Research Paper: Comparison of Social Participation between Older Females and Males in Tehran

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ABSTRACT

Background: Creating the best state of social participation is one of the most important goals of rehabilitation for older people. This study has investigated the social participation of older people in Tehran to provide a basis for effective interventions in the treatment of these people.

Methods: This descriptive/analytical cross-sectional study used a non-probability sampling method to target 150 older adults who had referred to local community centers across Tehran. The Assessment of life habits (LIFE-H) was used to examine issues related to social participation. The data were analyzed by implementing the Mann-Whitney test, Kruskal-Wallis, and Spearman correlation test.

Results: There was a significant difference between the mean scores of social participation in the age groups (P = 0.016) and place of residence (P = 0.001), but there was no significant difference in different genders (P = 0.097).

Conclusion: The results show that creating appropriate conditions and reducing age and gender-related risk factors can lead to an increase in the health of older adults and eventually the health of society as a whole.

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Introduction

The world's aging population is growing rapidly. Factors such as the rapid decline in fertility and increased life expectancy have changed the population pyramid dramatically [1]. According to a census report published by the National Population and Housing Census in 2011, Iran's aging population has also shown a rising trend, reaching 26 percent of the total population by 2050[2,3]. Nevertheless, ageing is unavoidable, providing adequate treatment and using effective approaches could postpone age-related disabilities and impairments in the hope of enjoying a long life complemented by health and well-being [4].

An important issue in Iran's policy-making is addressing the problems facing by older adults. Therefore, in paragraph 12 of Article 29 of the Constitution of the Islamic Republic of Iran, there is a statement concerning the universal rights of all to social security as older adults. However, the pursuit of a comprehensive approach to education and nutrition has been stated in general health policies of Iran's 20-year development plan [5]. As a result, the policymaking of older adults requires a clear knowledge of their interests, strengths and weaknesses.

Social participation is an organized system in which an individual or group participates in leisure activities consciously and voluntarily resulting in self-actualization and objective achievement, as well as contributing to the sources of power. Social involvement is an important result of recovery and is a priority for most health professionals to participate [6]. This indicator is an important component of quality of life that may result in decreasing disability in older adults [7] and therefore it is associated with individual mortality and morbidity [8]. Promoting people's social engagement can lead to better health and can therefore be used as an effective health promotion strategy [7].

As an important component of functioning and health, social engagement has been suggested as the solution to issues such as population ageing in the International Classification of Functioning, Disability and Health (ICF). According to this category factors such as product and technology, natural environment and buildings, support and relationships, behaviors, principles, beliefs, organized services and politics contribute to participation. Such variables are facilitators if they affect participation positively and they are perceived barriers if they impede it [9].

All existing studies in Iran have used researcher-made questionnaires in the context of social participation, and none of them have applied unique tools to this area at an international level. For example, Mirzaei et al. in 2010 and Moradi et al. in 2013 used researcher-made questionnaires to analyze social participation [10, 11]. Thus, what distinguishes this study from others is the use of a questionnaire that evaluates social participation with a comprehensive and holistic approach. The assessment instrument of this research was the Assessment of life habits (LIFE-H) which explicitly measures social participation while all its aspects are in line with those recommended by the World Health Organization. This questionnaire also offers appropriate validity and reliability for the Iranian society [12].

The context, cultural factors and the physical environment surrounding a person can influence social participation[13]. These factors vary in different cultures and the use of a valid and reliable questionnaire has not yet been studied in Iranian society. This research explores the social participation of older adults and their relationship with the variables of age, gender and environment in Tehran.

Methods

This descriptive-analytical and cross-sectional study evaluated 150 older adults who had referred to local community centers in 2013 across the five northern, southern, eastern, western, and central districts of Tehran. The samples were selected using a simple non-probability sampling method (convenience sampling). The sample size was determined using the formula for comparison of means and obtained data from a preliminary study. The inclusion criteria were the ability to communicate in Persian (Farsi), aged 60 years or over, having proper cognitive abilities (Abbreviated Mental Test Score (AMTS) equal or greater than six) and lack of any chronically illnesses. Older adults unwilling to participate were excluded from the study. Each participant was informed about the study's objectives and written informed consents were obtained from them. Then they were tested by AMTS, and had to score at least six in order to enter the study. Participants with sufficient AMT scores were interviewed to complete the personal information form and the The Assessment of life habits (LIFE-H). During completion of the The Assessment of life habits (LIFE-H), older adults were given regular breaks to prevent exhaustion.

Study measures

The Assessment of life habits (LIFE-H)

It has been divided into two general categories: daily activities and social roles, while each category is subdivided into six subscales. Daily activities includes nutrition, fitness, personal care, communication, housing, and mobility; and social roles includes responsibility, interpersonal relationships, social life, education, employment, and recreation. This study used the short form of this questionnaire which consists of 77 items and was developed by Fougeyrollas [14-16]. The Assessment of life habits (LIFE-H) provides scores ranging from 0-9 and the results indicate degree of difficulty and the type of assistance required, so, score zero indicates total participation constraint, and score 9 shows the presence of optimal social participation [4]. The Assessment of life habits (LIFE-H) demonstrates good validity and reliability (ICC=0.098) [12].

Abbreviated Mental Test Score (AMTS)

It is an abbreviated version of the Mental Test Score (MTS). The short form of MTS consists of 10 items with a total of 10 points where as the scoring six or less would point to cognitive impairment. The validity and reliability of this questionnaire for Iranian older adults have been evaluated by Foroughan et al [17].

Descriptive statistics were used in order to measure social participation and background information, the Mann-Whitney test was performed to compare the mean values of gender and age group, and the Kruskal-Wallis test was used for the variable corresponding to living arrangements. The data were analyzed using SPSS software version 20.

Results

The sample size of the present study was 150 older adults with a mean age of 6.347 ± 68.90 whose descriptive information has been presented in Table 1.

Table 1. Frequency distribution and the percentage of personal information in all participants

Personal information		Frequency	Percentage
Age group	60-74	120	80.0
	75-89	30	20.0
	>90	0.0	0.0
Gender	Male	66	44.0
	Female	84	56.0

Initially, the mean scores were calculated and compared against one another. Given the absence of any older adults aged 87 or older, the age group of 90 years and older was excluded. Then, the score differences of the assessment of life habits (LIFE-H) were examined between the two age groups using Mann-Whitney test. The results of the test revealed a statistically significant difference between the total score (P=0.016) and the two subscales of daily activities (P=0.013) and social roles (P=0.012). The Spearman correlation test between age and the total scores of the questionnaire showed that the assessment of life habits (LIFE-H) scores declined with age (P<0.001 r = - 0.30) (Table 2).

Table 2. Comparing Life-H scores between the age groups

Life-H questionnaire	60-74 years		74-89 years		P-value
	Mean	SD	Mean	SD	
Daily activities subscale scores	8.60	1.39	7.40	2.49	P=0.013*
Social roles subscale score	7.47	1.98	6.08	2.64	P<0.012*
Life-H questionnaire	8.10	1.54	6.86	2.50	P=0.016*

* Represents statistical significance

The mean total scores of the assessment of life habits (LIFE-H) was lower in females (SD=1.61 and 7.79) than in males (SD=2.10 and 7.93), and Mann-Whitney test revealed that this difference was not statistically significant (P=0.097). It is noteworthy that females had a significantly higher mean scores in nutrition (P=0.024) and employment (P=0.003), while higher significance was observed in males for responsibility (P=0.029), community life (P=0.006), and social roles (P=0.026) (Table 3).

The Kruskal-Wallis test was used in order to compare the mean score corresponding to place of residence. The results showed that there was a statistically significant difference between the Life-H scores and place of residence (p<0.001) (Table 4).

Table 3. Comparing Life-H scores according to gender

The assessment of life habits (LIFE-H)	Females		Males		P-value
	Mean	SD	Mean	SD	
Nutrition	9.38	1.52	8.58	2.17	P=0.024*
Fitness	9.02	1.42	8.99	1.76	P=0.52
Personal care	9.18	1.71	8.79	2.02	P=0.346
Communication	8.95	1.73	8.56	1.99	P=0.455
Housing	7.06	2.13	7.53	2.56	P=0.074
Mobility	6.67	2.56	6.76	2.96	P=0.53
Daily activities subscale	8.46	1.50	8.24	1.98	P=0.64
Responsibility	7.72	1.74	8.14	2.14	P=0.029*
Interpersonal relationships	9.12	1.60	8.68	1.96	P=0.114
Community life	5.34	3.26	6.82	3.44	P=0.006*
Education	3.70	4.61	4.52	3.12	P=0.427
Employment	6.79	3.65	4.88	4.25	P=0.003*
Recreation	5.92	3.60	6.20	3.89	P=0.463
Social roles subscale	6.92	2.03	7.53	2.35	P=0.026*
The assessment of life habits (LIFE-H)	7.79	1.61	7.93	2.10	P=0.097

*Represents statistical significance

Table 4. Comparing Life-H scores according to place of residence

Life-H questionnaire	Two		Four		Six		Nine		Seventeen		P-value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Daily activities subscale	8.27	1.54	8.95	0.67	9.35	0.53	9.20	0.77	6.04	1.98	P<0.001*
Social roles subscale	7.03	1.92	7.35	1.58	8.92	1.27	7.81	1.94	4.85	1.98	P<0.001*
the assessment of life habits (LIFE-H)	7.76	1.56	8.24	1.92	9.18	0.79	8.58	1.17	5.50	5.50	P<0.001*

*Represents statistical significance

Discussion

The results of statistical tests in different age groups of the present study revealed a significant difference between the mean total score and two subscales of daily activities and social roles. Desrosiers's study reported the correlation between mean age and the total score of the questionnaire to be r=-0.53 with significance level of p<0.001 [18]. In 2009, the same researcher assigned older adults into 5 age groups (65-69, 70-74, 75-79, 80-84, and 85 years and above). His results indicated no statistically significant difference between scores and age of the first four age groups, whereas a significant difference was observed among participants aged 85 years and over [19]. In a study by Levasseur who explored the relationship between age and level of participation in social roles (r = -0.01, p<0.39), a negative and significant relationship was observed [6]. Demers also found similar results between the whole questionnaire score (r=0.33; p< 0.01) and subscales of the daily activities (p<0.01, r = - 0.34) and social roles (p<0.01, r=-0.24) [20]. In the process of aging, issues such as retirement, decrease in income, separation from children, reduction of physical functionality, loss of closed ones etc. can decrease the level of social roles and social participation [21]. It seems that considering age-related factors that aging cause limitations would positively influence the social participation of older adults and prevent emergence of any potential problems.

The results of evaluating existence of correlation between gender and total score are indicative of no statistically significant relationship between these variables. Statistical significance was observed only in categories such as nutrition and employment for females, and responsibility, social life and social roles subscale for males. These results were aligned with those reported by Demres (P=0.001) [20]. The findings of Desrosiers also indicated higher scores in variables of nutrition (P<0.001) and relationships (P=0.004) for females, and fitness (P=0.01), mobility (P<0.001) and community life (P=0.001) for males [19]. Another study conducted by Desrosiers that revealed a significant relationship between nutrition (P<0.001) and interpersonal rela-

tionships (P=0.007) in females, and housing (P=0.002) and mobility (P=0.003) in males [18]. It seems that women's employment scores were higher in the present study because volunteer work, which was more applicable to our female participants, was also considered employment. It can therefore be deduced that social participation is almost similar between males and for females except in few cases.

The results of the current study indicated a significant difference between place of residence and Life-H score across the five districts of Tehran. No existing studies have investigated this variable by examining the difference in social participation between various districts across a city. It is just the study conducted by Therrien in which the differences between metropolitan and rural environments have been investigated. The results of that study showed no significant difference in the level of social participation between rural and metropolitan environments [22]. People's place of residence can have a considerable effect on their social deprivation or contentment; hence, it influences the security and comfort of older adults and ultimately affects their social participation [23]. It seems as though this difference is due to the varied metropolitan services and facilities, welfare, livelihood, and cultural and economic levels across the different areas of Tehran. Therefore, providing suitable environmental facilities, redesigning metropolitan facilities, and equalizing the different districts of Tehran might enhance improving the quality of life and ultimately social participation of older adults. These findings will assist in health policy making and providing municipal and citizen services.

Conclusions

Considering the health system regulations which especially attend to this age group and based on the findings of this study, numerous environmental and contextual factors such as recreation centers, age, gender, participating in volunteer activities, keeping in touch with family, and place of residence can influence social participation of older adults. Hence, general health and quality of life of older adults can be improved by creating appropriate conditions. Ultimately, this would lead to increased public health.

Ethical Considerations

Compliance with ethical guidelines

This study is the approved plan number 245-400 in Tehran University of Social Welfare and Rehabilitation Sciences and all financial support for this project has been provided by the University of Social Welfare Sciences.

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Authors' contributions

Study design: Nasibeh Noori Mombeyni, Mehdi Rassafiani, Robab Sahaf, Zahra Mosallanezhad; Data collection and analysis: Nasibeh Noori Mombeyni, Enayatollah Bakhshi, Gholam Reza Sotoudeh; Manuscript preparation: Nasibeh Noori Mombeyni, Sara Afshar.

Conflict of interest

The authors declared no conflict of interest.

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