

Original Article



Social Participation and Related Factors in Older Adult Women

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Abstract

Background: Social participation is one of the most important factors in the health of the elderly and also the main goal of health-related interventions. The purpose of this study was to assess social participation and its related factors in the elderly women population.

Methods: This cross-sectional study was conducted on 300 women aged 60 and older in Hamadan, Iran, in 2020. The samples were selected by a simple random sampling method and according to inclusion and exclusion criteria. A demographic questionnaire, Women's Social Participation Factors Questionnaire, and mini-mental state examination were completed, and data were obtained from the participants by trained questionnaires.

Results: The mean social participation score was 70.8 ± 10.7 , and scores ranged from 0 to 120. The level of social participation was moderate in 82% of the participants, weak and insufficient in 16.3%, and strong in 1.7% of participants. The obtained results indicated that 39% of the participants were employed before the elderly, and 22.67% had regular employment in old age. There were different types of occupation among this group: 30.33% had paid jobs, 23.67% voluntary jobs, 62% religious activities, and 76% were jobless. Moreover, a significant difference was observed between social participation and elderly employment history ($P < 0.01$), level of education ($P = 0.01$), and regular physical activity ($P = 0.03$).

Conclusion: The social participation of elderly women was found to be mostly moderate in this study, and people with higher education, regular physical activity, and a vocational history before old age had better social participation.

Keywords: Elderly, Participation, Social, Women

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Introduction

Social participation is one of the main features of successful and healthy aging and the final objective of interventions in the health domain (1). It is an organized process in which individuals can achieve their desired goals and so-called self-fulfillment through their specific, collective, conscious, and voluntary actions (2). Social participation is involved in activities that are created in social situations with others and follow social interdependence (3). Developing and maintaining social participation are vital human needs for older adults (4). Research demonstrates that disease, mortality, and poor quality of life are associated with reduced social participation (4). The risk of early death in people with less social participation is 29% higher than that in older adults with good social participation (5,6). In a systematic review, Townsend et al (7) studied the facilitators and barriers to social

participation of the elderly, stating that demographic (age and socioeconomic status), individual, internal (motivation and health), environmental, infrastructure (access, transportation, and neighborhood cohesion), and social network (especially previous network size) factors are the four main themes with regard to barriers and facilitators of the elderly social participation. Examining the social participation of Iranian women, Salehi et al (8) asserted that the social participation of women is low owing to lack of time and expenses as well as cultural and social barriers such as lack of leisure opportunities, lack of infrastructure of neighborhoods and civic groups, lack of cultural voluntary employment, and low level of trust in the community. Life expectancy is higher for women than for men, and for this reason, according to the Statistics Center of Iran, women now constitute a larger fraction of Iran's elderly population (9).



Recent studies have indicated that various factors such as information and communication technologies (10,11), proximity to resources and recreational facilities, social support, transportation, neighborhood security (12,13), use of community-based groups, and electronic gaming (14) could promote social participation in older adults.

The life experiences of women are different from that of men in all societies, especially in Eastern societies, and they experience more illness, stress, and disability in old age despite their longer life expectancy (15). Many women in Iranian society lack financial independence and have to follow a lifestyle that affects the aging process and its consequences (16). According to the statement of the Occupational Therapy Practice Framework: Domain and Process, developed by the American Occupational Therapy Association (17), social participation is one of the eight areas of occupation. Moreover, the social participation of the older adult is taken into consideration in the Social Rehabilitation of the Elderly of the Islamic Republic of Iran project (18). Given the importance of the issue and the scarcity of studies conducted in this area, this study aimed to assess social participation and its related factors in the elderly women population.

Materials and Methods

Participants and Procedure

This cross-sectional study was conducted from March 21, 2019 to September 22, 2019, in Hamadan, Iran. All participants signed an informed consent form before participating in this research. The study included 300 women who were 60 years of age or above. Inclusion criteria were age between 60-80 years and the ability to communicate, while exclusion criteria were suffering from cognitive impairment, failure to complete the written consent form, scoring 23 and less on the Mini-Mental State Examination test (19), and experiencing an acute physical or mental problem (death of family or friends, incurable disease, and non-traumatic events which have disrupted their social participation) in the period up to one month before the assessment (20). The sample size for the study was calculated using the correlation coefficient of 0.22, the test power was 90%, the first type error was equal to 5%, and the confidence level was 95% (21). A minimum of 300 individuals were required for the study. Convenience random sampling was used for sampling from the population available in four districts of Hamadan by referring to the parks, bus stops, and mosques and conducting home visits in some cases.

Instruments

Demographic Questionnaire

This questionnaire collected information regarding participants' age, history of pre-aging employment, post-aging employment and its type, marital status at the time of research, education, chronic illness, economic status, height, weight, the time of identifying the hours of activity and participation per week, and the number of days for

each participant.

The Mini-Mental State Examination Questionnaire

This scale has several sections of orientation, information recording, attention and calculation, reminder, and language skills with a maximum score of 30 (22). The cut-off point of this questionnaire in Iran is 23, and a score less than 23 indicates cognitive impairment. This test is validated in Iran and has good validity and acceptable reliability with a Cronbach's alpha of 0.81 (19).

Women's Social Participation Factors Questionnaire

This scale is a self-report questionnaire with 24 questions in socio-economic and cultural fields (23). Answers were scored on a five-point Likert scale including always, mostly, sometimes, rarely, and never. The highest and the lowest scores on this questionnaire are 120 and 24, respectively. In this questionnaire, a score closer to 120 represents the higher social participation of participants. In the case of social participation, a score between 0-30 indicates weak social participation, between 31-60 indicates insufficient social participation, between 61-90 reflects moderate social participation, and between 91-120 shows strong social participation.

This questionnaire consists of several indicators such as participation in institutions with friends and acquaintances (e.g., Women similar to men can occupy high positions), preferential marriage with strangers (e.g., If I have a child, I would prefer to marry relatives), doing economic activities including making money (e.g., Many social activities are done for economic gain), and the use of mass media (e.g., radio, television, satellite TV, magazines, and books) to determine the factors contributing to social participation of women. Face validity was confirmed by a panel of experts, and reliability was confirmed by test-retest ($r=0.97$) and Cronbach's alpha test ($\alpha=0.76$). Moreover, the psychometric assessment of the questionnaire (validity and reliability) confirmed other studies. In Mortazavi and colleagues' study (24), the content validity rate, intraclass correlation coefficient, and Cronbach's alpha values were calculated to be 0.93, 0.97, and 0.84, respectively.

Data Analysis

The collected data were entered into SPSS software version 23.0 (SPSS Inc, Chicago, III., USA). The Kolmogorov-Smirnov test was used to determine the normality of the data. Then, to analyze the data, the data were summarized using descriptive statistics. Afterward, the t-test and one-way analysis of variance were used to compare the means, and the significance level was set at $P < 0.05$.

Results

In this study, considering the possibilities of elimination of samples, 343 elderly women were interviewed. Data were collected through questionnaires, and finally, the information of 300 questionnaires that were completed correctly was analyzed (participation rate 87%). The

participants were trained on how to complete the questionnaires. The mean age of participants was 65.90 ± 4.80 years. All participants were literate, 203 (67.67%) were married, and the economic status of 71 (23.67%) participants was favorable (Table 1).

As observed in Table 1, the means score of social participation in the sample was 70.8 ± 10.7 , indicating moderate social participation. Moreover, the social participation of the samples was weak (4%), insufficient (12.33%), moderate (82%), and strong (1.7%).

A one-way analysis of variance revealed that there was a statistically significant relationship between social participation and the level of education (P -value=0.01) and regular physical activity (P value=0.03). As a result, a higher level of education and a higher degree of physical activity during the week increase social participation. Although increasing body mass index (BMI) leads to decreased social participation, the findings showed that the relationship between social participation and BMI was not significant (P value=0.09). The results of the t-test were significantly different between the two groups ($P < 0.01$) with regard to the relationship between social participation and previous work experience/no previous work experience. Women who were employed before the elderly also had more social participation after old age (Table 2).

Finally, it should be noted that the relationship between social participation and age was not statistically significant ($r = -0.04$, P value=0.54). Furthermore, due to the negative correlation between these two variables, it

can be concluded that social participation declines with increasing age (95% CI: -0.15-0.08).

Discussion

This study was conducted to verify the social participation and related factors in a sample of older adults. The results of the study indicated that social participation was moderate. The level of social participation in this study was similar to those reported by other studies (21); however, it contradicts the results obtained by Yazdani et al (25) and Darvishpoor Kakhki et al (26) in Tehran, Rezaeipandari et al (27) in Yazd which demonstrate the low level of social participation of the elderly. The reasons for these contradictory findings lie in the diverse lifestyle in different cities of Iran, different sampling methods, and distance from children and families in larger cities, which is usually less prevalent in cities like Hamadan due to its traditional culture.

Participating in activities such as income-generating activities and either regular or part-time employment were the most popular types of social participation in the present study, while participation in religious activities was reported by scant studies. The results were different in other studies. Rezaeipandari et al (27) found that participation in religious activities was the most favorite type of social participation in older adults in Yazd. Darvishpoor Kakhki et al (26) conducted a study in Tehran, the capital of Iran, finding volunteering in benevolent organizations as the most popular example of social participation (26). This marked difference can be due to religious and cultural issues, economic conditions, and unemployment of older adults' children that are diverse in various cities.

In the present study, women who were employed before old age and had regular employment and regular physical activity after old age were found to have better social participation. The findings can be explained based on the theory of continuity, meaning that people maintain a fixed pattern of behavior with age, and the main character, attitudes, and behaviors remain constant throughout life, and with age, become similar to the same person they used to be in their youth. Therefore, people who have often been inactive and marginalized do not tend to be active in old age and vice versa (11,28,29).

Although there was no significant relationship between BMI and social participation, with increasing BMI, the social participation of older women decreased. In another study, Watson et al (30) did not confirm the association between high BMI and decreased social participation, but other related factors (e.g., disease) seemed to be influential. However, in Borhaninejad and colleagues' study (31), a significant relationship was observed between BMI and quality of life among the elderly with diabetes. Hajek et al (32) concluded that increasing BMI in older women leads to their social isolation. Therefore, it seems that more research is needed in this regard.

The level of education was another effective factor in the social participation of older adults, which is in line

Table 1. Distribution of Absolute and Relative Frequency of Demographic Characteristics of Old Women (300 people)

Variable	Response	Number	%
Age	60-70	254	84.66
	71-80	46	15.33
Type of participation	Paid jobs	91	30.33
	Voluntary jobs	71	23.67
	Religious activity	62	20.67
	None	76	25.33
The use of public communication resources and tools	Very much	32	10.67
	Much	62	20.67
	Medium	127	42.33
	Low	58	19.33
	Very low	21	7
Which means of public communication is used the most?	Radio	24	8
	Television	216	72
	Satellite	35	11.67
	Magazines	5	1.67
Social participation	Book	20	6.67
	Strong	5	1.7
	Moderate	246	82
	Insufficient	37	12.33
	Week	12	4%

Table 2. Relationship Between Socio-demographic Characteristics and Social Participation

Variable		Number	%	Mean \pm SD	P Value
Elderly employment before old age	Yes	117	39	74.4 \pm 9.3	0.001
	No	183	61	68.6 \pm 11.1	
Regular employment of the elderly in old age	Yes	68	22.67	72.4 \pm 9.8	0.161
	No	232	77.33	70.3 \pm 11	
Type of occupation	Payroll work	76	30.33	69.6 \pm 10.9	0.342
	Voluntarily work	91	23.67	72.4 \pm 10.6	
	Religious activity	71	20.67	70.9 \pm 10.3	
	No	62	25.33	70.0 \pm 11.2	
Marital status	Married	203	67.67	70.7 \pm 11.2	0.711
	Single or widowed	97	32.33	71.2 \pm 9.9	
Education	> Diploma	205	68.34	69.39 \pm 10.79	0.011
	Diploma	47	15.67	74.4 \pm 9.9	
	MA, MS	47	15.67	74.64 \pm 10.15	
	PhD	1	0.32	69 \pm 13.85	
The economic situation	Optimal	71	23.67	69.5 \pm 10.9	0.271
	Medium	156	52	70.8 \pm 10	
	Low	73	24.33	72.4 \pm 12	
Regular physical activity	Once a week	107	35.66	71.1 \pm 11.3	0.031
	Twice a week or more	97	32.33	72.7 \pm 9.4	
	No	96	32	68.7 \pm 11.1	
Chronic disease	Yes	104	34.67	69.5 \pm 11.2	0.112
	No	196	65.33	71.6 \pm 10.5	
History of current social participation	< 1 month	26	8.67	69.8 \pm 10.2	0.921
	1-4 months	14	4.66	71.6 \pm 12	
	4 months – 1 year	74	24.67	69.5 \pm 11.2	
	> 1 year	186	62	71.3 \pm 10.3	
BMI	Low weight	7	2.33	71.9 \pm 11.1	0.099
	Normal	100	33.33	71.9 \pm 10	
	Over weight	118	39.33	71.6 \pm 11.4	
	Fat	75	25	68.1 \pm 10.3	

Note. SD: Standard deviation; MA: Master of arts; MS: Master of sciences; PhD: Doctor of philosophy; BMI: Body mass index.

with the results of other studies (26,33,34). Literacy is one of the most powerful and effective variables affecting social participation. Women's attitudes toward social participation improved with increasing education (35). This finding can be justified in the sense that education, in addition to improving healthy behaviors and lifestyle in the elderly, provides better jobs and less disability (36). Lee et al (37) found that social participation in individuals decreases significantly with increasing age. In line with the significant relationship between physical activity and social participation in the present study, researchers showed that sports activities can take people out of individualism and self-centeredness and provide opportunities for socialization (38). Rhythmic sports movements contribute to the social development of individuals (39). Strengthening physiological and psychological functions during physical activity can be regarded as a reason for explaining these findings, so an increase in physical activities increases parasympathetic

control and decreases sympathetic control. Serotonin and endorphin levels also increase, leading to reduced depression, improved self-esteem, sociability, and social adjustment (38). One of the limitations of the study may be associated with the mental and physical condition of the subjects, which affect the results of the study. Since causative relationships cannot be inferred from cross-sectional studies, the findings of the current study should be interpreted with caution. Other limitations include the limited sample of elderly women and limited sampling in Hamadan, Iran.

Conclusion

Findings of the current study proved that social participation was moderate among older adult women. A high level of education, regular physical activity, and employment history before old age were effective in the social participation of older adult women. Further, the participation of the older adult in income-generating

activities was higher than their participation in voluntary and religious activities. Hence, policymakers should pay more attention to preparing education and rehabilitation programs appropriate for them.

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Conflict of Interests

The authors declare that they have no conflict of interests.

Ethical Permissions

The present study was approved by the Research Ethics Committee of the Hamadan University of Medical Sciences, Social Determinants of Health Research Center (with the ethical code of IR.UMSHA.REC.1397.940). All participants signed an informed consent form before participating in this study.

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