



# Determining Social Factors Effective on Successful Aging in the Elderlies with Physical Disability Supported by Charitable Associations of Tehran from 2021 to 2022

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## ABSTRACT

**Aims** Understanding problems of promoting health and success in the elderly become more important concerning life expectancy increase in people with physical disabilities. This study aimed to determine social factors of successful aging in the elderly with physical disabilities supported by charitable associations.

**Instrument & Methods** This is a cross-sectional study, which was carried out on 153 elderlies with physical disabilities aged 55 years and older in Tehran from 2021 to 2022. The subjects were selected using the convenience sampling method. Data were collected through a demographic information checklist, successful aging questionnaire, sense of social justice, social network, and socio-economic base. Data were analyzed using Pearson correlation tests, analysis of variance, and generalized linear regression.

**Findings** The average age of the subjects was  $64.27 \pm 8.4$ , and 56.9% were male. The generalized linear regression model showed a significant relationship between the demographic variables and the education level with successful aging ( $p < 0.05$ ). The relationship between the main dependent variables and successful aging was investigated using adjusting the effect of demographic variables. There was a significant relationship between the socioeconomic base with successful aging ( $B > 0.178$ ;  $p = 0.001$ ). However, there was no significant relationship between successful aging with social justice sense ( $p > 0.05$ ). There was a significant relationship between successful aging with different dimensions of social network ( $p < 0.05$ ), except for the intimacy dimension.

**Conclusion** The results of this study can be helpful for policymakers, planners, and social workers to social rehabilitate the elderly with disabilities and design interventions.

**Keywords** Elderly; Physical Therapists; Aging; Social Factors

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## Introduction

In recent years, aging as a phenomenon of the century has been the focus of all countries in the world, especially developing countries [1]. It is predicted that in 2025, one out of every seven people in the world will live over 60 years [2]. Of Iran's population, 9.3% are 60 years old, which indicates the rapid growth of the elderly population in the country based on the latest statistics of the Ministry of Health in 2015 [3]. As the population gets older, the number and percentage of people with disabilities increase [2]. The age distribution of people with disabilities in Iran shows that 22% of people are 60 years old and older [4]. Understanding the problems of disability and health in the elderly and the methods for improving the health and success of people in old age becomes more important with an increase in life expectancy [3]. The concept of successful aging can be different from one society to another and in different cultural contexts as well as different groups of the elderly such as the elderly with disabilities. People with disabilities have different successful aging since they consider the concept of successful aging in conflict with the objective criteria imposed by other researchers and look at it from a subjective perspective [5, 6].

Successful aging with a long-term physical disability is a complex construct involving several domains, including psychological resilience and adaptability, autonomy, social connectedness, and availability of health care. For example, Plowman *et al.* consider the themes of self-management, social participation, health care, flexibility, and independence at home as effective factors for the health of the elderly with MS [7]. Baltes & Baltes also developed a model in which a person ages successfully despite declining physical health through optimization and compensation [7]. Studies show that older people with long-term disability experience disability-related limitations earlier [7]. They may be more adapted to the physical limitations caused by aging compared to people without disabilities; because they have a certain experience of flexibility [7]. A review of the evidence shows that one of the social components influencing successful aging is the social and economic base [8, 9]. Based on the research background, the most important reasons for concern in this area are that most elderly with disability are economically unproductive, socially lonely and isolated, and have a weak social communication network [10]. Also, people with disabilities do not have a suitable economic and social status due to their physical conditions and society's limitations in having a job, education, and income [11]. Therefore, it seems that the socioeconomic base needs to be investigated as one of the social components related to successful aging in the elderly with physical disabilities. Also, a review of the evidence shows that social network is another social factor influencing the successful aging of the healthy elderly [12, 13]. On the other hand,

studies show that people with disabilities who consider themselves part of the social network of family, friends, or valuable organizations have a higher quality of life [14]. No study was found to investigate the relationship between this component and successful aging in people with disabilities. Through examining other social factors related to successful aging, it was found that the feeling of social justice is one of the social components related to successful aging in the elderly, especially the elderly with disabilities, which is related to governments and welfare systems [15]. Dorfman argues that the elderly with social disabilities will take a more critical view of procedures for obtaining and maintaining benefits. The results of Nicola Ann Hitt's study showed lower levels of successful aging in the elderly with disabilities in the case of activation of injustice concepts. For the first time, this study showed that activation of injustice concepts predicts lower ratings of successful aging in both disabled and non-disabled elderly, and the fair behavior of others is one of the important components of helping the elderly with disabilities to achieve successful aging [15]. Considering and addressing problems related to the productivity and activity of the elderly, especially the elderly with disabilities is significant considering that our country has started the experience of aging. Assessment of successful aging and related social factors can be the first step toward planning and corresponding policy-making [1]. While the review of the research background shows the limitation of knowledge in this domain, especially among internal studies [16].

Considering that the concept of successful aging can change based on the different cultural contexts and from one society to another and also according to different age groups, this study was aimed to determine social factors of successful aging in the elderly with physical disabilities protected by charitable associations.

## Instrument and Methods

This is a descriptive-analytical and cross-sectional study of the correlation type, which was carried out on elderly with disabilities protected by charitable associations of Tehran from 2021 to 2022. The sample size was determined to be 168 according to the 11.2% prevalence of successful aging in Zanjari *et al.*'s study and taking into account the research aims, 95% confidence level, 5% error, and 10% statistical decline. The inclusion criteria were a) suffering from physical disabilities (according to the information registered on the disability card of the subjects); b) tendency to participate in the study; c) being over 55 years old [7, 17, 18]; lack of psychological disorders (based on the information registered on the records and disability cards of the subjects); d) living on Tehran; e) membership on the association affiliated to the State Welfare Organization of Iran;

and d) residence in a house. Concerning the prevalence of Corona Virus Pandemic, the susceptibility of the elderly coping with COVID-19, society's limitations on access to the target group, and the existence of records of the disabled elderly in the affiliated associations of the State Welfare Organization of Iran (Iran society of disabled people, the Borna Association, Sahel-e Omid Association) in 2020-2021.

The successful aging questionnaire included 54 items in seven subscales (dimensions of successful aging) designed by Zanjari. The 7 subscales consisted of psychological well-being (15 items), social support (10 items), financial and environmental security (9 items), physical and mental health (7 items), functional health (5 items), health-related behaviors (4 items) and spirituality (4 items). The items were designed by a 5-points Likert scale. The structural and content validity of the questionnaire has been evaluated in Zanjari's study. The questionnaire had good internal reliability (0.93 of Cronbach's alpha of the instrument) and temporal stability (interclass correlation of 0.97 in the retest) [19]. To assess the socioeconomic status, the questionnaire of the Socio-Economic Database of Qodratnama was used, which consisted of 4 components of income, economic class, education, and housing status, and a total of 6 demographic questions and 5 main questions. The questionnaire was evaluated using a 5-points Likert scale scored from very low=1 to very high=5. Eslami *et al.* confirmed its formal and content validity. Also, the reliability of the questionnaire was confirmed by Cronbach's alpha of 0.83 [20]. The researcher-made questionnaire on the social network was designed by Mohammadi *et al.* This questionnaire has 3 parts, and each part examines one dimension of the network, and each dimension focuses on several features. The structural dimension of the network measures the network size using question 1 in the questionnaire. The characteristics of the contact frequency and the bond strength (intimacy) were assessed using the interactive dimension. Contact frequency was evaluated by question 2 of the questionnaire using a scale of almost every day, several times a week, several times a month, several times a year, and once a year, scoring from 1 to 5 points. Band strength was evaluated by question 3 using a Likert scale, scored from none (=0) to very much (=5). The third part of the questionnaire investigates the network of social support. Items 4 to 6 measure emotional support, and items 7 to 9 measure instrumental support through a Likert scale from none (=0) to very much (=5). The content validity of the questionnaire was confirmed by Mohammadi *et al.* The reliability of the questionnaire was 0.79, 0.65, 0.64, 0.61, and 0.62 for the scales of network size, contact frequency, bond strength, and emotional and instrumental support, respectively, using Cronbach's alpha test [21]. Social

Justice Sense Questionnaire is created for the first time by Rasinski. This questionnaire has 12 items, and each 3-items investigated one of the approaches of need, equality, fairness, and economic individualism. The items of the questionnaire are scored using a 5-points scale (completely agree=5 to completely disagree=1). The content validity of the questionnaire has been confirmed by Talebi *et al.* Also, in separate research, Arizi & Momeni obtained the reliability of the Rasinski scale by Cronbach's alpha of 0.81 [22].

This study was conducted by receiving the scientific approval of postgraduate studies at the University of Rehabilitation and Health Sciences. After designing and providing the questionnaires to the subjects, the aims, the importance of the problem, and the research methodology were explained to them. The informed consent form, including providing information about the methodology, voluntary participation in the research, and confidentiality of information, was filled out by the subjects. The officials of the mentioned associations were first contacted and the database of people with disabilities was checked, who were memberships in the disabled association and the country's welfare organization. After that, a list of people who met the criteria for entering this study was prepared through cooperation with the officials and employees of these institutions in May 2021-2022. The phone numbers of the disabled were provided to the researcher through cooperation with social workers and the CEO of the society of disabled people, and necessary explanations were provided to the subjects. If the subjects were satisfied, they would enter the study. Due to the conditions of the outbreak of Corona disease, it was not possible to fill out the questionnaires in person. So, the questionnaire and informed consent were designed by online mode. An informed consent form was filled out by asking the subjects, and the questionnaires were provided to the subjects. In case of any questions or ambiguities in answering, the researcher was available to the elderly and their families through social media or by phone call. According to the sample size and the declining possibility, 180 questionnaires were sent to the samples. Considering the non-response of some elderly and the incompleteness of some of the questionnaires, 153 questionnaires were statistically analyzed. The subjects consisted of 76 elderly from Iran's disabled community, 35 samples from the Association of Call for the Disabled, 23 samples from the Borna Association, and 19 samples from the Sahel-e Omid Association. Data was collected using the help of successful aging questionnaires, socio-economic base, social network, sense of social justice, and demographic information checklist.

Data were analyzed using SPSS 21 software. A frequency table was used to describe the data, and

skewness and kurtosis were used to investigate the data normality. T-test was used for the comparison of dimensions of successful aging with demographic variables. Also, analysis of variance, Pearson correlation, and a generalized linear regression model was used for data analysis.

## Findings

This study was carried out on 153 elderlies with physical disabilities living in Tehran city, of which 87 men and 66 women were members of various centers and associations affiliated with the Welfare Organization of Iran. The average age of the subjects was  $64.27 \pm 8.4$ . Most of the subjects were female. The average duration of disability in the subjects (number of years involved in disability) was 36.33 years, and their average performance loss was 53.42%. The majority of the subjects had a diploma, and a minority had secondary education. Most of the elderly with physical disabilities were retired, and the least of them were unemployed. More than half of the studied samples did not have any home caregiver. The highest percentage of respondents had social security health insurance, and the lowest had Iranian health insurance. In total, more than half of the studied samples stated that they have additional insurance. The findings showed that the highest percentage of the studied samples suffered from the disability of spinal cord injury. The majority of the subjects rated their health condition as average, and the minority rated their health status as very bad. Also, the findings indicated that none of the subjects evaluated their health condition very well. The average socio-economic status of the studied samples was 35.54 (Table 1).

The results of variance analysis showed a significant difference in the dimensions of social support, functional health, financial-environmental security, and health-oriented behavior between the subjects in terms of marital status. The highest and lowest averages in the dimension of social support were related to married and single people, respectively. The highest and lowest averages of functional health were observed in unmarried and single respondents, respectively. The highest and lowest averages of financial-environmental security were observed in the singles and married people, respectively. The highest and lowest averages in the dimension of health-oriented behavior were observed in singles and married subjects, respectively. Also, there was a significant difference between the subjects in the dimensions of psychological well-being and spirituality in terms of education level. The highest and lowest averages in the dimension of psychological well-being were related to the diploma and high school education, respectively. There was a significant difference between the subjects in all aspects of successful aging in terms of health status. In psychological well-being, physical and mental health, functional health, financial-

environmental security, and spirituality, as well as the total score, the highest and lowest averages were related to well health status and very bad health status, respectively. In the dimension of social support, the highest and lowest averages were related to well-health status and bad health status, respectively. There was a significant difference between the subjects in the dimensions of social support and functional health in terms of different occupational statuses. In the dimension of social support, the highest and lowest averages were related to unemployed and disabled subjects, respectively. In the dimension of functional health, the highest and lowest averages were observed in retired elderly with physical disabilities and disabled respondents, respectively; however, there was no significant difference in terms of disability type.

**Table 1)** Distribution of demographic variables

Variable	Level	Number	Percent
<b>Gender</b>	Male	87	56.9
	Female	66	43.1
<b>Caregiver</b>	Yes	73	47.7
	No	80	52.3
<b>Marital status</b>	Single	30	19.6
	Married	108	70.6
	Widower/Widow	15	9.8
<b>Education level</b>	Primary education	28	24.7
	Secondary education	12	7.8
	Diploma	58	37.9
	Higher education	55	35.9
<b>Occupation status</b>	Employed	30	19.6
	Unemployed	11	7.2
	Retired	45	29.4
	Housekeeper	40	26.1
	Disabled	27	17.6
<b>Type of insurance</b>	Social Security	56	36.6
	Iranian Health	27	17.6
	Health Service	30	19.6
	Armed Forces	40	26.1
<b>Additional insurance</b>	Yes	80	52.3
	No	73	47.7
<b>Type of disability</b>	Stroke	25	16.3
	Spinal cord injury	32	20.9
	Parkinson	13	8.5
	MS	13	8.5
	Poliomyelitis	30	19.6
	Dystrophy	13	8.5
<b>Health condition</b>	Etc.	27	17.6
	Very good	0	0
	Good	42	27.5
	Medium	67	43.8
	Bad	35	22.9
	Very bad	9	5.9

The results of the Pearson correlation test showed a positive significant relationship between successful aging and the social network in the subjects, so the more extensive the social network of the elderly, the higher their successful aging. Based on Pearson's correlation coefficients, there was a weak direct significant relationship between successful aging with network structure (size), frequency of contact, intimacy interaction, and instrumental support. However, there was a medium significant relationship between successful aging with

emotional support and the total score of the functional dimension. Successful aging was most closely related to emotional support ( $r=0.463$ ). The highest relationship in the psychological well-being dimension was observed on the network structure (size;  $r=0.367$ ), which was a direct, weak significant relationship. No significant relationship was observed between psychological well-being and intimacy interaction. The highest direct relationship was observed between social support with emotional support ( $r=0.603$ ). No significant relationship was observed between social support with network structures (size) and the interactive structure of contact frequency. The highest relationship between physical and mental health was with emotional support ( $r=0.260$ ), which was a direct, and weak significant relationship. However, there was no significant relationship between physical and mental health with the network structure (size), the interactive structure of intimacy, and contact frequency. The highest relationship of functional health was with emotional support ( $r=0.3270$ , which was a direct, weak significant relationship. No significant relationship was observed between the functional health with network structure (size) and the interactive structure of contact frequency. The highest relationship between financial-environmental security was observed with contact frequency ( $r=0.443$ ). Also, there was a significant relationship between financial-environmental security in all dimensions of the social network. The highest relationship of health-oriented behaviors was observed with the contact frequency ( $r=0.50$ ), which was a direct, significant, and moderate relationship. While the health-oriented behaviors had no significant relationship with the interactive structure of intimacy. There was a significant relationship between spiritual dimensions with contact frequency which was a weak direct relationship ( $r=0.186$ ).

There was no significant relationship between the variable of successful aging and social justice. Examining the dimensions of successful aging with social justice subscales showed a significant relationship between health-oriented behavior and spirituality with the fairness subscale ( $p>0.05$ ), a significant relationship between functional health dimension and health-oriented behavior with the equality subscale ( $p<0.05$ ), and also a significant relationship between the dimensions of physical and mental health and health-oriented behavior with the subscale of need ( $p<0.05$ ). In addition, there was a significant positive relationship between successful aging and a socio-economic base. The highest relationship between the dimension of functional health was with the socio-economic base ( $r=0.472$ ), which was a direct, moderate, and significant relationship so that as the socio-economic base of the disabled elderly

increases, the score of successful aging also increases. The generalized linear regression model showed that among the studied demographic variables, education level had a significant relationship with successful aging. The relationship between the main dependent variables and successful aging was investigated by adjusting the effect of demographic variables, and the results showed a significant relationship between the socioeconomic bases with successful aging. However, there was no significant relationship between social justice senses with successful aging. Among the different dimensions of the social network, except the intimacy dimension, a significant relationship was observed between the network structural dimension (network size), the network interactive dimension (contact frequency), and the network functional dimensions (emotional and instrumental support) with successful aging in the elderly with physical disabilities. Also, the coefficient of model determination was 0.413 (the variables of sense of social justice, social network, and socio-economic base explain 41% of the variance of the successful aging variable; Table 2).

**Table 2)** Result of the generalized linear model of the relationship between predictor variables of social justice sense, social network, and socio-economic base with successful aging by adjusting the effect of demographic variables.

Variable (basic level)	Coefficient	SE	p.
<b>Gender (female)</b>			
Male	-0.818	1.6317	0.616
<b>Marital status (widow/divorced)</b>			
Single	-3.805	2.7738	0.170
Married	-1.771	2.4158	0.464
<b>Education level</b>			
Diploma	4.761	1.8011	0.008
Higher education	3.811	1.8354	0.038
<b>Occupation status (employed)</b>			
Unemployed/house Keeper/disabled	-1.110	1.7925	0.536
retired	-0.099	1.9377	0.959
<b>Age</b>	0.178	0.0974	0.068
<b>Sense of social justice</b>	0.051	0.0588	0.382
<b>Socio-economic base</b>	0.178	0.0494	0.001
<b>Network structural dimension (network size)</b>	0.025	0.0082	0.002
<b>Network interactive dimension (contact frequency)</b>	0.156	0.0710	0.028
<b>Network interactive dimension (bond strength/intimacy)</b>	0.053	0.0698	0.449
<b>Network functional dimension (emotional support)</b>	0.268	0.0805	0.001
<b>Network functional dimension (instrumental support)</b>	0.238	0.0903	0.008

This study was carried out on 153 elderlies with physical disabilities supported by charitable associations of Tehran city in 2020-2021 aiming determination of the relationship between successful aging with socioeconomic base, social network, and social justice. The results showed a normal distribution of the successful aging of the elderly with physical disabilities. The findings of this study showed a significant relationship between education levels with successful aging. The

relationship between main dependent variables and successful aging was investigated by adjusting the effect of demographic variables, and the results showed no significant relationship between the sense of social justice with successful aging ( $p < 0.05$ ). Therefore, the hypothesis of the possible existence of a relationship between successful aging and the sense of social justice has been rejected and it's inconsistent with the findings of Iranshahi *et al.* No study was found to investigate the relationship between the sense of social justice and successful aging and it can be said that no study can be found that matches the present study. In this study, successful aging included 7 dimensions which were assessed using the Successful Aging Questionnaire by Zanjari *et al.*, and Social Justice Sense by Arizi & Momeni through economic individualism, equality, need, and fairness. However, the study by Iranshahi *et al.*, entitled "a review of the most important features of urban spaces for the elderly with physical and mental disabilities in 2017" showed that justice and accessibility, etc., are the most basic characteristics of the quality of the spaces needed by the elderly with disabilities [23], which was inconsistent with our findings in terms of aims and subjects. It can also be said that society's conditions in terms of the concepts of social justice may be more available than the Iranian society, and the elderly with disabilities have a more positive feeling toward justice in society. However, the sense of justice in Iranian society is low and has little dispersion. A study by Nicola Ann Heath, which was conducted through an online survey among elderly people with disabilities measured the predictors of successful aging, such as the sense of social justice using distributive and procedural justice instruments [15]. Whereas in this study, the sense of social justice was measured employing Rasinski's scale by four components of economic individualism, equality, need, and fairness, and it can be said that the rejection of the hypothesis was probably due to the different measurement tools of studies inconsistent with this study.

The results of the present study show a significant relationship between socioeconomic base and successful aging ( $p < 0.05$ ). Therefore, this hypothesis was confirmed, which is consistent with the study of Theodore *et al.* and was inconsistent with the study of Alizadeh in terms of social and economic bases. Alizadeh through a study entitled "the frequency of successful aging and its criteria from the perspective of retirees in Tabriz in 2018" determined the prevalence of successful aging and its relationship with age, sex, marital status, education level, income, and ability to perform daily activities on 170 elderly people over 60 years old in Tabriz using the cross-sectional-analytical method. The results showed a significant relationship between income and successful aging. Also, the economic base and proper performance were the criteria for successful aging,

which can be said it is consistent with this study. The findings of Alizadeh's study showed no significant relationship between education with successful aging, and from this point of view, it can be said that it is inconsistent with our study [8]. One of the reasons for confirming the significance of this research is that if the higher a person's socioeconomic base is, the person's basic needs are met, then she will achieve successful aging. The findings showed a significant relationship between the different dimensions of the social network, network structural dimension (network size), network interaction dimension (contact frequency), and network functional dimension (instrumental and emotional support) with successful aging in elderly with physical disabilities ( $p < 0.05$ ), which confirmed this hypothesis and was consistent with the study by Erosheva *et al.* whereas, there was not a significant relationship between the mentioned dimensions with the intimacy ( $p > 0.05$ ). Erosheva *et al.* through a study entitled "social networks of lesbians, gay, bisexual, and transgender older adults" investigated the global social networks including friendship, support, and networks of 50-year-olds and older elderly in 11 social institutions in the United States using multiple regression analysis. The results showed that according to the social capital theory, social networks provide a means for social resources that can affect successful aging and well-being [13]. Successful aging is affected by some characteristics such as the extensive social network structure of the elderly with disabilities, the extensive network size (in terms of size), more contact with congeners, neighbors, acquaintances, friends, etc. on a daily and weekly basis and benefiting from the guidance and advice of the network members and being able to talk to them about their problems and concerns easily and feeling close to them, or counting on them when they need help and nursing during illness or when they need to borrow money in times of crisis. Finally, an intimate relationship and a desire to communicate may not affect the successful aging of the elderly with disabilities.

## Conclusion

Social networks and socio-economic base as social factors related to successful aging in elderly people with disabilities can be helpful in planning, macro policy-making, and designing interventions to improve the quality of life of people with disabilities.

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