

# Contributions and Supports of Rural and Urban Elderly in North Dakota

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The purpose of this study was to describe the contributions made by and supports received by older persons in North Dakota and to determine differences in the contributions and supports of rural elderly versus urban elderly.

In this study, the areas of supports included household tasks; community tasks; and social, emotional, and personal care. The contributions by older persons included help given to family, friends and neighbors, and community. Information such as age, gender, education, marital status, living situation, income, car ownership, ability to drive, and availability of transportation was collected to help determine who was more likely to contribute to others and who used various supports. The types of contributions given and supports used by older persons are those relevant to everyday needs and affect the families, friends and neighbors, and communities in which the older people live.

The need for investigating contributions and supports of older persons has never been greater. The elderly population in North Dakota has increased in recent years with those over 65 now constituting 12.5 percent of the population (Fowles, 1984). In 27 North Dakota counties 16 to 23 percent of the population is over 65 (Dawes, Molvig and Hickok, 1983).

In North Dakota, the nature of the scattered settlements, the small size of the communities, and the economy directly affect the lives of older people. Rural areas offer fewer services to elderly partly because per capita federal allocations to rural programs are smaller (Coward, 1979). In addition, rural places generally have smaller tax bases, and this lack of money often results in a shortage of personnel and organizational resources (Krout, 1986). It is important to identify and examine how distinctive features of rural environments interact with other factors to shape the circumstances of the rural elderly (Krout, 1986).

Older adults and their families need encouragement to both identify and effectively use sources of support (Pratt et al., 1985). Identifying the contributions that elderly make to their families and communities in which their skills, abilities, and resources are utilized makes good social and economic sense (Forman, 1984). Increased knowledge of supports and contributions of the rural elderly will help assure that needed supports are strengthened and opportunities for involvement expanded (Coward, 1979). The success of ef-

forts to design, implement, and operate programs consistent with the realities of rural communities will have an important impact on those who are elderly today as well as elderly in the future (Krout, 1986).

## METHOD

We sampled three urban areas and three rural areas in North Dakota. The urban areas chosen were Fargo, Bismarck, and Minot to represent different areas of the state. A rural county was selected 50 miles away from each urban area. A total of 585 questionnaires were sent to persons over 65 years of age. Approximately 100 persons from each of the three counties and 100 persons from each urban area were randomly selected from a listing of all licensed drivers over the age of 65.

From the 585 questionnaires sent out, 19 were returned as either deceased or not deliverable, and seven were not usable. There were 225 usable questionnaires returned, representing a 40 percent return rate for the study.

## Sample

Of the respondents, 118 were women and 107 were men. The average age for the group was 72.1. Education of the subjects varied, with 8 percent having completed seven grades or less, 30 percent having completed 8 to 11 years of schooling, 27 percent graduated from high school, 23 percent completed some college, and 12 percent graduated from college or beyond.

Over 74 percent of the respondents were married, 20 percent widowed, 3.6 percent single, and 1.7 percent were divorced. The overall average was 2.3 children per respondent. Health was self-rated. A total of four respondents (1.8 percent) rated their health as very poor; 15 (6.7 percent) presently felt their health was poor; 68 (30.2 percent) rated their health as fair; 113 (50.2 percent) noted health as good, and 25 (11.1 percent) responded that their health was excellent.

Concerning economic support, 204 respondents (90.7 percent) received Social Security; 126 (56 percent) had savings; 56 (24.9 percent) received pensions; 17 (7.6 percent) had Supplemental Security Income; only four (1.8 percent) received financial help from children. The living situation included 163 (72.4 percent) living with spouse, 41 (18.2 percent) living alone, and 6 (2.7 percent) living with son or daughter. The remaining 10 (4.4 percent) either lived with another relative, friend, or in a housing project or nursing home.

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*This research was supported by the North Dakota Agricultural Experiment Station.*

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Regarding health problems of the respondents, 83 (36.8 percent) had arthritis; 80 (35.5 percent) had high blood pressure; 55 (24.4 percent) had loss of hearing; 48 (21.3 percent) had heart problems; 29 (12.9 percent) indicated poor circulation; 25 (11.1 percent) reported stomach problems; 18 (8.0 percent) indicated loss of sight with the same number reporting problems with the bowel or bladder; and eight (3.5 percent) reported a malignancy. Most (123; 54.7 percent) drove an automobile daily, while 63 (28 percent) drove at least weekly; 26 (11.6 percent) drove less than weekly; 13 (5.8 percent) no longer drive.

There were 63 (54.3 percent) rural elderly in comparison to 21 (19.8 percent) urban elderly who had 11 years or less of education. Those people having 16 or more years of education included more urban (22; 20.8 percent) than rural (5; 4.3 percent). There were also more urban (40.6 percent) than rural (22.7 percent) elderly who received pensions. There was a difference in rural/urban automobile use, with more urban (70; 66 percent) than rural (53; 44.5 percent) driving daily.

### Instrument

The questionnaire entitled "Contributions and Supports of Older Persons in North Dakota" was mailed to the respondents' homes. Besides demographic variables, respondents were asked to indicate areas in which they contributed to family members, friends and neighbors, and community, and how they contributed in specific areas. The respondents also were asked to indicate the areas in which they received help from others (i.e., community, household, social, emotional, personal care).

## RESULTS

### Contributions

Table 1 indicates the number and percent of rural and urban elderly who contributed in each area. The table also indicates the Chi square results which show if there is a significant difference between rural and urban respondents.

Concerning help to family, about half of rural and urban elderly gave financial help and gifts, and approximately one-fourth helped with personal care, household tasks, food or meals, worries, errands or transportation, and companionship. In the area of family contributions, more urban (58.6 percent) than rural (47.1 percent) made financial contributions, and slightly more urban (29.2 percent) than rural (22.7 percent) made personal care contributions to their families, but these differences were not statistically significant.

Overall, there were only slight differences in contributions given to friends and neighbors by the rural elderly versus urban elderly in this study. The rural elderly gave somewhat more in the areas of financial, household tasks, food or meals, companionship, and help with worries and/or crises. The urban elderly gave slightly more than the rural in the areas of personal care, errands or transportation, and gifts. However, none of these comparisons were statistically significant.

There were large numbers of elderly in the study who contributed to their communities. Overall, most (91.6 percent rural; 88.7 percent urban) contributed to church and the majority (70.6 percent rural; 64.2 percent urban) gave to charity; one-third gave to clubs.

Although the percent contributing to senior groups and service groups was lower than for other contributions, rural-

**Table 1. Elderly Contributions to Family, Friends and Neighbors, and Community.**

Areas	Rural		Urban		Chi square
	n	%	n	%	
Elderly contributions to family					
Financial	56	47.1	62	58.5	2.940
Personal care	27	22.7	31	29.2	1.260
Household tasks	29	24.4	27	25.5	.036
Food or meals	34	28.6	33	31.1	.176
Errands or transportation	35	29.4	35	33.0	.340
Companionship	41	34.5	34	32.1	.142
Help with worries/crises	27	22.7	28	26.4	.42
Gifts	62	52.1	53	50.0	.099
Elderly Contributions to friends and neighbors					
Financial	21	17.0	12	11.3	1.790
Personal care	25	21.0	24	22.6	.087
Household tasks	19	16.0	16	15.1	.030
Food or meals	37	31.1	24	22.6	2.020
Errands or transportation	43	36.1	44	41.5	.680
Companionship	48	46.3	39	36.8	.296
Help with worries/crises	31	26.1	23	21.7	.580
Gifts	29	24.4	29	27.4	.260
Elderly contributions to community					
Church	109	91.6	94	88.7	.540
Charities	84	70.6	68	64.2	1.060
Clubs	40	33.6	36	34.0	.003
Senior groups	43	36.1	25	23.0	4.200*
Service groups	14	11.8	24	22.6	4.730*

\*p<.05.

urban differences were found in these areas. A significant difference was found in the contributions made to senior groups by rural (36.1 percent) versus urban (23 percent). There was also a significant difference in the contributions made to service groups by urban (22.6 percent) in comparison to rural (11.8 percent) elderly.

### Support Received

The rural and urban elderly sample is presented in Table 2, which indicates the number and percent of rural and urban elderly who receive supports in each area. The results indicated that a majority don't currently use these supports. Fewer than one-quarter of rural and urban elderly use household help with laundry, meals, and similar daily and weekly use of these supports were indicated for rural and urban elderly. No significant rural-urban differences were found in any area of household supports.

Few of the rural or urban elderly used community supports on a daily or weekly basis. More urban (35.8 percent) than rural (24.4 percent) indicated they received the support of someone dining out with them, and more urban (27.4 percent) versus the rural (14.3 percent) elderly received support of someone going on outings with them. In both areas of help with writing and someone watching television with them, more urban had these supports than rural.

Emotional supports were used by the rural and urban elderly approximately the same across all categories. In addition, few respondents in the sample indicated that they needed personal care support.

### The effects of demographic factors on supports and contributions.

When combining the effects of marital status and rural/urban status, a difference was seen in family contributions. The higher percentage of urban elderly who were currently married probably accounted for their providing more contributions to family, i.e., married elderly generally have greater resources and thus a greater capacity to contribute.

Education was related to contributions to neighbors and friends, but this was not influenced by rural/urban status. It does seem that, again, those with more education would have more resources. Education was also related to the amount of household support received.

Another variable which influenced supports and contributions was living situation. Living situation was related to household supports, community supports, and personal care received. The elderly living with a spouse are likely involved in a mutual support system whereas those in other living situations seek more outside support.

### DISCUSSION

It was expected that rural and urban elderly would differ in giving contributions and receiving supports. However, it appears that, in North Dakota, rural and urban elderly are not that different. It is likely that, in this relatively healthy, noninstitutionalized group, the deficiencies in supports to rural elderly was less of an issue.

The findings of this study confirm the contention of Cheal (1983) that the elderly continue to make contributions to help others. A variety of contributions to family were made, and the largest proportion were in the financial and gift area. The elderly thus continue making positive contributions to the lives of their children and family. Contributions to the church and community were also common. A similar number of rural and urban elderly made contributions to neighbors and friends most often in the areas of companionship and transportation. Arling (1976) found that this form of contribution encourages reciprocity and in turn reduces dependency on agency-delivered services.

Table 2. Frequency and Percentage of Supports Used by Rural/Urban

Supports	Daily - weekly		Monthly or less				Never					
	Rural		Urban		Rural		Urban		Rural		Urban	
	n	%	n	%	n	%	n	%	n	%	n	%
Household												
Yard Care	35	29.4	27	25.5	19	16.0	19	17.9	65	54.6	60	56.6
Laundry	20	16.8	22	20.8	1	.8	0	.0	98	82.4	84	79.2
Meals	22	18.5	20	18.9	2	1.7	0	.0	95	79.8	86	81.1
Housework	23	19.3	27	25.5	8	6.7	4	3.8	88	73.9	75	70.8
Shopping	24	20.2	23	21.7	6	5.0	4	3.8	89	74.8	79	74.5
Minor repairs	15	12.6	18	17.0	25	21.0	15	14.2	79	66.4	73	68.9
Help/windows	10	8.4	13	12.3	22	18.5	21	19.8	87	73.1	72	67.9
Community												
Transportation	16	13.4	14	13.2	10	8.4	6	5.7	93	78.2	86	81.1
Shopping	16	13.4	17	16.0	6	5.0	2	1.9	97	81.5	87	82.1
Errands	14	11.8	12	11.3	4	3.4	2	1.9	101	84.9	92	86.8
Personal business	10	8.4	13	12.3	13	10.9	5	4.7	96	80.7	88	83.0
Managing finances	10	8.4	10	9.4	9	7.6	6	5.0	100	84.0	90	84.9
Social												
Companionship	33	27.7	36	34.0	4	3.4	2	1.9	82	68.9	68	64.1
Dining with me	29	24.4	38	35.8	10	8.4	10	9.4	80	67.2	58	54.7
Going on outing with me	17	14.3	28	27.4	12	10.1	5	4.7	90	75.6	72	67.9
Help with writing	5	4.2	10	9.4	7	5.9	3	2.8	107	89.9	93	87.7
Watch television with me	34	28.6	35	33.0	1	.8	1	.9	84	70.6	70	66.0
Emotional												
Help with crises	15	12.6	15	14.2	11	9.2	8	7.5	93	78.2	83	78.3
Talk with me/troubled	22	18.5	22	20.8	14	11.8	7	6.6	83	69.7	77	72.6
Gives me advice	21	17.6	17	16.0	9	7.6	8	7.5	89	74.8	81	76.4
Personal Care												
Bathing	8	6.7	3	5.2	0	0	0	0	111	93.3	103	97.2
Dressing	3	2.5	3	2.8	0	0	0	0	116	97.5	103	97.2
Eating	1	.8	2	1.9	0	0	0	0	118	99.2	104	98.1
Using toilets	1	.8	1	.9	0	0	0	0	118	99.2	105	99.1
Care of appearance	7	5.9	6	5.7	1	.8	1	.9	111	93.3	99	93.4
Medications	6	5.0	2	1.9	3	2.5	0	0	110	92.4	104	98.1
Assist walking with wheelchair	2	1.7	2	1.9	0	0	0	0	117	98.3	104	98.1

This study addressed five types of supports to the elderly including household, community, social, emotional, and personal care. Possibly the good health rating and a desire for continued independence contribute to the low use of supports by the older persons in this study. Over 72.4 percent of the total sample lived with their spouse, which may also account for lack of use of outside supports. More of the elderly did receive household support than other forms of support. The rural and urban elderly differed little in use of this support. The use of community support was also about equal between the rural and urban elderly. Need for transportation help was quite low, probably because over 80 percent of the sample drove themselves.

More urban than rural elderly drew upon social support, especially in having the support of someone going on outings with them. Possibly the urban elderly received more support as a result of living closer to those from whom they drew support.

Fewer individuals indicated their need for emotional support. Factors not addressed in this study that may influence the need for emotional support could include ethnic background, self-sufficiency, religious faith, and/or the pioneering spirit of that generation. Still fewer individuals indicated they needed assistance with personal care. The lowest use of supports by both the rural and urban elderly was in the area of personal care.

There was a relatively high degree of similarity in the rural versus urban samples of the elderly regarding contributions and supports. The findings that over half of both the rural and urban elderly gave financial gift contributions to their families perhaps indicates that close intergenerational ties exist between the elderly and family in North Dakota. These intergenerational ties may lead to interdependence through mutual assistance, emotional support, and positive regard (Johnson and Bursk, 1977). These contributions may be helping to strengthen the informal network, therefore enabling the elderly to maintain independence from formal supports.

Considering the importance of contributions to the community, there is the potential of a real untapped resource in both rural and urban elderly. In general, they indicated more willingness in giving contributions in a wider range of areas than in needing help. The top of the list of contributions came in the area of community. This finding shows great promise for many communities in North Dakota. The community could draw more on the resources of the elderly than it presently is doing. Some possibilities may be more volunteers to assist with community functions such as election judges and tour guides for local points of interest within

their communities, care to the ill, and help with youth activities. In addition, most of the elderly drove daily or weekly and self-rated themselves as in good to excellent health. This further highlights their potential for being contributors to the community.

In sum, the following implications should be considered:

1. State and local resources to support the elderly who need assistance should focus on creating a network of support which should include the community, family, government, and the elderly themselves. A coordinated effort would likely save tax dollars and better serve those who need support.
2. The great contributions made by older North Dakotans should receive greater recognition. This would help dispell the stereotype that they are dependent and have little to offer.
3. Volunteerism should be supported in the state. Funds should be targeted to training, transportation, and setting up services to connect older volunteers with places that need them most.
4. The family should be recognized as an important source of support to older citizens. Training monies and other supports to families would decrease the likelihood for abuse of the elderly and also decrease the need for formal supports.

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