenu et d'un soutien social pour les femmes âgées atteintes d'un handicap. Les résultats de cette étude démontrent que le soutien financier est le facteur le plus important dans la vie de ces femmes et qu'avec un revenu adéquat, ces femmes peuvent très bien s'organiser en ce qui concerne le soutien social.

Twenty years' experience and a client-centred approach to rehabilitation has made me skeptical about the role of formal "social support" versus income in the lives of women with disabilities.¹ My own experience coming to terms with progressive disability has provided many incidences which reinforce my skepticism. Social support, defined by professionals as having someone to provide emotional support, keep an eye on things and provide help in emergencies, is an imperfectly understood concept. Quantitative studies in some populations have shown that formal social support is able to "protect against," "ameliorate the effects of," and even to "buffer" the bad effects of poor health. However, the exact definitions of support vary with the investigation.

People who become sick or disabled think first about their income. Worries about

economic security of self and dependents are foremost among the "what if" questions when one becomes ill or disabled. Formal, organized social support is a nice extra, but if it is missing, women can usually get by. One woman who has asthma says: "If I'm sick, don't worry about how much social support I have, just get me the oxygen and drugs to let me breathe...give me enough money and I will take a cab to the hospital."

A major Manitoba study conducted by the Centre on Aging (Chappell) shows that for people age 60 and over, income is by far the most important factor in their own assessment of their quality of life. Social support contributes to well-being only when people are poor or disabled, but the choices that money brings are important for everyone. Financial security is much more powerful than organized social support in alleviating the effects of disability on well-being. For everyone age 60 or over, regardless of age, sex or level of disability, the amount of monthly income is directly related to the person's well-being.

The Centre on Aging study focuses on living arrangements, primary care, and how each relate to the use of formal health care services. Researchers conducted personal interviews with 1,284 people aged 60 and over, living outside institutions in

Older Women With Disabilities

We Can Arrange for the Rest!

Winnipeg, Manitoba. Fifty per cent of those interviewed reported some disability. Over half (58 per cent) of those interviewed were female. Fifty-six per cent of those studied were aged 60 to 69, 31 per cent aged 70 to 79, and 13 per cent aged 80 and over.

Respondents rated their own health, finances, family relations, friendships, housing, living partner, religion, self-esteem, transportation, and life as a whole. Reports of difficulty with functional activities—walking, dressing, feeding, washing, using the toilet, cutting toenails, taking medications, reading, housekeeping, transportation, household maintenance, food preparation, grocery shopping, personal business, and telephoning—indicated respondents' level of *functional disability*. Those who reported difficulty with any of the activities above were considered "disabled" while those who reported no difficulty were considered "non-disabled."

The study also asked if the respondents had someone to provide emotional support, someone to keep an eye on things, and someone to help in emergencies in order to assess their level of *social support*.

Finally, respondents were asked about their monthly income, and a poverty line

was set at the level paid by Canadian Guaranteed Income Supplements (GIS); \$750 per month in 1986. Anyone who had income of \$750, regardless of the source (private or employer pensions plans, investments, paid work, payment from a spouse, or other sources) was considered well-off (rich) while people who depended solely on OAP and GIS were considered poor.

Only 42 (four per cent) of those with disabilities were in the highest income bracket (receiving \$1750 or more a month)—the higher the income, the higher the satisfaction reported with life. Disability is associated with lower well-being regardless of income but poverty and disability occurring together (which is often the case) is even more deleterious to well-being. The effect of disability is stronger at the bottom of the income scale, and being well-off has such a strong positive effect on well-being that the presence of disability is less significant.

Poverty among people with disabilities is not surprising. It confirms the pattern already shown by the Canadian Health and Disability Survey. The lower average income of people with disabilities most probably stems from inability to amass assets during their working lives. Although it has been suggested that poverty causes dis-

ability, disability often causes unemployment through loss of a job and added expenses.

Disabled elderly women form a majority. As single and widowed women outlive their spouses (and lose income and support from them and other sources) they must cope alone with the strains imposed by diminishing ability to perform the ordinary activities of everyday life.

Government policies and action can reduce barriers to employment, provide adequate financial support to women and people with disabilities, and remove the barriers to full participation in society. Full participation means labour force participation and adequate income. Government legislation, despite the current government's emphasis on "family values," cannot provide elderly women with disabilities with social support in the form of kin (particularly female kin) to keep an eye on things, help in emergencies, and act as confidants. Removing the barriers to full participation in society (for women and persons with disabilities) will enhance our ability to provide ourselves with "social support."

Without doubt, an adequate income is vital for enhancing well-being. Government presently channels money into formal social support systems. To some extent, these systems ameliorate the lives of women with disabilities. However, they are no substitute for a decent income. If much of the money would be used instead to supply women with disabilities with a reasonable income, our quality of life would improve substantially. We would be able to reach out to friends and create our own social supports. If our incomes were high

enough, we could hire a housekeeper or personal attendant. We could buy power mobility aids, alarms, cellular telephones, and monitoring systems to improve our own health and security.

For older women, disability exists. Money ameliorates it. Poverty turns it into a socially-created handicap.

Carole Miles-Tapping is an Occupational Therapist in the Rehabilitation Services Department of Victoria General Hospital in Winnipeg, Manitoba.

¹Data for this study was collected through a grant from Health and Welfare Canada to N.L. Chappell, Centre on Aging, and C. Powell, Department of Geriatric Medicine, University of Manitoba. Support for this analysis was provided in part by a post-doctoral fellowship from Manitoba Health Research Council to the author.

References

Chappell, N. and C. Powell. "Living Arrangements, Primary Care, and Their Relationship to Use of Formal Support Services by the Manitoba Elderly." Manitoba: Centre on Aging.