CIVIC ENGAGEMENT AND SOCIAL WELLBEING AMONG AGED PEOPLE IN AHWAZ CITY, IRAN

ABDOLRAHIM ASADOLLAHI

IG 2014 1
CIVIC ENGAGEMENT AND SOCIAL WELLBEING AMONG AGED PEOPLE IN AHWAZ CITY, IRAN

By

ABDOLRAHIM ASADOLLAHI

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Doctor of Philosophy

August 2014
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DEDICATION

To my elder parents and all seniors who wish to engage in the civic society of Iran to enhance their social well-being, cope with the loneliness, and growing as a successful aging in the place and community
Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

CIVIC ENGAGEMENT AND SOCIAL WELLBEING AMONG AGED PEOPLE IN AHWAZ CITY, IRAN

By

ABDOLRAHIM ASADOLLAHI

August 2014

Chairperson: Nobaya Ahmad, Ph.D.
Faculty: Institute of Gerontology

Iran and its aged society are facing some issues i.e. decreasing civic engagement and social participation, reducing social well-being and quality of life that significantly impact the current social structures in Iran and will continue to do so in the future. If such issues are ignored, Iranian society will be faced with the consequences of having problems among the aged population. As a result, there will be negative implications on communal relations, discrimination, and unjust distribution of resources based on a gender-ethnic basis that will affect the well-being and quality of life. This study describes the current situation of the elderly in Iranian society from a gender-ethnic perspective, analysing civic engagement, social wellbeing, background issues of the aged, their social interactions, and makes recommendations to enhance their social life. The theories used include social well-being theory of Keyes and Shapiro (1998-2009), civic engagement in the theories of Putnam and Knock (2002), and activity theory. Also, demographic-individual inquiries were used i.e. socioeconomic status, gender, ethnicity, economic and health status, and aging in place. The population of the study is aged citizens 60 years old and above (N=51594) in Ahwaz city, the provincial capital of Khuzistan in southwest of Iran. Sampling method was cluster-ratio based on municipal zones, ethnicity, and gender. The sample size was 382 (195 male and 187 female) according to the Cochran formula and adapted to Morgan’s table. The data were analyzed by descriptive statistics, F test, ANOVA, the generalized linear model, and multiple regression analysis. Also, the reliability of inventories was examined by Cronbach’s alpha and the results were (α=.65 for loneliness scale, .70 for scale of social well-being, .66 for civic engagement, and .84 for scale of aging in place). Descriptive findings indicated the economically poor situation of the aged samples, and while their health status was moderated, there were some issues. The majority of them were officially illiterate with low quality of nutrition and high prevalence of chronic conditions. Total Measure of basic variables showed civic engagement as low, social well-being as moderate, and loneliness as high. Multiple regression analysis and its assumptions were carried out and the predictor variables i.e. civic engagement and background variables on social well-being were estimated and discussed. Ethnicity and gender were found to enhance both civic engagement and social well-being at the first step.
The AiP and demographic issue on civic engagement, health and economic status on SWB were the next items that enhanced the basic variables. The generalized linear model reported gender-ethnic discrimination that directly affected civic engagement and social well-being of aged samples and the objectives of the study were confirmed as well. The results indicated that some predictors enhanced the social well-being indicators. Gender and ethnicity affected on social well-being in the highest level. Based on the findings, discussions and suggestions are made for future research on social gerontology and aging policymaking. Future research therefore needs to focus on ethnicity, gender-related issues, and community level of the lifestyle of aging in the society, especially in developing countries like Iran.

Key Words: Iranian Aging, Ahwaz City, Civic Engagement, Social Well-being, Gender, and Ethnic-related Issues
Abstrak tesis dipersembahkan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan mendapatkan ijazah Doktor falsafah

KETERLIBATAN SIVIK DAN KESEJAHTERAAN SOSIAL DALAM KALANGAN MASYARAKAT BERUMUR DI BANDAR AHWAZ, IRAN

Oleh

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iii
ubah i.e. CE dan pemboleh ubah latar belakang ke atas SWB adalah seperti yang dijangkakan. Etnik dan jantina mampu mempertingkatkan kedua-dua CE dan SWB. AiP dan isu demografik ke atas CE, kesihatan dan status ekonomi ke atas SWB adalah item berikutnya yang boleh mempertingkatkan pemboleh ubah asas. GLM melaporkan diskriminasi jantina-etnik yang secara langsung memberi kesan CE dan SWB bagi sampel warga emas. Dapatan kajian menunjukkan beberapa peramal mempertingkatkan indikator SWB dan SWB adalah sederhana bagi jantina dan etnik dalam tahap paling tinggi. Sebagai tambahan, cara hidup bagi sampel warga emas, status perkahwinan, kualiti kesihatan, status ekonomi dan kualiti penuaan dalam kawasan kejiranan memberi kesan langsung kepada SWB dengan penglibatan peranan CE. Berdasarkan kepada dapatan dan perbincangan, adalah dicadangkan kajian masa akan datang ke atas gerontologi sosial dan pembuat polisi warga emas. Oleh yang sedemikian, kajian masa depan perlu fokus kepada etnik, isu berkaitan dengan jantina dan cara hidup warga emas pada peringkat komuniti, terutamanya dalam membangunkan negara seperti Iran.

Kata Kunci: Warga emas Iran, Bandar Ahwaz, keterlibatan sivik, kesejahteraan sosial, jantina dan etnik.
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I certify that a Thesis Examination Committee has met on 14 August 2014 to conduct the final examination of Abdolrahim Asadollahi on his thesis entitled "Civic Engagement and Social Wellbeing among Aged People in Ahwaz City, Iran" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>1.3</td>
<td>Research Questions</td>
<td>4</td>
</tr>
<tr>
<td>1.4</td>
<td>Objectives of the Study</td>
<td>5</td>
</tr>
<tr>
<td>1.4.1</td>
<td>Main objective</td>
<td>5</td>
</tr>
<tr>
<td>1.4.2</td>
<td>Specific objectives</td>
<td>5</td>
</tr>
<tr>
<td>1.5</td>
<td>Theoretical Framework</td>
<td>6</td>
</tr>
<tr>
<td>1.5.1</td>
<td>Social Well-being</td>
<td>6</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Civic Engagement</td>
<td>9</td>
</tr>
<tr>
<td>1.5.3</td>
<td>Aging in Place:</td>
<td>10</td>
</tr>
<tr>
<td>1.5.4</td>
<td>Loneliness</td>
<td>11</td>
</tr>
<tr>
<td>1.6</td>
<td>Conceptual Framework</td>
<td>12</td>
</tr>
<tr>
<td>1.7</td>
<td>Definition of Terms</td>
<td>13</td>
</tr>
<tr>
<td>1.7.1</td>
<td>Health status</td>
<td>13</td>
</tr>
<tr>
<td>1.7.2</td>
<td>Ethnicity</td>
<td>133</td>
</tr>
<tr>
<td>1.7.3</td>
<td>Living arrangement</td>
<td>13</td>
</tr>
<tr>
<td>1.7.4</td>
<td>Loneliness</td>
<td>133</td>
</tr>
<tr>
<td>1.7.5</td>
<td>Marital status</td>
<td>14</td>
</tr>
<tr>
<td>1.7.6</td>
<td>Family size</td>
<td>14</td>
</tr>
<tr>
<td>1.7.7</td>
<td>Education or literacy</td>
<td>14</td>
</tr>
<tr>
<td>1.7.8</td>
<td>Taking pension</td>
<td>14</td>
</tr>
<tr>
<td>1.7.9</td>
<td>Aging in place</td>
<td>14</td>
</tr>
<tr>
<td>1.7.10</td>
<td>Civic Engagement</td>
<td>15</td>
</tr>
<tr>
<td>1.7.11</td>
<td>Social Well-being</td>
<td>15</td>
</tr>
<tr>
<td>1.8</td>
<td>Organization of the Thesis</td>
<td>15</td>
</tr>
<tr>
<td>1.9</td>
<td>Summary</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>LITERATURE REVIEW</td>
<td>17</td>
</tr>
<tr>
<td>2.1</td>
<td>Introduction</td>
<td>17</td>
</tr>
<tr>
<td>2.2</td>
<td>Well-being and Its Perspectives</td>
<td>17</td>
</tr>
<tr>
<td>2.3</td>
<td>Theories of Well-being</td>
<td>19</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Objective List Theories</td>
<td>19</td>
</tr>
<tr>
<td>2.4</td>
<td>Measurement of Well-being</td>
<td>20</td>
</tr>
<tr>
<td>2.4.1</td>
<td>Domain approach</td>
<td>21</td>
</tr>
<tr>
<td>2.4.2</td>
<td>Targeted approach</td>
<td>22</td>
</tr>
<tr>
<td>2.4.3</td>
<td>Universal approach</td>
<td>22</td>
</tr>
<tr>
<td>2.5</td>
<td>Social well-being and its Domains</td>
<td>23</td>
</tr>
<tr>
<td>2.6</td>
<td>Civic Engagement</td>
<td>26</td>
</tr>
<tr>
<td>2.7</td>
<td>Civic Engagement and Wellbeing in Iran</td>
<td>31</td>
</tr>
<tr>
<td>2.8</td>
<td>Review Loneliness and Wellbeing</td>
<td>36</td>
</tr>
</tbody>
</table>
2.9. Aging in Place and Social Wellbeing  
2.10. Summary

3 METHODOLOGY
3.1. Introduction  
3.2. Research Design  
3.3. Data Collection  
3.4. Location of the Study  
3.5. Population and Samples  
3.6. Sampling Method and its Frame  
3.6.1. Sample Size  
3.7. Data Analysis  
3.8. Instrumentation  
3.8.1. Scale of Social Well-Being  
3.8.2. Scale of Civic Engagement (SCE) (2010)  
3.8.3. Background Variables  
3.8.4. Scale of Aging in Place (SAiP, 2012)  
3.8.5. The r-UCLA-Loneliness Scale (r-UCLA-LS)  
3.9. The Pilot Study  
3.9.1. Reliability and Homogeneity of the Scales  
3.9.2. Reliability of Research Instruments  
3.10. Exploratory Data Analysis  
3.11. Summary

4 FINDINGS AND DISCUSSION
4.1. Introduction  
4.2. Descriptive Findings  
4.2.1. Demographic characteristics of samples  
4.2.1.1. Health Status of Respondents  
4.2.2. Aging in Place  
4.2.3. Loneliness among the Aged Respondents  
4.3. Measurement of Social Well-Being and its Domains  
4.3.1. Distribution of Scale of Social Wellbeing  
4.3.2. Frequency Distribution for Domains of SWB  
4.4. Measurement of Civic Engagement and its Indicators among  
4.4.1. Distribution of Total Score of SCE  
4.4.2. Frequency Distribution for Domains of Civic Engagement  
4.5. Graphical Vision to Basic Variables upon Gender and Ethnicity  
4.6. The Significant Connection among Variables of the Study  
4.6.1. Pearson Correlations between Demographic and Main  
4.6.2. Spearman Correlations between Demographic and Main  
4.6.3. Pearson Correlations between Sub-Domains of Main  
4.6.4. Pearson Correlations between Health and Main Variables  
4.6.5. Pearson Correlations between Economic Status and Main  
4.7. Factors that Predict SWB among Aged Citizens  
4.8. Factors that Predict CE in SWB of Aged Samples  
4.9. The Factorial Relations within Indicators of CE and SWB  
4.9.1. Factors of Sub-Domains that Predict CE in SWB of Aged  
4.9.2. Factors that Predict the Demographic Variables on SWB  
4.9.3. Factors that Predict the Demographic Variables on CE  
4.10. The GLM Report on Affection of Nominal Factors in SWB and CE  
4.11. Analysis of the Ten Objectives of the Study  
4.12. Summary
5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction 128
5.2. Summary 128
5.3. Conclusion 129
5.4. Limitations 138
5.5. Recommendations 139
5.6. Implications 140
5.6.1. Theoretical Implications 140
5.6.2. Practical Implications for the Policymaking 141
5.6.3. Conceptual Implications 142

REFERENCES 147
APPENDICES 159

Appendix A: Social Well-being Scale by Keyes (1998); long version 159
Appendix B: Scale of Social Well-Being (SSWB) Iranian Version 160
Appendix C: Instrument of the Study (English Version) 161
Appendix D: Instrument of the Study (Persian Version) 165
Appendix E: Aged Population of Ahwaz, KSCC & ISCC 2007 169
Appendix F: Population of 8 Municipal Zones in Ahwaz 170
Appendix G: Results of Exploratory Data Analysis 171
Appendix H: Variables, Objectives, Tests, & Instruments of the Study 173
Appendix I: O-C Definitions of 5 Domains of SWB 175
Appendix J: Ahwaz City, Khuzistan Province, Iran in the World Map 176

BIODATA OF STUDENT 177
LIST OF PUBLICATIONS 178
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td>Types of well-being and their description</td>
<td>22</td>
</tr>
<tr>
<td>2-2</td>
<td>Details of Fit Index techniques for adjusting three versions of SWS within Iranian</td>
<td>26</td>
</tr>
<tr>
<td>3-1</td>
<td>Sample size &amp; percentage of each gender for aged citizens in any Municipal Zones (60 years old and above)</td>
<td>47</td>
</tr>
<tr>
<td>3-2</td>
<td>SSWB for measuring SWB, its Domains, and Items</td>
<td>50</td>
</tr>
<tr>
<td>3-3</td>
<td>SCE for measuring CE, its Domains, and Items</td>
<td>54</td>
</tr>
<tr>
<td>3-4</td>
<td>Reliability of the Scales in the Pilot Study (N=64, p=.001, df=382)</td>
<td>51</td>
</tr>
<tr>
<td>3-5</td>
<td>Tests of Normality, Means, SD, Skewness and Kurtosis for Distribution of the Pilot</td>
<td>53</td>
</tr>
<tr>
<td>3-6</td>
<td>Reliability of the Scales in the Study (N=382)</td>
<td>53</td>
</tr>
<tr>
<td>3-7</td>
<td>Coefficients of Collinearity Tests for Major Independent Variables in Multiple Regression Analysis</td>
<td>54</td>
</tr>
<tr>
<td>4-1</td>
<td>Frequency Distribution and Comparison of Seniors’ Demographic and Background Profiles by Gender (N=382, p≤.05.)</td>
<td>58</td>
</tr>
<tr>
<td>4-2</td>
<td>Frequency Distribution and Comparison of Seniors’ Health Status by Gender (N=382, p≤.05.)</td>
<td>60</td>
</tr>
<tr>
<td>4-3</td>
<td>Frequency Distribution of Seniors’ Attitudes regarding Nutrition and General Health, GH (N=382)</td>
<td>62</td>
</tr>
<tr>
<td>4-4</td>
<td>Frequency Distribution and Comparison of SAiP by Gender and Ethnic among Aged Samples (N=382, p≤.05)</td>
<td>64</td>
</tr>
<tr>
<td>4-5</td>
<td>Frequency Distribution and Comparison of Seniors’ Attitudes Regarding the Problems in their Neighbourhood/Environment by Gender and Ethnic (N=382, p≤.05)</td>
<td>66</td>
</tr>
<tr>
<td>4-6</td>
<td>Frequency Distribution of Loneliness among Aged Samples (N=382)</td>
<td>67</td>
</tr>
<tr>
<td>4-7</td>
<td>Frequency Distribution and Comparison of r-UCLA Loneliness by Gender and Ethnic among Aged Samples (N=382, p≤.05)</td>
<td>68</td>
</tr>
<tr>
<td>4-8</td>
<td>Frequency Distribution and comparison of SSWB by Gender and Ethnic among Aged Samples (N=382, p≤.05)</td>
<td>69</td>
</tr>
<tr>
<td>4-9</td>
<td>Top Ranke Sub-Items of Major Variables regarding SSWB among Aged Samples (N=382)</td>
<td>70</td>
</tr>
<tr>
<td>4-10</td>
<td>Frequency Distribution of SSWB’s Domains upon Background</td>
<td>72</td>
</tr>
</tbody>
</table>
Variables among Aged Samples (N=382)

4-11: Frequency Distribution of SSWB’s Domains upon Background Variables among Aged Samples (N=382) 74

4-12: Frequency Distribution and Comparison of SCE by Gender and Ethnic among Aged Samples (N=382, p≤ 0.05) 76

4-13: Frequency Distribution of Two Basic Domains of CE upon Background Variables among Aged Samples (N=382) 81

4-14: Frequency Distribution of Two Basic Domains of CE upon Background Variables among Aged Samples (N=382) 82

4-15: Pearson Correlations Matrix among Demographic and Main Variables (N=382, α ≤ .05) 86

4-16: Spearman’s rho Correlations Matrix amongst Demographic and Main Variables (N=382, α ≤ .05) 87

4-17: Pearson Correlations Matrix among Sub-Domains of Main Variables (N=382) 88

4-18: Pearson Correlations Matrix among Health Status and Main Variables (N=382) 88

4-19: Pearson Correlations Matrix between Economic Status and Main Variables (N=382) 90

4-20: Model Summary of Multiple Regression Analysis for SWB 97

4-21: ANOVA for CE 97

4-22: Multiple Regression Analysis between CE and SWB (N= 382) 98

4-23: Tests of Between-Subjects Effects by GLM Report 100

4-24: Model Summary of Multiple Regression Analysis for SWB by Sub-Items of CE in the Indicator of Communal 102

4-25: ANOVA for Sub-Items of CE 107

4-26: Multiple Regression Analysis between Domains of CE and SWB (N= 382) 104

4-27: Model Summary of Multiple Regression Analysis for SWB by Demographic 105

4-28: ANOVA for Demographic Variables 106

4-29: Multiple Regression Analysis between SWB and Demographic Variables (N= 382) 107

4-30: Model Summary of Multiple Regression Analysis for CE by Demographic Variables 111
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-31: ANOVA for Demographic Variables</td>
<td>111</td>
</tr>
<tr>
<td>4-32: Multiple Regression Analysis between CE and Demographic Variables (N= 382)</td>
<td>115</td>
</tr>
<tr>
<td>4-33: GLM Box's Test of Equality of Covariance Matrices</td>
<td>119</td>
</tr>
<tr>
<td>4-34: Multivariate Tests of IVs on CE and SWB</td>
<td>122</td>
</tr>
<tr>
<td>4-35: Levene's Test of Equality of Error Variances in GLM</td>
<td>123</td>
</tr>
<tr>
<td>4-36: Tests of Between-Subjects Effects on CE and SWB</td>
<td>123</td>
</tr>
<tr>
<td>4-37: Bonferroni Method of Multiple Comparisons between Subgroups of Ethnic as IV</td>
<td>124</td>
</tr>
<tr>
<td>4-38: Homogeneous Subsets of Ethnic in the CE and SWB</td>
<td>124</td>
</tr>
<tr>
<td>4-39: Analysis of the Ten Objectives of the Study</td>
<td>126</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1: Five dimensions of SWB based on Keyes’ research (1998)</td>
<td>8</td>
</tr>
<tr>
<td>1-3: Illustration of the relationship within variables of the study</td>
<td>11</td>
</tr>
<tr>
<td>1-4: Illustration of theoretical framework of the study</td>
<td>12</td>
</tr>
<tr>
<td>1-5: Illustration of conceptual framework of the study</td>
<td>13</td>
</tr>
<tr>
<td>2-1: A tripartite schema for measuring well-being at the local level</td>
<td>21</td>
</tr>
<tr>
<td>2-2: Cycle of Civic Engagement and Levels of Wellbeing among Aged</td>
<td>31</td>
</tr>
<tr>
<td>3-1: Frame of sampling in the study with cluster &amp; multistage sampling</td>
<td>45</td>
</tr>
<tr>
<td>3-2: Illustrating sample size and population of elderly in Ahwaz City</td>
<td>48</td>
</tr>
<tr>
<td>4-1: Gender Pyramid Graph on Frequency Distribution of SAiP</td>
<td>64</td>
</tr>
<tr>
<td>4-2: Gender Pyramid Graph on Frequency Distribution of r-UCLA Loneliness Scale</td>
<td>68</td>
</tr>
<tr>
<td>4-3: Gender Pyramid Graph on Frequency Distribution of SSWB</td>
<td>70</td>
</tr>
<tr>
<td>4-4: Gender Pyramid Graph on Frequency Distribution of SCE</td>
<td>77</td>
</tr>
<tr>
<td>4-5: Box-Plot of CE in Relation to Gender and Ethnic</td>
<td>82</td>
</tr>
<tr>
<td>4-6: Box-Plot of SWB in Relation to Gender and Ethnic</td>
<td>83</td>
</tr>
<tr>
<td>4-7: Box-Plot of AiP in Relation to Gender and Ethnic</td>
<td>84</td>
</tr>
<tr>
<td>4-8: Box-Plot of r-UCLA-LS in Relation to Gender and Ethnic</td>
<td>85</td>
</tr>
<tr>
<td>4-9: Significant Correlations Diagram between the Main Variables and CE (N=382)</td>
<td>95</td>
</tr>
<tr>
<td>4-10: Significant Correlations Diagram between the Main Variables and SWB (N=382)</td>
<td>95</td>
</tr>
<tr>
<td>4-11: Scatter-Plot in Relation of X= CE and Y= SWB</td>
<td>99</td>
</tr>
<tr>
<td>4-12: Diagram of Factorial Relations of the CE and its two Domains to SWB</td>
<td>99</td>
</tr>
<tr>
<td>4-13: Regressive Diagram of Y= Five Domains of SWB by X= Two Main Indicators of CE</td>
<td>101</td>
</tr>
<tr>
<td>4-14: Scatter Plot of Y= SWB by X= 6 Sub-Domains of CE</td>
<td>104</td>
</tr>
<tr>
<td>4-15: Regressive Diagram of Y= SWB by X= Seven Sub-Domains of CE</td>
<td>104</td>
</tr>
<tr>
<td>4-16: Scatter Plot of Y= SWB by X= 21 Demographic Variables</td>
<td>108</td>
</tr>
<tr>
<td>4-17: Scatter-Plot in Relation of X= AiP and Y= SWB</td>
<td>108</td>
</tr>
<tr>
<td>4-18: Scatter-Plot in Relation of X= r-UCLA-LS and Y= SWB</td>
<td>109</td>
</tr>
<tr>
<td>4-19: Diagram of Regressive Relation between X= Main Demographic Characteristics and Y= SWB</td>
<td>110</td>
</tr>
</tbody>
</table>
4-20: Scatter Plot of Y= CE by X= Demographic Variables 113
4-21: Scatter-Plot in Relation of X= AiP and Y= CE 113
4-22: Scatter-Plot in Relation of X= r-UCLA-LS and Y= CE 114
4-23: Diagram of Regressive Relation between X= Main Demographic Characteristics and Y= CE 114
4-24: Diagram of Between-Subjects Effects of Gender-Ethnic on CE and SWB 120
4-25: Comparison of Change in the SWB within the Groups 121
4-26: Comparison of Change in the CE within the Groups 122
4-27: The Predicted Model of Social Well-Being among Aged Samples 125
## LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Arabs</td>
</tr>
<tr>
<td>AGFI</td>
<td>Adjusted Goodness of Fit Index</td>
</tr>
<tr>
<td>AiP</td>
<td>Aging in Place</td>
</tr>
<tr>
<td>AJPH</td>
<td>American Journal of Public Health</td>
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<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
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<td>Anx/Depr</td>
<td>Anxiety/Depression</td>
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<tr>
<td>App.</td>
<td>Appendix</td>
</tr>
<tr>
<td>CE</td>
<td>Civic Engagement</td>
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<td>CFI</td>
<td>Comparative Fit Index</td>
</tr>
<tr>
<td>CIRCLE</td>
<td>Center for Information and Research on Civic Learning and Engagement</td>
</tr>
<tr>
<td>DEV.</td>
<td>Development</td>
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<tr>
<td>df</td>
<td>Degree of Freedom</td>
</tr>
<tr>
<td>DV</td>
<td>Dependent Variables</td>
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<tr>
<td>F-M</td>
<td>Female-Male</td>
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<tr>
<td>FP</td>
<td>Informal Participation</td>
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<tr>
<td>GDP</td>
<td>Growth Domestic Production</td>
</tr>
<tr>
<td>GFI</td>
<td>Goodness of Fit Index</td>
</tr>
<tr>
<td>GH</td>
<td>General Health</td>
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<tr>
<td>GIS</td>
<td>Geographical Information System</td>
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<tr>
<td>GLM</td>
<td>General Linear Model</td>
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<td>GM</td>
<td>Grand Mean</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>IFI</td>
<td>Incremental Fit Index</td>
</tr>
<tr>
<td>IP</td>
<td>Informal Participation</td>
</tr>
<tr>
<td>IRR</td>
<td>Iranian Rials Currency</td>
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<tr>
<td>ISCC</td>
<td>Iranian Statistic &amp; Census Centre</td>
</tr>
<tr>
<td>IV</td>
<td>Independent Variables</td>
</tr>
<tr>
<td>KSCC</td>
<td>Khuzistan Statistic &amp; Census Centre</td>
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<td>L</td>
<td>Lors</td>
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<tr>
<td>MANOVA</td>
<td>Multiple Analysis of Variance</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NLP</td>
<td>National Literacy Plan</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>OPEC</td>
<td>Organization of the Petroleum Exporting Countries</td>
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<tr>
<td>P</td>
<td>Probability</td>
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<tr>
<td>Per.</td>
<td>Persians</td>
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<tr>
<td>Pop.</td>
<td>Population</td>
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<tr>
<td>PWB</td>
<td>Psychological Wellbeing</td>
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<tr>
<td>QoL</td>
<td>Quality of Life</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>QoS</td>
<td>Quality of Society</td>
</tr>
<tr>
<td>$R_{adj}^2$</td>
<td>R adjusted Square</td>
</tr>
<tr>
<td>RMSEA</td>
<td>Root Means Square Error of Approximation</td>
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<tr>
<td>r-UCLA LS</td>
<td>Revised University of California Loneliness Scale</td>
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<tr>
<td>SAcp.</td>
<td>Social Acceptance</td>
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<tr>
<td>SAAct.</td>
<td>Social Actualization</td>
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<tr>
<td>SAiP</td>
<td>Scale of Aging in Place</td>
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<td>SC</td>
<td>Social Capital</td>
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<td>SCE</td>
<td>Scale of Civic Engagement</td>
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<td>SCon.</td>
<td>Social Contribution</td>
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<td>SD</td>
<td>Standard Deviance</td>
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<td>SES</td>
<td>Socio-Economic Status</td>
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<td>SInt.</td>
<td>Social Integration</td>
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<td>SP</td>
<td>Social Participation</td>
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<tr>
<td>SS</td>
<td>Sum Squares</td>
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<tr>
<td>SSWB v.18</td>
<td>Scale of Social Wellbeing Version 18</td>
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<tr>
<td>Std. E</td>
<td>Standardized Error</td>
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<td>SVoh.</td>
<td>Social Coherence</td>
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<tr>
<td>SWB</td>
<td>Social Wellbeing</td>
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<tr>
<td>SWS v. 33</td>
<td>Social Wellbeing Scale Version 33</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UPR</td>
<td>Urban Poverty Ratio (of Iran)</td>
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<tr>
<td>VIF</td>
<td>Variance Inflation Factor</td>
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<tr>
<td>Vs.</td>
<td>Variables</td>
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<tr>
<td>WB</td>
<td>Wellbeing</td>
</tr>
<tr>
<td>WBO</td>
<td>World Bank Organization</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>β</td>
<td>Beta Standardized Coefficient</td>
</tr>
<tr>
<td>ε and/or e</td>
<td>Error Value of GLM</td>
</tr>
<tr>
<td>$\eta^2$</td>
<td>Etta Square</td>
</tr>
<tr>
<td>$\eta^2_{CE}$</td>
<td>Etta Square on Civic Engagement</td>
</tr>
<tr>
<td>$\eta^2_{SWB}$</td>
<td>Etta Square on Social Wellbeing</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

1.1. Introduction

At the end of the 1950s, the number of people aged above 65 was 200 million worldwide. By the end of the last century, this population had increased threefold to 590 million. By 2025, this aged population is estimated to rise to 1100 million. Generally, the increase in the rate of the world population is 1.7%, but the projected rate of increase of the aged population is 2.5% per year (German, 2002).

Similarly, Iranian society will have an effective and operative group who are going to shape its communities and networks. Iran is developing into a crowded country with 75 million people. It has a rate of 2.8% increase in total elderly population compared to the National Fertility Rate of 1.2% (ISCC, 2007a). According to the ISCC, in 2007 people in their 60s and above formed 6.8% of the Iranian population with national rate of increase rate at 2.8% and it will be 21.7% by 2050 (ISCC, 1997; ISCC, 2007b). In this census, based on the civic law and judiciary system, the age of the elderly at the first year of retirement was above 60, which is five years less than WHO’s definition for old age.

A society with such a high rate of increase in elderly population will lead to various social problems relating to aging like health and economic-related issues, dependency, etc. Firstly, any problem in the community will be linked to senior citizens who will be seen as adding to the population pressure. Secondly, any specific trouble for the elderly becomes a social issue, in that every problem of the elderly is by extension a problem for society.

Likewise, there has been some evidence of local and national references to these social problems such as reduction in social trust, social relations and support, social activity, civic engagement (CE), economic and social security, leisure activities, mobility, neighbourhoods, and safe areas. Among other problems are decline in social indicators like societal networks, social cohesion and inclusion, civic engagement, social capital (SC), and increase of informal and familial solidarity which result in social exclusion (dini, 2007; Firouz Abadi & Imani Jajarmi, 2007; Ghaffari, 2001; Ghasemi, Esmaeili, & Rabeie, 2007; Joshanlou & Qaedi, 2010; Joshanlou, Rostami, & Nosrat Abadi, 2007; Saadat, 2006).

The United Nations World Assembly on Aging has made advancing health and well-being into old age a worldwide call for action. In addition, the evidences indicate to relationship of activity in daily life of citizen especially among elderly people on their wellbeing, life satisfaction, and personal characteristics (Alipour et al, 2009; Anson, 1996; Butterworth et al, 2001). Hence, the construction of neighbours and the communities can make comfortable places for the elderly to engage in the society and reinforce the wellbeing (PLC-Partners for Liveable Communities, 2007; SRAP-Senior Resource for Aging in Place, 2005). Despite the fact that, the personality and
the sense of aged persons during the end life i.e. life satisfaction, respect for the
dignity of the elderly, his/her wisdom, isolation and loneliness could be able to shape
the everyday life, wellbeing, and quality of life for them (Peplau & Perlman, 1982;
Cacioppo & Patrick, 2009).

The community of Ahwaz city, as the capital of Khuzistan province and a major city
in Iran is affected by ethnic distribution of social life, hence the gender-related issues
of social community and societal issues for citizens. This study seeks the reasons of
the declined civic engagement and the reflection of this situation in social well-being
(SWB) along with aging in place and loneliness of aged 60 years and above in
Ahwaz city. This city is an unstudied population due to the marginalized province
and society.

1.2. Statement of the Problem

Human beings need relationships with one another to fulfil their basic needs. The
social wellbeing and quality of their everyday life are depended upon many factors.
Those are civic engagement (CE), social participation, well-constructed and having
facilities to connections, psychological characteristics, having social inclusion, lack
of isolation/exclusion, and physical activities of daily living. It is important that to
stay healthy or to improve health, older adults need to do two actions i.e. physical
activity and engaging in his/her social life. Thus, individual and collective lifestyle is
improved by civic engagement as current literatures have demonstrated. The growing
erelderly population in Iran is at 2.8% nationally and 3.1% in Ahwaz district, thus
indicating that the elderly in Iran are a problem (ISCC, 2007 and KSCC, 2007).

The declining social participation (SP) and reduced engagement in communal
activities among Khuzistani citizens from 1997 to 2007 are specifically more evident
among the elderly than other age groups (ISCC, 2007b; KSCC, 2007). The literature
refer to some problematic issues e.g. engaging in civic sections, social participation
(SP), voluntary actions in social networks, and reciprocal norms and values. The
emotional loneliness and activities in the neighbours within women were affected
more than men did. The structure of family and their familial relationship affect
subjective and psychological well-being (PWB) among the aged. It indicated ethnic
and minority groups in the society like Khuzistan have had the least degree in these
concepts (Mousavi, 2007; Saadat, 2006; Alipour et al 2009; Dehqan & Sudani, 2009;

Providing awareness on wellbeing and enduring to be socially engaged in later life
could be as a crucial issue of growing older in a healthy way. It was modified by
context background of everyday life of older people, their health and economic
situation, activity and successful aging, and concepts of quality of life. It should be
noted that there is little research on social wellbeing regarding later life of older
adults in Iran. Social well-being is an achievement. It needs to develop and
accomplishment. Well-being requires living well in the neighbours and environment
too. Aging in place as new concept in gerontology means the better constructing
environment and neighbours to facilitate health situation of elderly people in
communication and receiving aged-related services. It could enhance their living
well and quality of their social and personal life as evidences have said (AARP,
It’s new dimension in aging. This research aimed to discover the factors across life that affects how older people feel and how they function socially. By doing this, it targeted to learn how to improve wellbeing in later life. There is no evidence nationally or locally, which illustrate situation of Iranian older adults in their neighbours and environments concerning aging in place and wellbeing.


Faramarzi and co-workers (2008) like Betts-Adams and colleagues (2011) have indicated that positive effects of informal social context, productive activity, intellectual and cultural activity, life satisfaction and wellbeing, social-economic independency, social belonging and inclusion, lack of loneliness, civic participation, and intermediate role of the aged in familial connection are reduced especially among female and aged. (Faramarzi et al 2008; Betts-Adams et al 2011). Additionally, loneliness is the most well-known psychological characteristic which shape everyday life of the older adults. Literature acclaim the issue of sense of lonely even within aged who live with his/her spouse and/or family members. They have emphasised on main jeopardy of the concept especially in the mental health of older adults and their wellbeing at the end life (Michaeli et al 2013; Shalamzari et al 2002; Alamdarlou et al 2012; Kouchaki et al 2012; Russell, 1997 & 1996).

Indications are that evidence from the literatures gives the impression of a one-dimensional view, which implies that the elderly have not been the focus of these researches. The researchers did not illustrate the considerable role of gender and marginal groups i.e. religious-ethnic minorities, those with less incomes, the aged, and disabled. They have ignored the elderly as a main part of their samples. They have focused the context of their studies on masculine-dominant-related groups and abandoned the special groups (aged, gender, ethnic), which have even been excepted among indicators and domains of PWB, QoL, social capital (SC), SP, etc. These works have not identified the issues and relationship of variables, especially social phenomena, through one integrated and main variable. For example, medical and caring, welfare and sanitary discussions were concentrated only on re-authorizing the latest law for the National Aged Council in 2004 in the Iranian parliament. Even the reasons responsible for this situation faced by Iranian citizens in general and the aged in particular have not been discussed (Iranian National Parliament, 2004).

There are some questions raised in relation to these problems. Since the problems pertain to a vision of SWB, it may be asked how elderly life generally is, which
social factors have the most effect on these reductions, or whether gender-related variable and unequal distribution of social resources have a major effect and/or whether the multi-ethnic structure of Khuzistan society and Ahwaz city can be responsible as well. Ignorance of these issues on SWB of aged life needs to be elaborated. Earlier researches have just dealt marginally with this important proposition, and they have unified vision on one point. The societal problems, which are connected with the individual-personal aspect of the elderly, could definitely affect the psycho-medical and mental health situation of the aged. The neglect of a social-comprehensive vision of the problem has been elaborated in literature. Comprehensive and social regard to address these issues is the present need. The CE and its eight indicators in two parts, governmental-communal, SWB and its five domains could demonstrate this condition and reinforce social policies and decision-making for older persons.

On the other hand, Iran and the community of study - Khuzistan province and Ahwaz city- is a multi-ethnic society, where the resources of community and society should be distributed in a justified and equal manner to all its members. Every study and its policies should attend to this issue and special groups particularly in cases involving CE and SWB. Elderly, women, and ethnic groups, and the situation of social problems and enhancing well-being in their lives are the areas that require further discussion and elaboration.

This study looks forward to understanding the reasons for such neglected interest in the areas and shares the vision for policy making at micro level for aged citizens of Ahwaz city. An attempt will be made to investigate the variables such as CE, aging in place, loneliness, and background concepts that affect social wellbeing. It may ensure better health and acceptable end life, well-constructing personal life in the successful and active aging, and enhancing the situation for the aged in the future.

1.3. Research Questions

To meet the objectives of the study, the following research questions are posed:

1. Is there a significant effect of civic engagement on the social wellbeing?

2. Are there significant effects of the components of civic engagement on the indicators of social wellbeing?

3. Is there a relationship between gender and ethnicity with social wellbeing and its indicators among ethnic groups (Persians, Arabs, and Lors)?

4. Is there a relationship between aging in place and social wellbeing and distribution of its indicators among gender groups?

5. Is there a relationship within loneliness and social wellbeing and distribution of its indicators among gender groups?
6. Is there a significant effect between components of SWB and the socio-demographic background (income, health status, age, kind of settlement, literacy, living alone …)?

7. Is there a relationship between gender and ethnicity with civic engagement and distribution of its components among ethnic groups (Persians, Arabs, and Lors)?

8. Is there a significant relationship between components of CE and the socio-demographic background (income, health status, age, kind of settlement, literacy, living alone …)?

1.4. Objectives of the Study

1.4.1. Main objective

The main objective of this study is to identify the significant relation of CE on SWB among senior citizens (60 years old and above) in Ahwaz County, provincial capital of Khuzistan province in southwest Iran.

1.4.2. Specific objectives

Specific objectives are listed as below:

1. To identify the relationship within the components of civic engagement and the indicators of social wellbeing

2. To identify the relationship between gender and ethnicity with social wellbeing and distribution of its indicators among ethnic groups (Persians, Arabs, and Lors)

3. To identify the relationship between aging in place and social wellbeing and distribution of its indicators among gender groups

4. To identify the relationship within loneliness and social wellbeing and distribution of its indicators among gender groups

5. To identify the significant effect between components of SWB and the socio-demographic background (income, health status, age, kind of settlement, literacy, living alone …)

6. To identify the relationship between gender and ethnicity with civic engagement and distribution of its components among ethnic groups (Persians, Arabs, and Lors)

7. To identify the significant relationship between components of CE and the socio-demographic background (income, health status, age, kind of settlement, literacy, living alone …)
1.5. Theoretical Framework

1.5.1. Social Well-being

Attaining well-being has been the concern of philosophers since Aristotle and it has been the essence of human existence in most research. In recent years, well-being has motivated a vast range of studies from the domain of philosophy to the ambit of science. There has been a basis of research on the role of social well-being in the quality of citizens’ experiences of their everyday life. This has permitted a rethinking of the factors that both affect and represent well-being.

The knowledge of ‘well-being’ proposes that, in addition to the experience of good feelings and functioning, people need: 1) A sense of individual liveliness as well as undertaking meaningful, attractive, and appealing functions, which lead them to knowledge, cognition, and self-directing experience. 2) A supplying of inner wealth and incomes to help them to be flexible to changes away from their direct control and to survive through hard times.

In addition, it is important that people feel a sense of relationship to other citizens. In addition to individually and internally determined essentials, people’s social experiences (the degree to which they are sympathetic in relationships and show a sense of connection with others) form a crucial viewpoint of well-being (The Well-being Inst., 2010). Profitably thinking, well-being is at its best as a dynamic process that gives people a sense of how their lives are going through the interaction within their circumstances, status, functions, activities, social, and psychological resources. In this relation, the UK Government Foresight Project in 2008 emphasized the basic thinking in order to identify well-being (The Well-being Inst., 2010).

Due to this vibrant nature, higher rate of well-being means that we are more skilled to cope with difficult circumstances, to innovate and constructively relate with other people and the world around us. As well as representing an exceedingly valuable way of bringing about good products and outputs in many different areas in our lives, there is also a powerful case for considering well-being as an eventual objective of human enterprise.

An implemented vision of well-being is the social view. SWB is defined as our feelings, senses, functions, and status of life from a societal viewpoint. Thus, the social-well-being (SWB) has another part of individual life and is more complete than either subjective or objective view. In this study, Key’s (1998 & 2008) definition and approach employed in his recent works will be the cornerstone of the term.
1.5.1.1. Five domains of social well-being

Social well-being is one of the main parts of well-being regretfully not attended to in the literature. Societal nature of humankind and the challenges that arise from this essence will be the occasion for the necessity of attention to societal vision of quality of everyday life (Keyes, 1998). Therefore, notice to objective/subjective, physical, and psychological well-being should be the counterparts of a social view. WHO has defined health as bio-psycho-social well-being 60 years ago and, SWB is marked in the main part of general health of individuals (Keyes & Shapiro, 2004).

Keyes’ health model (1998 & 2004) has defined SWB as a reflection of someone’s judgment on his/her experiences in community (Keyes, 1998). He mentions five main factors of SWB, combined to enhance the function of the individual in social life as a neighbor, co-worker, or citizen.

The five dimensions of SWB which indicated by Keyes (1998 & 2004) are as below:

1. **Social Acceptance**: refers to a citizen’s perception of the characteristics and qualifications of his/her society. Someone who has a high standard of social well-being forms a positive attitude toward mankind, society, and the world. He/she believes all society members are trustworthy.

2. **Social Actualization**: refers to a citizen’s perception of society’s scheme and its opportunities. Someone who has high standards in this dimension of SWB believes that his/her society is growing. It has a potential for him/her as a citizen to be actualized via participation in civic groups and social institutes.

3. **Social Coherence**: refers to a citizen’s perception of the quality, structure, and techniques of society’s performance and obtaining world knowledge. Someone who has high measure in this dimension of SWB believes in his/her participation in the world that they live in. According to this view, citizens could understand occurrences and stories happening around them in society and know the definition of life, existence, and the world.

4. **Social Contribution**: refers to a citizen’s perception of his/her social value and status within the society. Someone who has high measure in this dimension of SWB believes that he/she is a member of the society and has an important role for the group, society, and the world.

5. **Social Integration**: indicates the judgment of someone about the quality of his/her relation to society. A high range of these dimension covariates with high measures of social ties to community and group and, carries more shared experiences and senses with that.
Keyes (1998-2009) refers to five dimensions of SWB as shown in Figure 1.1. It is:

![Diagram of five dimensions of SWB]

**Figure 1-1: Five Dimensions of SWB based on Keyes’ Research (1998)**

According to Keyes and Shapiro (2004), this kind of well-being is related to demographical items and characteristics such as SES, age, literacy, gender, marital status, and health situation (Keyes & Shapiro, 2004). Keyes (1998) has used a scale in his operational definitions of the five dimensions of SWB and, has used American samples for factorial validating of SWB Scale in 33 items, which were later reduced to 15 Items (see Appendix A). He believes that the scale in the short version is necessary when the time, kinds, and personality of samples are of critical importance. These issues had been ingratiated by Keyes in his samples as aged, inmates, managers, patients and addicted, teenagers and youths; but the dimension of SWB had been diminished to four section except the dimension of social coherence.

These five dimensions of SWB are assessed by the long version of 33-items of SWB Scale of Keyes (1998), which is better than its short version of 15 items via confirmatory factor analysis. Based on some questionnaire, the research states the existence of a significant relationship between Keyes’ Scale (long version) and scales such as Generativity, Life Satisfaction, Happiness, Civil Engagement, and Pro-social Behavior (Keyes, 1998; Keyes & Shapiro, 2004; and (Keyes & Ryff, 1998).

As Joshanlou and Qaedi (2010) found in their research, Keyes’ items in short scale could not be generalized to other cultural backgrounds. They (2007 & 2010) first noticed this issue when they used the Iranian Version of SWB Scales based on Keyes’ 33 and 15 Items (1998) aiming to adjust it to oriental and Iranian culture by Exploratory and Confirmatory factor analysis (Joshanlou, Rostami, &Nosrat-Abadi, 2007; Joshanlou & Qaedi, 2010). Finally, they validated and adjusted 18 items of Keyes’ 33-item scale. The study will employ SSWB-18v (Scale of SWB 18v) for the
evaluation of Iranian samples based on Joshanlou and Qaedi’s work in 2010 (see Appendix B) (Johansson, Huang, & Lindfors, 2007; Joshanlou & Qaedi, 2010).

1.5.2. Civic Engagement

Civic engagement (CE) is defined as a highlighted sense of responsibility of someone to his/her community. This includes applying a varied range of activities, developing civic sensitivity, participation in building civil society, and benefiting popular good. Through CE citizens as members of their society, nation, and the world are reinforced to play an agent role of positive social action and change (CIRCLE, 2006). The scholars defined it in popular and specific contexts, youth participation in electoral sections, health and well-being, to participation in groups and belonging. Putnam (2002) and Knock (2002) illustrate CE in the dimension of SC and CIRCLE 1 (2006) in a basic and independent concept but with a similar definition (Punam, 2002; Knock, 2002; Della, 2004 and Lopez et al. 2006). Recognizing and appreciating human diversity, working through controversy, participating in public life to solve communal problems, developing and empathising with other citizens, promoting social justice, acting in workplaces and organizations (profit and/or non-profit) are the base view to CE (CIRCLE, 2006).

The concept of CE according to Schulz (2006) takes the activity theory as a shorthand for this concept, but gerontology needs to enhance the integration, development and psychological constructs and refine them as comprehensive activity theory (Schulz, 2006), as well as the social vision. The basis of the activity theory of ageing starts with the basic premise older adult well-being can be promoted by (a) greater involvement in social and leisure activities, and (b) replacing roles when they must be surrendered (Havighurst, 1961). Activity theory is one of the earliest and most significant and influential theories of adjusting to growing old. It has captured the interest those involved in the practice of gerontology as well as researchers in this field of study due to its optimistic view of the opportunities for a better later life. The theory was further developed in the early 1970s as researchers determined three general areas of participation in social and leisure activities: informal, social interaction with the close circle of relatives, friends or neighbours; formal, involvement in formal-governmental groups and organizations; and solitary, personal and individual activities like reading, watching TV, and hobbies in general.

Findings suggest that activity theory could be modified with emphasis on formal social activity, which has been known to have a greater impact on well-being than formal or solitary activity (Lemon, Bengtson & Peterson 1972 cited by Betts-Adams, Leib-Brandt, & Hyulmoon, 2011; Schulz, 2006). In the theoretical frame for CE, the concept can be divided into two main parts, governmental and communal, as formal and informal dimensions. The CE has been illustrated in eight parts as participating in groups based on the collective theoretical views in Putnam and CIRCLE

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1Center for Information and Research on Civic Learning and Engagement, URL: www.civicyouth.org.
definitions, and also Khuzistan Statistics & Census Centre (2007) report (see Fig. 1-2).

Adapted from: Putnam, 2002; Knock, 2002 & KSCC, 2007

Figure 1-2: Eight Components of Civic Engagement Based on Putnam & Knock (2002)

The collection of data is based on Scale of Civic Engagement (SCE) and its operational definition (see Appendices C & D). The SCE was rooted in the theoretical background and also validated in the Iranian social context among citizens who are 18 years old and above by Mohammadi (2011) as well (Mohammadi, 2011).

1.5.3. Aging in Place:

The concept “aging in place (AiP)” states to the people wanting to stay in their habitation as they aged (AARP, 2000; Fisher et al. 2007; Golant, 2002). Certainly, about five per cent of citizens aged 55 years old and above move each year, and half of those who do move stay in the same county (Kochera, Straight, & Guterbock, 2005). The Iranian census reports do not show the concept in precise measures. But, investigating the immigration data and some of its components during the national census of 2007 and 2011, mentions to the few data of immigrating and moving around within elderly citizens (ISCC 2007, 2012). Therefore, understanding the vibrant life of older people in their residential neighbourhoods and community is important for social policy, policy makers, and public health programs in an aging community. As people age and their physical mobility decreases, it is presumed that “their geographic world shrinks” (Yen et al. 2012). While it is relatively unclear at what ages, what levels of functional ability or in what ways or why older adults pare down the territory in which they act, the neighbourhood is assumed to be at the centre of range. Here, neighbourhood refers to individuals’ perceptions of their residential environment and community (Yen et al. 2012). According to the figure 1-3, the concept AiP defines how the environment and the community are well-planned for the aged and how the place is adapted to address aged-related issues. Aging in
place means growing old in the environment and community with the least and/or without problems (PLC, 2007 & SRAP, 2005).

**Figure 1-3: Main Dimensions of AiP Based on PLC, SRAP, AARP**

The position of aging in place as the SAiP e.g. housing, transportation or mobility, neighbourhood, safety and security of the area, etc. from 21 to 105 scored; hence 21 means growing aged in the environment and community with the lowest standard and being older in a less than desirable lifestyle. It is assumed that the AiP can modify the wellbeing and everyday life of the elderly people.

**1.5.4. Loneliness**

Russell (1997 & 1996) states that loneliness is not modified by the quantity of social connections, but it is the expectation an individual on those relationships, which can reflect the sense of lonely. It was recommended that the connections are an opportunity for older people to rebuild relationships, rather than to assess or dwell on a lack of close ties to others. Evidences acclaim they should reconnect with friends, relatives, community and neighbours and possibly try to make new communications in the process to reinforce their everyday life and their wellness. The loneliness during the study was extracted from revised 20-items scale of UCLA and it represented in both social and emotional loneliness (2009) by Iranian colleagues (Sudani, 2009). According to the above theories, connection of the theoretical framework of the study will be as below (see Figure 1-4):
1.6. Conceptual Framework

According to the theoretical model of CE and SWB, conceptual framework of the study will be as below (see Figure 1-5):

- **Independent Variables**
  - Ethnic Groups, Gender Groups, Health situation, Living alone, Marital status, Age, Time of Marriage, Taking Pension, Kind of Settled Zone, Family members, Literacy

- **Civic Engagement**
  - 1. Social clubs and NGOs, 2. Sports groups e.g. taking part in public sports, 3. Local communities or neighbourhood groups, 4. Charity and/or non-profit groups, 5. Political groups, 6. Work and/or occupational groups, 7. Religious groups, 8. Governmental groups

- **Social Well-Being**

- **Background Variables**

According to the above figure 1-5, the necessity of independent variables as CE, AiP, and loneliness are assumed in effective relationship to dependent variable (SWB). CE will be measured based on SCE adapted from Putnam, Knock, KSCC (2007) concepts. The AiP will be measured based on SAiP adapted from PLC (2007) and SRAP(2005). Loneliness will be measured based on well-known instrument r-UCLA loneliness (2009). Background variables indirectly affect SWB. The dependent variable is assumed to be SWB and will be measured by SSWB in the Iranian version based on Keyes’ scale (1998-2004) by Joshanlou and Qaedi (2010).
1.7. Definition of Terms

Items 1 to 28 of the research inventory and the separated scale of r-UCLA Loneliness (2009) would evaluate the sociodemographic background of the study as follows:

1.7.1. Health status

**Conceptual definition:** it was defined as level of being healthy in the individual, group, or population range as measured by the individual or by more objective indicators (WHO, 2002).

**Operational definition:** This term would be evaluated by a collection of phenomena e.g. having chronic disease, smoking, hours of sleep, and nutrition. This is based on the demographics in the research inventory from question 4 to 11.

1.7.2. Ethnicity

Ahwaz society is divided into three populous ethnic groups: Arabs, Lors, and Persians, even though there are other minority racial-ethnic groups e.g. immigrant Iraqis and Afghans, and other ancient groups i.e. Armenians, Zoroastrians, Sabians, Baha’is, Jews, and unspecified groups.

1.7.3. Living arrangement

**Conceptual definition:** This social phenomenon is mostly called “empty nest”. It’s the final stage of family development that will be after marriage and/or separation of children from their parents. This family would be similar to the first stage of family when it was first formed upon time of living lonely (Bearue, 2003).

**Operational definition:** it was investigated in the inquiry of ‘do you live alone?’ and ‘how long have you lived alone?’

1.7.4. Loneliness

**Conceptual definition:** This term in most references is defined as [...] an unpleasant feeling in which a person experiences a strong sense of emptiness and solitude resulting from inadequate levels of social relationships ...an ‘inner worm' that gnaws at the heart” (Peplau & Perlman, 1982: 284).

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2They are ancient people who inhabit southwest Iran and south Iraq and non-Muslim sect categorized in the Quran with Jews, Christians, and Zoroastrians At the present, the majority of them are refugees in the US, UK, and Australia (Yarshater & et al., 2012). For more info refer to: [http://www.minorityrights.org/5746/iraq/sabian-mandaecans.html](http://www.minorityrights.org/5746/iraq/sabian-mandaecans.html)
Operational definition: The r-UCLA Loneliness in the Iranian version (2009) with 20 items is the most reliable inventory for assessment of this characteristic. The degree that the aged sample will take shows their feeling about loneliness. The score will be between 20 and 80 and higher scores indicate greater degrees of loneliness among the aged.

1.7.5. Marital status

This concept is combination of divorce, widowhood, and duration of marriage. Divorce is defined having an experience of legalized separation by judiciary system, which refers to official end of a marital relationship. Widowhood is defined having an experience of separation, which refers to the death of the spouse. In addition, duration of Marriage is defined as the time of formal relationships between elder couples. According to ISCC (2007), average age at time of marriage among Iranian couples in 2007 was 21 years. The study based this on the mead range of national data (ISCC, 2007).

1.7.6. Family size

A family member is one who settles in a joint and common home and the average number is five members in an Iranian family (ISCC, 2007).

1.7.7. Education or literacy

In formal literacy and education there are five steps of illiteracy: little bit, primary, middle school, high school, and graduated, based on the National Plan on Literacy, NLP (2010).

1.7.8. Taking pension

It means an elder who is pensioned by the governmental or private economic sector or those who are supported by propitious and civil organizations, with the pensions being computed in Iranian currency.

1.7.9. Aging in place

Conceptual definition: This term defines how the environment and the community are well-planned for the aged and how the place is adapted to address aged-related issues. Aging in place means growing old in the environment and community with the least and/or without problems (PLC, 2007 & SRAP, 2005).

Operational definition: The position of aging in place is defined in the context of the demographic inventory e.g. housing, transportation or mobility, neighbourhood, safety and security of the area, trouble in the environment and place (noise, parking,
litter, boundaries, pets, bullying, anti-social behaviours, differentiations in culture and lifestyle, and so on), and services for the aged. The sum score from 21 to 105 was scored as a scale of aging in place (SAiP); hence 21 means growing old in the environment and community with the lowest standard and being older in a less than desirable lifestyle.

1.7.10. Civic Engagement

**Conceptual definition:** According to Ehrlich (2000): ‘Civic engagement means working to make a difference in the civic life of our communities and developing the combination of knowledge, skills, values and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes’ (Ehrlich, 2000: vi). The concept is divided into two main parts, governmental and communal as formal and informal dimensions. It has eight sub-items: governmental groups, sport groups, social clubs and NGOs, local communities or neighbourhood groups, religious groups, charity and/or non-profit groups, work and/or occupational groups, political groups.

**Operational definition:** CE is developed for constructing SCE. Total SCE is the score that aged samples receive in the SCE, which is between 13 and 51. The lower score means the participant has low degree in CE and/or less engaging completely in the eight groups. However, each domain itself has a separate sub score. The first domain, participating in governmental groups contains six items and the second domain, participating in communal groups, contains eight items.

1.7.11. Social Well-being

**Conceptual definition:** It is defined as an individual judgment on one’s experiences in the community (Keyes, 1998 & 2004).

**Operational definition:** It is based on SSWB V.18 and adjusted for Iranian samples by Joshanlou and Qaedi (2010) and is scored between 18 and 126. A lower score means the participant has a low degree of SWB (Refer to the appendix I for definition of five domains of SWB in details).

1.8. Organization of the Thesis

The thesis is organised in five chapters. The first chapter of this essay provides an introduction and overview of the aims of the research, problem statement, research objectives, and an overview of the theoretical framework, scope and limitation of the study, conceptual framework, theoretical and operational definitions of the concepts, and the design of the thesis. The second chapter deals with the literature review related to the theoretical concepts of well-being, its approaches and dimensions i.e. social well-being, civic engagement, the necessity of the gender-related aspect of these concepts in the context of the study, and a review of some related literature as
well. So, this chapter discusses the theoretical framework of SWB, CE, Loneliness, and AiP in relation to the background of the aged.

The methodology of the thesis is discussed in the third chapter including methods, sampling, instrumentation, process of data collection and data analysis. Chapter Four investigates the findings through quantitative approach regarding affection of SWB by CE and moderating background issues in these relations based on the objectives of the research. The fifth chapter as the final part of the thesis and includes the conclusion, implications of the findings for the aged background and communities, and recommendations for future research and policies for the aged.

1.9. Summary

In this chapter, the first step of the research was done. The statement of the problem was expressed and discussed based on fact and real data in the context of the study about the society of Iran and the province of Khuzistan. In addition, a brief review of the theoretical model [SWB] by Keyes (1998 to 2009), aging in place, loneliness, and CE based on Putnam (2002), Knock (2002), and CIRCL (2006) was stated. Objectives of the research, significance of the study, and questions were mentioned as well. Finally, it was determined that the study is to illuminate the social life of aged citizens in engaging citizenship (CE) and identifying SWB in Ahwaz city, the provincial capital of Khuzistan province in southwest Iran.
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