

Happiness and its Relationship with Social Support and Health Promoting Behaviors in Military Elderly

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ABSTRACT

Aims Happiness is one of the characteristics of health that is necessary for empowerment as well as the active and independent life of the elderly. Also, social support plays an effective role in promoting the health of the elderly by providing emotional and psychological support. The present study was designed to determine happiness and its relationship with social support and health-promoting behaviors in the military elderly.

Instrument & Methods This descriptive-analytical study was performed on 280 militaries, older adults referred to the health centers using the available sampling method. Data collection tools were the demographic questionnaire and Oxford Happiness Test Questionnaire, Phillips Social Support Questionnaire, and Health-Promoting Behaviors Checklist. Data were analyzed by SPSS 20 software using ANOVA and linear regression tests.

Findings Forty percent of the elderly had moderate happiness, 29.6% had good happiness, and 30.4% had perfect happiness. Age, gender, and chronic diseases were significantly associated with happiness ($p < 0.05$). Also, marital status, education, and economic status were significantly associated with social support ($p < 0.05$). Based on regression analysis, social support in all areas and health-promoting behaviors significantly predicted happiness in the elderly ($p < 0.05$).

Conclusion Given the accelerating growth of the elderly population and the associated decline in physical and mental fitness, it is essential to pay attention to social support and health-promoting behaviors that predict happiness. Therefore, the elderly must enjoy more social and economic support by creating, amending, and strengthening protection laws and monitoring their strict implementation.

Keywords Military; Elderly; Happiness; Social Support; Health Promoting Behaviors

CITATION LINKS

[1] WHO global disability action plan 2014-Stress-management methods of the community-dwelling ... [2] Relationship between hope and happiness with ... [3] Comprehensive study of elderly's ... [4] Healthy happiness: Effects of happiness ... [5] Measuring successful aging with respect ... [6] Effect of healthy lifestyle educational programs ... [7] The effect of education on life style among ... [8] Development of the World Health Organization ... [9] Health promoting self-care behaviors and ... [10] Health promotion behaviors and quality of life among community-dwelling ... [11] The relationship between health literacy with ... [12] A comparison of old men and women's social ... [13] Health promoting behaviors and its related ... [14] A preliminary evaluation of the validity ... [15] Reviewing the relation between social support and blood sugar ... [16] Mental health condition and health promoting ... [17] The effect of health promoting lifestyle training on elderly ... [18] Happiness in IT professionals: Does it depend upon organizational ... [19] Activities of daily living, depression, and social support among ... [20] Expectations of institutionalized elderly from their ... [21] Study and comparing 3 groups of active, passive, and ecotourist old age people on their ... [22] Calcium, dairy products and ... [23] Happiness and related factors in ... [24] Social support, reciprocity ... [25] Investigating stress, anxiety and depression and its relationship ... [26] Association between perceived social support ... [27] The relationship between social support and life satisfaction with happiness among home-dwelling ... [28] Tai Chi interventions in mental illness: Results from a pilot study ... [29] The Relationship between social support and ... [30] Secondary traumatic stress and posttraumatic growth: social ...

Introduction

Happiness is an inner experience of positive emotions and life satisfaction that lacks negative emotions such as anxiety and depression [1-3] and is one of the indicators of mental health that includes three major dimensions, including emotional and emotional dimension, which is the same as happy and positive mood, and second, social dimension, indicating the development of one's social relationships with others, which ultimately increases social support. The criterion of social support is social relations, and establishing positive social relationships leads to more social support. Most basic definitions of social support are rooted in people's understanding of their popularity and being considered [1, 2]. Definitions of social protection are generally placed in two categories: those that emphasize the functional aspects of social support networks and those that emphasize cognitive assessment (Perception). Perceived social support theorists believe that not all relationships with others are regarded as social support. In other words, the relationships that a person perceives as an available or suitable resource to meet his needs are considered as a source of social support. Support is a mutual aid that creates a positive self-concept, self-acceptance, hope, feelings of love, satisfaction, and well-coming, as well as reduces anxiety [4]. Finally, the third dimension is the cognitive dimension, i.e., the kind of thinking and processing that leads to one's optimism [2-4].

Veenhoven [4] considers happiness to be a quality of life for people who are generally rated as positive [4-6]. Social support facilitates health promotion behaviors, provides feedback and encourages individuals to do activities that lead to personal goals [1]. Among the determinants of health, health-promoting behaviors are one of the most basic determinants of health [7] which is known as the underlying factor in not-infection to many diseases [8, 9]. The importance of health-promoting behaviors, considering the maintenance of people's performance and independence and increasing their quality of life, is becoming more and more apparent [10] and includes activities that improve the well-being and health potential of individuals, families, and society [11]. The aim of improving their lifestyle is to empower people to have more control over their health in more conscious and healthy ways [12]. Therefore, self-care behaviors that are health promoters should be considered as the main strategy for maintaining and promoting health [9].

Although with the increase in the elderly population, the rate of disease and disability will also grow, increasing awareness makes a significant proportion of the elderly able to sustain better performance, which is the same successful aging [3, 10]. Hence, successful aging aims to empower the elderly to live actively and independently and to prevent the negative consequences of aging [3, 13] -such as

dependence and reduction of health levels-maintaining and improving health in old age, not only prevents chronic diseases but also contributes significantly to the independence and participation of the elderly in family and social activities [3]. World Health Organization statistics indicate that 53% of the main causes of death were related to lifestyle and health behaviors, 21% related to environmental factors, 11% to hereditary factors, and 11% to health care delivery system, respectively [11].

Alipour [2] believes that experiencing stress reduces feelings of happiness, i.e., the more stress a person experiences, the more he or she loses happiness, and his mental health is threatened by happiness. Social support plays an important role in determining the quality of life and health of the elderly.

Investigating happiness in the elderly is very important due to their conditions. The main challenge is how to improve health in all aspects and ultimately improve the quality of life in old age. As it is expected that by identifying health-promoting behaviors in the elderly, appropriate strategies can be provided to improve the health and quality of life of the elderly; hence, to provide desirable aging with health and vitality for these loved ones would be provided as much as possible, so this study aimed to investigate happiness and its relationship with social support and health-promoting behaviors in the military, older adults.

Instrument and Methods

In the present descriptive-analytical study, 500 military elderly over 60 years old referred to Urmia Police Health Center during the second six months of 2019 participated. They were selected using the available sampling method, and the total number was approximately 500 people; according to the mentioned period, 280 people were referred. The elderly referred to this center participated in the study in case of consent. The elderly were excluded from the study if they had a record of mental illness. Data collection tools were demographic questionnaire and Oxford Happiness Test Questionnaire, Phillips Social Support Questionnaire and Health Promoting Behaviors Checklist:

- The Oxford Happiness Test questionnaire includes 29 items regarding factors that affect happiness in students. It investigates psychological constructs of social interest, extraversion, humor, kindness, agreeableness, purposefulness, self-sufficiency, self-esteem, self-acceptance, physical health, autonomy, place of control and aesthetic feeling. Each item in the questionnaire consists of 4 options; while the first option receives a score of zero, the second one has a score of 1, the third option gets a score of 2, and the fourth one gets a score of 3. At the end of the scoring procedure, all responses were collected. Total scores from 0 to 25 were taken as poor happiness, 26-50 scores as moderate happiness, 51-75 scores were good happiness, scores 76 and

higher were considered the excellent level of happiness. The range of scores varies from 0 to 98. Likewise reliability and validity of the Questionnaire of Happiness in Iran were assessed by Alipoor & Noorbala. At the same time, Cronbach's alpha was set as 0.98, the split-half reliability was 0.92, and the retest reliability was 0.79^[14].

- The Social Support Questionnaire was designed in 1974 by Phillips *et al.* and consisted of 23 questions, including three areas of family, friends, and others. This questionnaire has a continuum of answers ranked on the correct and incorrect spectrum and has a score of 0 and 1 to each answer, respectively. Also, the minimum and maximum scores vary between 0 and 23, and the high score in this questionnaire indicates high social support, and the low score indicates lower social support. This questionnaire was used in Zareipour *et al.*, a study in Iran, in this study, Cronbach's alpha was 0.67, and its validity and reliability were confirmed^[15].

- Health Promoting Behaviors Questionnaire was a checklist for health-promoting behaviors which included 10 items: not smoking, not taking alcohol (currently), and performing, doing exercise or walking (at least three times a week, 20 minutes each time), low salt food consumption, low-fat food consumption, consumption of fresh vegetables and fruits, consumption of milk, dairy and meat foods (normally), blood pressure control (in the past year), health status control (conducting a variety of tests in the past one to two years) and influenza vaccine injection (in the past year) that were answered yes and no. Yes, answers scored 1, and No answers were given zero points. This questionnaire was used in Habibi *et al.*^[13] and Barati *et al.*^[16] study in Iran. Moreover, in their study, reliability was evaluated by the retest method and confirmed ($r=0.9$).

In the present study, the validity of all three questionnaires was confirmed using content validity. Also, the reliability of the questionnaires

was confirmed by calculating the Cronbach's alpha coefficient ($\alpha>70$).

The ethics code was obtained from the Research Ethics Committee of Islamic Azad University- Urmia Branch. After explaining the research objectives and satisfaction of the samples, the questionnaires were completed by military elderly with the guidance of the questioner and self-report. For illiterate elderly, questionnaires were completed by the questioner and through interviews.

Data were analyzed by SPSS 20 software using ANOVA and linear regression tests. The relationship between demographic variables and happiness was investigated using an independent t-test.

Findings

Most of the participants were 60-65 years-old men. 106 (37.9%) had elementary/middle school education in terms of education level. Regarding marital status, 224 (80%) of the elderly were married. Moreover, most people had an average economic situation (Table 1).

The results showed that happiness was significantly correlated with variables such as age, gender, chronic disease ($p<0.05$). Still, there was no significant relationship between happiness and marital status, education, and economic status. On the other hand, examining the relationship between social support and demographic variables showed that marital status, education, and economic status had a significant relationship with social support ($p<0.05$). However, social support with age, gender, and chronic disease was insignificant (Table 1).

According to the findings, the happiness score of the elderly was 28.65 ± 51.88 ; Overall, 40% of the elderly had moderate happiness, 29.6% had good happiness, 30.4% had perfect happiness.

The mean \pm SD dimensions of social support showed that the mean score of family support, friend support, and support of others was 5.16 ± 2.5 , 5.01 ± 2.7 , and 4.98 ± 2.4 , respectively.

Table 1) Distribution of the Mean and Standard Deviation and social support of the elderly according to the demographic variables

Variables	Frequency	Percent	Happiness		Social Support		
			Mean \pm SD	p-value	Mean \pm SD	p-value	
Age	60-65	129	46.1	48.10 \pm 27.15	0.04	15.54 \pm 6.8	0.08
	66-70	87	31.1	49.19 \pm 29.47		15.34 \pm 6.3	
	71-75	40	14.3	53.2 \pm 30.52		14.88 \pm 4.9	
	75 and more	24	8.6	66.83 \pm 23.21		15.83 \pm 6.21	
Gender	Male	260	92.9	49.8 \pm 28.70	0.001	15.2 \pm 6.7	0.6
	Female	20	7.1	63.5 \pm 21.20		14.9 \pm 7.2	
Marital status	Married	224	80	57.74 \pm 29.78	0.09	15.76 \pm 7.9	0.02
	Single	27	9.6	40.88 \pm 28.07		14.26 \pm 5.9	
	Widowed	29	10.4	51.17 \pm 29.89		14.22 \pm 5.5	
Education	Illiterate	10	3.6	76.18 \pm 19.96	0.14	15.86 \pm 5.9	0.001
	Elementary.middle	106	37.9	51.28 \pm 28.56		15.88 \pm 5.6	
	Diploma	90	32.1	49.76 \pm 28.47		14.26 \pm 7.9	
	University	74	26.4	47.87 \pm 27.90		14.12 \pm 5.5	
Chronic illness	Not have	26	9.3	55.03 \pm 25.55	0.008	15.43 \pm 7.1	0.4
	Have	254	90.7	47.64 \pm 28.74		15.12 \pm 7.3	
Economic status	Weak	16	5.7	49.16 \pm 27.59	0.8	13.25 \pm 7.7	0.004
	Average	196	70	51.23 \pm 27.92		15.84 \pm 6.1	
	Good	68	24.3	52.25 \pm 32.07		15.87 \pm 6.15	

Table 2) The indicators of the regression analysis to predict happiness in elderly

Predictive Variable	Regression Coefficient B	Standard error	Regression Coefficient beta	t	Sig.
The Social Support	Family support	0.63	0.091	0.392	3.98 0.0001
	Friends support	0.51	0.082	0.342	3.35 0.0001
	Others support	0.46	0.077	0.314	3.15 0.001
Health-promoting behaviors		0.55	0.79	0.334	3.24 0.001

The results of the regression test showed that social support significantly predicted happiness in the elderly ($p < 0.001$), so the most predictive domain was family support ($B = 39.39$) and friends' support ($B = 0.35$). The lowest was related to the support of others ($B = 0.31$) as well as all areas of social support were statistically significant in predicting happiness. ($p < 0.05$). The higher the social support of the individual, the more happiness increases. On the other hand, the results showed that health-promoting behaviors predict happiness in the elderly ($p = 0.001$; Table 2).

Discussion

This study aimed to investigate happiness and its relationship with social support and health-promoting behaviors in the military elderly. According to the findings, the happiness score of the elderly was 28.65 ± 51.88 out of a total score of 87. Furthermore, 40% of the elderly had moderate happiness, 29.6% had good happiness, 30.4% had perfect happiness. In the study, 65% of the elderly had happiness, and 35% of the elderly had no happiness [3]. In 2011, Keykhosravi *et al.* [12] reported moderate happiness in the elderly in Shiraz. The mean total happiness score of the elderly in Karimi *et al.*'s study was 46.40 ± 46.40 and in the control group was 75.2 ± 2.38 , respectively [17]. The results indicated a positive and significant relationship between happiness and age variables, so that the older the elderly, the more happiness they had. The results of Dogra *et al.*, a study in Canadians over 45 years [18] as well as the study of Molashahri *et al.*, as well as the similar findings of the elderly over 60 years of age in Zahedan city showed that participants with younger age had higher happiness that was not consistent with the present study [3]. In explaining this result, it can be said that the elderly who can perform daily activities show a higher level of happiness and less depression which ultimately leads to the promotion of quality of life [19].

Moreover, there was a positive and significant relationship between happiness and gender variable, so women had more happiness. Since sources of happiness, experiences, and socioeconomic conditions vary between men and women [4, 18], women devote much time to happiness behaviors and have wider social relationships. More leisure time can explain the difference between happiness in women [12]. Based on the results of this study, there was a significant inverse relationship between chronic diseases and happiness. This

means that the presence of physical illness reduces the happiness of the elderly. Nouri *et al.* showed that one of the most important concerns of the elderly is controlling and treating chronic patients, receiving health care, and taking drugs on time. In the absence of health and physical needs, the elderly will experience anxiety and depression, and finally, the level of happiness decreases [20]. Also, physical disabilities caused by chronic diseases related to aging can threaten their loss of personal independence, which can cause psychological stress problems and consequently reduce happiness among them [21]. In addition, the financial burden of treating chronic diseases for the elderly plays a role as an influential factor in reducing their happiness. The opposite of this relationship also exists, so the happy elderly are healthier due to less stress and suffer from fewer diseases [22]. This finding is in line with the results of the Jayasvasti & Kanchanatawan study stating that people with low happiness have more physical problems [23].

The results indicated a positive and significant relationship between social support and marital status, as married people had more social support. Naturally, the elderly become more dependent on their spouses with increasing age, since the emotional quality of it is associated with a sense of belonging, so this can provide an important protective effect against life events and leads to improved performance within the family and society, as well as effective coping against more physical and psychological problems and adjustments [4]. As a result, the elderly who have their wives in the country have more support and more life satisfaction.

Another finding of this study was a significant inverse relationship between social support and education; the elderly with less education had more social support. In explaining this issue, it may be noted that families with less education may have a more traditional and emotional life and have less physical relationship with other family members, which leads to the enjoyment of such elderly from higher social support. The results indicated a positive and significant relationship between social support and economics. The higher the economy, the more social support was seen. In explaining this issue, it can be said that the more financially independent people are, the more active role they play in society with broader connections, which makes them more socially supportive [4]. Another finding of this study was the positive and significant relationship between happiness and all areas of

social support. In this way, the most predictive domain was family support, then the support of friends, and the least related to the support of others, i.e., the higher the social support of the individual, the more happiness increases. The other finding of this study is that the mean scores of family support were more than the average scores of non-family support. Also, the correlation between family social support and morale is more than the correlation between non-family support and the morale of the elderly. Support from family members and causal dependents has a greater impact on improving and promoting morale and less on supporting non-family resources such as friends and colleagues. Besides, this study was not consistent with Nouri [20] and Shirbeigi [21], while being in line with Alipour's [2] results.

This finding is consistent with research that has confirmed the positive relationship between social support and happiness [19, 24, 25]. In line with the results of this study, in a study, Ahmadi *et al.* showed an increase in happiness of the elderly living in Qazvin and increasing social support [26]. Keykhosravi Beygzadeh also found a significant relationship between happiness and social support by studying 379 older adults over 65 living in Shiraz [27]. One of the most important needs of the elderly is to accept them as members of the family and support them, which has a significant impact on increasing their satisfaction and happiness [4, 18, 22]. Social support is defined as a predictor variable of all aspects of human health and well-being, quality and life satisfaction [28]. Social support helps the elderly feel safe, relaxed, and belonging in stressful situations by improving and increasing psychological adaptation mechanisms [29]. People who receive appropriate social support, especially from their families, are less stressed than those without the support and better health [30]. Social support leads the elderly to believe that others love them and are valuable elements with dignity and respect. Social support, especially in the elderly, is important in coping with their psychological problems, including anxiety and depression, and the elderly who are supported are happier [22].

On the other hand, the results showed that health-promoting behaviors predict happiness in the elderly. This was consistent with the research findings of Tol *et al.* [12] and Mohammadi Mehr *et al.* [6]. Happiness is one of the variables that can be influenced by people's lifestyles [17]. A healthy lifestyle in the elderly depends on their skills and awareness in different dimensions to choose behaviors that provide, maintain and promote health and ultimately lead to an enjoyable life and physical activity, improved performance, and ability, for example, immobilization can reduce dependence and consequently reduces symptoms of depression, increase life satisfaction and happiness in the elderly.

Although awareness of the elderly has been mentioned in various studies as one of the most important factors in promoting the elderly's lifestyle, interventional methods related to lifestyle modification in the elderly should arise their active participation. Based on the above-mentioned findings, some interventions should be planned through which acquiring healthy lifestyles, as well as reducing the senses of inability, being valueless and dated, would be possible. In addition to increasing their knowledge and skills in choosing healthy behaviors, more satisfaction and happiness can be provided by forming friendship networks between the elderly and peer groups. And strengthen their abilities, satisfaction, and happiness. In Iran, the necessity of lifestyle education programs to increase high-quality life satisfaction in the elderly has been felt [17].

A cross-sectional study and data collection in the form of self-reported and subjective is one of the limitations of the present study. It is suggested that more extensive and different research be conducted on the elderly both in the elderly's home and in terms of active and passive elderly with other tools and variables. It is also necessary for health planners and policymakers to improve happiness by improving health-promoting behaviors and strengthening social support. Considering the importance of social support and happiness in promoting the health of people in the community, especially the elderly, recognizing and improving these factors can be effective in interventional and applied studies. Furthermore, increasing awareness about such factors can play a decisive role in improving the health of the elderly. The elderly must receive more social and economic support by establishing, amending, and strengthening the protection laws and supervising their strict implementation by the relevant authorities. Considering the accelerated trend of aging population growth and the reduction of physical and mental ability along with it, paying attention to their social support is of particular importance.

Conclusion

All areas of social support significantly promote happiness in the elderly, so increasing the happiness of the elderly can be caused by strengthening social support, promoting health-promoting behaviors, increasing economic independence, and improving their physical health.

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