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Psychometric Characteristics of Duke Social Support Index in Young Rural Chinese Population

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Abstract

The study is aimed to examine the psychometric characteristics of Duke Social Support Scale (DSSI) in young rural Chinese individuals (379 suicides, 411 controls) aged 15–34 years. Social support was measured by 23-item DSSI which included Social Interaction Scale, Subjective Social Support and Instrumental Social Support. DSSI had high internal consistency (alphas all over .79), and correlated with hopelessness and anxiety in both samples. Confirmatory factor analysis showed that the structure models of DSSI were basically suitable for the original structure of DSSI but some items should be modified or deleted. Altogether, these findings support that DSSI has high reliability and validity, which makes it an acceptable measure for social support in young Chinese populations. However, further model tests should be carried out by deleting or modifying some items or being used in different populations.

Suicide is an important public health problem in the world (Mercy & Rosenberg, 2000). 814,000 suicides happened in the year of 2000 (World Health Organization, 2001). In China, suicide was the 5th cause of death for general population and the leading cause for those aged 15–34 years (Phillips, Li, & Zhang, 2002). Rural rates of suicide are 3 times higher than urban rates and female rates are 25% higher than male rates, which are different from that reported in Western countries (Phillips, Li, & Zhang, 2002). In 2004, disability adjusted life year (DALY) of suicide and self-inflicted injuries was 4,045,000, 2.02% of all DALYs of all diseases in China (World Health Organization, 2009). According to burden of disease measured by years of life lost (YLL), rural suicide completers share 90% of total YLL and rural women aged 25–39 years have the largest share of YLL (Yip, Liu, & Law, 2008). Rural suicides, especially of young women, have brought severe disease burden in China.

Suicide is the combined effect of multiple factors, such as biological, psychological and socioeconomic (Phillips et al., 2002; Zhang, Conwell, Zhou, & Jiang, 2004). Social support is one important factor (Beautrais, 2002; Compton, Thompson, & Kaslow, 2005; Zhang et al., 2004). Social support refers to the process through which social relationships promote health and well-being (Cohen, Gottlieb, & Underwood, 2000). Beautrais (2002) found that limited social network was positively associated with serious suicidal behavior. Compton et al. (2005) also found that social support was strongly associated with suicide attempts among low-income African Americans seeking treatment in a large, urban hospital. A study

of risk factors of completed suicide in China found that social support was significantly and negatively associated with completed suicide (Zhang et al., 2004). These results suggest that social support is an independent factor in suicide or suicide attempts. Enhancing social support networks is one of four steps in the United Nations' suicide prevention guidelines (United Nations, 1996), so measuring the level of social support of suicides is important in suicide prevention program.

In China mainland, social support is often measured by the Social Support Rate Scale (SSRS; Xiao, 1994). SSRS has 10 items in three dimensions: subjective support, objective support, and utility of support. Due to its few items, it has been used in different populations in China, to study the relationship between social support and suicide ideation (Chen et al., 2008) or depression and anxiety (Fan & Chen, 2007) in college students, railroad workers (Dang, Dou, Dong, & Liu, 2008), and rural young women aged 15–39 (Sun, Ye, Fan, & Pan, 2007). However, it is only widely used in China mainland and the information of social support is provided by study participants themselves, there are no reports about its use in psychological autopsy (PA) studies, and the results about social support measured by SSRS are not likely to be compared with results from Western countries.

The Duke Social Support Index (DSSI) has also been used in China for studying the relationships between social support and suicide (Hu et al., 2005; Zhang et al., 2004; Zhang & Zhou, 2009). Zhang et al. (2003) analyzed the validity and reliability of the DSSI by comparing the responses of informants and controls, and found that the DSSI was reliable. However, the sample size was only 66 suicide cases, so data from a large sample in China would provide more information.

Method

Sample and design

Established PA method and case-control design were used to investigate rural young suicides and community living controls. In Liaoning, Hunan, and Shandong provinces 16 rural counties (6 in Liaoning, 5 in Hunan, and 5 in Shandong) were randomly selected. Suicides aged 15–34 years were consecutively sampled from October 2005 to June 2008. Community living controls also aged 15–34 years were recruited in the same counties for the same time periods. Altogether the information of 392 suicides (178 young women, 214 young men) and 416 living controls (214 young women, 202 young men) was obtained. In this study, data of 379 (96.7%) suicides and 411 (98.8%) controls were used to analyze psychometric characteristics of DSSI due to that they had no missing values on the DSSI.

Measures

Interviewers collected demographic information including age, gender, education, marital status, religion, party membership, and annual income. Physical illness status was obtained with this question, “Do you know whether s/he ever had serious or chronic illness?” Mental disorder was diagnosed by the psychiatrists based on all responses from two informants to the Chinese version of the Structured Clinical Interview for the DSM-III-R (SCID) (Gu & Chen, 1993; Spitzer, Williams, Gibbon, & First, 1988). The Chinese version of SCID has been shown to be reliable and valid in different Chinese samples (Zhang et al., 2003).

Social support was measured by the DSSI (Koenig et al., 1993), which is 23 items in three subscales: Social Interaction (SIS, 4 items), Subjective Social Support (SSS, 7 items) and Instrumental Social Support (ISS, 12 items). One example is, “How many family members could this person depend on or feel close to?” SIS and SSS subscales are answered on a 3-point Likert format; the ISS subscale is dichotomous. The DSSI total score is the sum of

scores of SIS, SSS, and SIS, and it can range from 11 to 45, which a higher score of DSSI means more social support.

Hopelessness was measured by the Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974) which has 20 Likert responses from 1 (extremely low) to 5 (extremely high) with total scores ranging from 20 to 100. The BHS has high reliability and validity in Chinese samples, and evidence of validity is that total BHS correlated positively with total suicide ideation (Kong et al., 2007).

Trait anxiety was measured by the 20-item of Spielberger State-Trait Anxiety Inventory (STAI; Spielberger, 1983). Each item has a 4-point Likert response from 1 (never) to 4 (almost always); total scores can range from 20 to 80. In this study, the Cronbach's alpha coefficient was .91 for suicide sample and .85 for the control sample.

The majority of responses by the two proxies was the same or similar. To the different responses of two informants on demographic variables or life events, we relied on the response provided by the informant who should best know the target. To determine a diagnosis with the SCID, we selected the positive response reasoning that the other informant might not have had an opportunity to observe the specific characteristic.

Procedure

An interview was scheduled between 2 and 6 months after the suicide. The local health agency or the village administration or doctor first approached informants of suicides and controls. Informants of suicides were recommended by the village head or the village doctor; informants of controls were recommended by the controls themselves. For each suicide or control, informant #1 was always a parent, spouse, or another important family member; informant #2 was always a friend, coworker, or a neighbor. After getting written informed consent, two informants were interviewed by our trained interviewers. Each informant was interviewed separately in a private place in a hospital/clinic or the informant's home. The interview time averaged 2.5 hours.

Results

Of 379 suicides, 63.9% were aged 25–34 years old, 54.4% were men, 58.6% were married, 28.5% had some religion, 23.0% were Party/League member, 35.6% had physical illness, and 45.8% had mental disorders. Compared to controls, suicidal individuals were significantly less educated, less likely to be married, less likely have religion or Party/League membership, more likely to report physical illness, mental disorder, hopelessness, and anxiety. However, there were no significant differences between these two samples in age, gender, or personal annual income. See Table 1.

Multiple linear regression models were used to measure the relationship between social support and demographic and psychological factors in suicide and control samples. All variables in Table 1 were used with forward method with the probability of F being .05 (entry) and .10 (removal). The results showed that low anxiety and personal annual income were common factors related to DSSI score in both suicide and control samples. However, education years and low hopelessness related to DSSI score in the suicide sample whereas gender (being men), marriage, and Party/League member were related to DSSI scores in the control sample.

In the suicide sample, the DSSI alpha was .84. In the control sample, alpha was .79. In both suicide and control samples, total DSSI significantly and negatively correlated with total scores of BHS and STAI.

A confirmatory factor analysis yielded goodness-of-fit index (GFI) and adjusted goodness-of-fit (AGFI) values that were close to 1, however, the p values of chi-square were all less than .001 and the values of Root Mean Square Error of Approximation were also higher than .05, which indicated the confirmatory factor analyses just basically confirmed the original structure.

Discussion

In this study, proxies for suicidal individuals and living controls completed the DSSI to measure social support. The suicide sample was different from control sample in demographic and psychological characteristics, which is not surprising and is similar to the previous findings (Zhang et al., 2004). In both groups, personal annual income and low anxiety related to social support. In addition, some specific factors correlated with social support in the suicide sample and control sample. In the suicide sample, lack of education and hopelessness related to low social support. In controls, in contrast, gender, marriage, and party affiliation related to social support.

In this study, regardless of whether proxies or individuals themselves completed it, the DSSI was internally consistent. The implication is that it has broad usefulness in measuring social support in Chinese samples.

In the suicide sample, however, there was one item (item 4) with corrected item-total correlation coefficient of only .18. This item asked about the number of times in past week s/he attended meetings of club, religious groups, or other groups that s/he belong to (other than at work). In rural China, individuals may not understand what clubs are, and they seldom attend meetings, which is different from that of Western countries. Item 4 may be not suitable for a rural Chinese population. Also, item 11 had the lowest loading values in both samples (suicide: .39; control: .30). Item 11 refers to how satisfied the person was with relationships with family and friends. Informants may have had difficulty answering this question due to understanding capability and recall error. Deleting items 4 and 11 is recommended in future research.

In this study, hopelessness and anxiety significantly and negatively related to social support measured by DSSI. This finding supports the validity of the DSSI in measuring social support in young rural Chinese individuals.

This is the first study obtaining detailed information on reliability and validity of the DSSI when completed by loved ones of Chinese suicide and control samples. Its results provide some evidence that the DSSI would be suitable in measuring social support in Chinese youth populations by psychological autopsy method. As social support is an important predictor of suicide (Beautrais, 2002; Compton et al., 2005; Zhang et al., 2004), measuring social support of suicide behaviors by DSSI should help doctors and health policy makers in formulating suicide intervention programs. The results on social support measured by DSSI in Chinese culture should also provide a chance to compare findings on social support in China with that from Western countries.

Some limitations of this study should be mentioned here. First, the information of suicide cases and controls were obtained from their proxies, information bias might exist due to proxies' bad memory or careless observation. Second, integrating the information from different sources had some arbitrary rules, and the informants might not be accurate in what they know about the target. Third, our sample was rural individuals aged 15–34 years old in China, which limits their representativeness. Fourth, we did not use the SSRS

simultaneously because of cost and interview time considerations. Using both scales would have given us the chance to compare SSRS and DSSI in same the population.

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Table 1

Characteristics of general information of suicide and control samples

Variables	Suicide Sample N (%) / Mean(SD)	Control Sample N (%) / Mean(SD)	t/χ^2
Age			
15–24	137 (36.1)	173 (42.1)	2.923
25–34	242 (63.9)	238 (57.9)	
Gender			
Male	206 (54.4)	199 (48.4)	2.780
Female	173 (45.6)	212 (51.6)	
Education Years	7.4 (2.7)	9.1 (2.3)	−9.340***
Personal annual income	5611 (14179)	7394 (13190)	−1.773
Marriage			
Yes	222 (58.6)	271 (65.9)	4.555*
No	157 (41.4)	140 (34.1)	
Religion			
Yes	108 (28.5)	68 (16.5)	16.363***
No	267 (70.4)	339 (82.5)	
Missing	4 (1.1)	4 (1.0)	
Party /League member			
Yes	87(23.0)	183(44.5)	40.606***
No	286 (75.5)	223 (54.3)	
Missing value	6 (1.5)	5(1.2)	
Physical illness			
Yes	135 (35.6)	56 (13.6)	52.363***
No	243 (64.1)	355 (86.4)	
Missing	1 (0.3)		
Mental disorder			
Yes	182 (45.8)	16 (3.9)	204.400***
No	197 (54.2)	395 (96.1)	
Hopelessness	69.8 (13.5)	46.8 (8.0)	28.387***
Anxiety	53.5 (10.6)	40.7 (6.6)	19.938***

*
 $p < 0.05$,***
 $p < 0.001$

Mean (SD) was used for variables of personal annual income, hopelessness, and anxiety.

Demographic factors related to DSSI in suicide sample and control sample by multiple linear regression analysis

Table 2

Variable	Suicide Sample ^a				Control Sample ^b			
	β	SE (β)	t	p	β	SE (β)	t	p
Constant	43.466	1.909	22.768	0.000	49.153	1.579	31.135	0.000
Gender					1.062	0.427	2.485	0.013
Marriage					1.102	0.473	2.332	0.020
Education years	0.312	0.106	2.955	0.003				
Personal annual income	4.801E-5	0.000	2.413	0.016	4.583E-5	0.000	2.803	0.005
Party/League member					1.554	0.443	3.505	0.001
Hopelessness	-0.123	0.027	-4.554	0.000				
Anxiety	-0.143	0.035	-4.097	0.000	-0.266	0.036	-7.302	0.000

^a R = 0.524, R² = 0.275, adjusted R² = 0.266, F = 32.127, p < 0.001

^b R = 0.527, R² = 0.278, adjusted R² = 0.266, F = 23.175, p < 0.001

Table 3

Mean (SD), item-total correlation and Cronbach's alpha coefficients if item deleted of DSSI in suicide and control samples

Item	Suicide Sample			Control Sample		
	Mean (SD)	Item-total correlation if item deleted (r)	Cronbach's alpha if item deleted	Mean (SD)	Item-total correlation if item deleted (r)	Cronbach's alpha if item deleted
Social interaction						
Item1	1.80 (0.66)	0.336	0.837	2.31 (0.66) ***	0.349	0.784
Item2	1.64 (0.72)	0.268	0.841	1.96 (0.74) ***	0.343	0.786
Item3	1.56 (0.73)	0.333	0.838	2.00 (0.74) ***	0.365	0.785
Item4	1.20 (0.45)	0.176	0.842	1.33 (0.59) **	0.311	0.786
Total score	6.20 (1.80)			7.60 (1.88) ***		
Subjected support						
Item 5	1.91 (0.72)	0.470	0.831	2.57 (0.55) ***	0.469	0.775
Item 6	2.04 (0.74)	0.521	0.829	2.74 (0.48) ***	0.510	0.773
Item 7	2.29 (0.68)	0.435	0.833	2.71 (0.49) ***	0.409	0.779
Item 8	2.21 (0.67)	0.519	0.829	2.63 (0.61) ***	0.340	0.784
Item 9	2.16 (0.70)	0.468	0.831	2.69 (0.55) ***	0.425	0.778
Item 10	1.80 (0.73)	0.499	0.830	2.61 (0.54) ***	0.448	0.776
Item 11	2.02 (0.74)	0.348	0.838	2.67 (0.61) ***	0.273	0.789
Total score	14.42 (3.36)			18.62 (2.44) ***		
Instrumental support						
Item 12	0.94 (0.23)	0.263	0.839	0.99 (0.11) **	0.376	0.788
Item 13	0.87 (0.34)	0.477	0.834	0.98 (0.15) ***	0.292	0.788
Item 14	0.55 (0.50)	0.426	0.833	0.78 (0.41) ***	0.334	0.784
Item 15	0.82 (0.39)	0.372	0.836	0.90 (0.30) **	0.318	0.785
Item 16	0.80 (0.40)	0.408	0.835	0.87 (0.33) **	0.378	0.783
Item 17	0.82 (0.39)	0.416	0.835	0.90 (0.30) **	0.354	0.784

Item	Suicide Sample			Control Sample		
	Mean (SD)	Item-total correlation if item deleted (r)	Cronbach's alpha if item deleted	Mean (SD)	Item-total correlation if item deleted (r)	Cronbach's alpha if item deleted
Item 18	0.68 (0.47)	0.443	0.833	0.86 (0.35)***	0.350	0.783
Item 19	0.78 (0.42)	0.484	0.832	0.95 (0.22)***	0.276	0.788
Item 20	0.64 (0.48)	0.473	0.832	0.91 (0.29)***	0.310	0.786
Item 21	0.74 (0.44)	0.466	0.833	0.93 (0.26)***	0.311	0.786
Item 22	0.74 (0.44)	0.444	0.833	0.90 (0.30)***	0.378	0.783
Item 23	0.89 (0.32)	0.377	0.836	0.94 (0.24)**	0.341	0.786
Total score	9.25 (3.03)			10.91 (1.88)***		
DSSI Total score	29.87 (6.06)			37.13 (4.51)***		

**
 $p < 0.01$,

 $p < 0.001$

The results were that means of items of DSSI in control group compared with that of suicide group.

Table 4

Correlation between scores of hopelessness (BHS), anxiety (STAI) and social support (DSSI) in suicide and control samples by gender

Social support	Hopelessness			Anxiety		
	n	r	p	n	r	p
Suicide sample	369	-0.452	0.000	374	-0.426	0.000
Male	201	-0.474	0.000	202	-0.488	0.000
Female	168	-0.403	0.000	172	-0.319	0.000
Control sample	410	-0.332	0.000	410	-0.404	0.000
Male	199	-0.373	0.000	199	-0.473	0.000
Female	211	-0.292	0.000	211	-0.341	0.000

Table 5

Loadings of each item in Social Interaction Subscale (SIS), Subjective Support Subscale (SSS), and Instrumental Support Subscale (ISS) of DSSI by confirmatory factor analysis in suicide and control samples

Item	Suicide Sample			Control Sample		
	SIS	SSS	ISS	SIS	SSS	ISS
Item 1	0.591			0.494		
Item 2	0.626			0.599		
Item 3	0.585			0.593		
Item 4	0.479			0.491		
Item 5		0.583			0.629	
Item 6		0.732			0.591	
Item 7		0.568			0.558	
Item 8		0.712			0.533	
Item 9		0.659			0.621	
Item 10		0.554			0.624	
Item 11		0.388			0.296	
Item 12			0.456			0.502
Item 13			0.575			0.391
Item 14			0.496			0.506
Item 15			0.579			0.487
Item 16			0.592			0.659
Item 17			0.583			0.662
Item 18			0.590			0.529
Item 19			0.607			0.434
Item 20			0.599			0.435
Item 21			0.696			0.433
Item 22			0.602			0.539
Item 23			0.563			0.514
Goodness-of-fit index (GFI)			0.888	0.873		

Item	Suicide Sample			Control Sample		
	SIS	SSS	ISS	SIS	SSS	ISS
GFI adjusted for degree of freedom (AGFI)		0.864			0.847	
Chi-Square		546.195			715.368	
Chi-square d.f.		229			229	
<i>p</i>		< 0.0001			< 0.0001	
RMSEA estimate		0.061			0.072	