



UNIVERSITI PUTRA MALAYSIA

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

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**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
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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 ($\alpha=.65$ 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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Iran dan masyarakat warga emas sedang mengalami beberapa isu seperti kurangnya . penglibatan sivik dan penyertaan sosial, kesejahteraan sosial dan kualiti hidup berada pada tahap rendah yang memberi impak signifikan kepada struktur sosial di Iran pada masa ini dan akan datang. Sekiranya isu tersebut dibiarkan, masyarakat Iran akan berhadapan dengan rentetan permasalahan dalam kalangan warga emas. Hasilnya, akan terdapat implikasi negatif ke atas hubungan komunal, diskriminasi dan pembahagian tidak adil sumber berdasarkan kepada jantina-etnik yang akan memberi kesan kepada kesejahteraan dan kualiti kehidupan. Kajian ini menerangkan situasi terkini warga emas dalam masyarakat Iran daripada perspektif jantina-etnik, menganalisis keterlibatan sivik, kesejahteraan sosial (SWB), latar belakang warga emas, interaksi sosial mereka, dan memberikan cadangan bagi mempertingkatkan kehidupan sosial. Teori yang digunakan termasuklah teori kesejahteraan sosial Keyes dan Shapiro (1998-2009), keterlibatan sivik oleh Putnam dan Knock (2002), dan teori aktiviti. Selain dari itu, persoalan demografi individu juga digunakan iaitu struktur sosioekonomi (SES), jantina, etnik, status ekonomi dan kesihatan dan penuaan di tempat tinggal (AiP). Populasi bagi kajian ini adalah warga emas berumur 60 tahun dan ke atas (N=51594) dalam bandar Ahwaz , sebuah ibu wilayah bagi Khuzistan di Barat Daya Iran. Kaedah pensampelan adalah nisbah kluster berdasarkan zon perbandaran, etnik dan jantina. Saiz sampel adalah 382 (195 lelaki dan 187 perempuan) menurut formula Cochran dan diadaptasikan kepada rajah Morgan. Data telah dianalisis menggunakan statistik deskriptif, ujian F, ANOVA, model linear teritlak (GLM), dan analisis pelbagai regresi. Tambahan lagi, kesahan bagi inventori telah dikaji dengan Cronbach alpha dan hasilnya adalah ($\alpha = .65$ bagi skala kesepian, .70 bagi skala kesejahteraan sosial (SSWB), .66 bagi skala penglibatan sivik (SCE), dan .84 bagi skala penuaan di tempat (SAiP). Dapatan deskriptif menunjukkan situasi warga tua yang berada dalam situasi kemiskinan dan status kesihatan yang sederhana. Majoriti mereka adalah buta huruf dengan kualiti nutrisi yang rendah dan menghidap pen ⁱⁱⁱ kronik. Jumlah pengukuran pemboleh ubah asas menunjukkan tahap CE rendah, SWB sederhana dan kesunyian tinggi. Analisis pelbagai regresi dan penakulannya telah dijalankan dan peramal pemboleh

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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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

A	Arabs
AGFI	Adjusted Goodness of Fit Index
AiP	Aging in Place
AJPH	American Journal of Public Health
ANOVA	Analysis of Variance
Anx/Depr	Anxiety/Depression
App.	Appendix
CE	Civic Engagement
CFI	Comparative Fit Index
CIRCLE	Center for Information and Research on Civic Learning and Engagement
DEV.	Development
df	Degree of Freedom
DV	Dependent Variables
F-M	Female-Male
FP	Informal Participation
GDP	Growth Domestic Production
GFI	Goodness of Fit Index
GH	General Health
GIS	Geographical Information System
GLM	General Linear Model
GM	Grand Mean
HDI	Human Development Index
IFI	Incremental Fit Index
IP	Informal Participation
IRR	Iranian Rials Currency
ISCC	Iranian Statistic & Census Centre
IV	Independent Variables
KSCC	Khuzistan Statistic & Census Centre
L	Lors
MANOVA	Multiple Analysis of Variance
MENA	Middle East and North Africa
NGO	Non-Governmental Organization
NLP	National Literacy Plan
OECD	Organisation for Economic Co-operation and Development
OPEC	Organization of the Petroleum Exporting Countries
P	Probability
Per.	Persians
Pop.	Population
PWB	Psychological Wellbeing
QoL	Quality of Life

QoS	Quality of Society
R_{adj}^2	R adjusted Square
RMSEA	Root Means Square Error of Approximation
r-UCLA LS	Revised University of California Loneliness Scale
SAcp.	Social Acceptance
SAct.	Social Actualization
SAiP	Scale of Aging in Place
SC	Social Capital
SCE	Scale of Civic Engagement
SCon.	Social Contribution
SD	Standard Deviance
SES	Socio-Economic Status
SInt.	Social Integration
SP	Social Participation
SS	Sum Squares
SSWB v.18	Scale of Social Wellbeing Version 18
Std. E	Standardized Error
SVoh.	Social Coherence
SWB	Social Wellbeing
SWS v. 33	Social Wellbeing Scale Version 33
UNDP	United Nations Development Programme
UPR	Urban Poverty Ratio (of Iran)
VIF	Variance Inflation Factor
Vs.	Variables
WB	Wellbeing
WBO	World Bank Organization
WHO	World Health Organization
β	Beta Standardized Coefficient
ε and/or e	Error Value of GLM
η^2	Etta Square
η^2_{CE}	Etta Square on Civic Engagement
η^2_{SWB}	Etta Square on Social Wellbeing

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 three fold 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, Esmaili, & 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 elderly 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; Saberi et al 2014; Dini, 2007).

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,

2000; Fisher et al. 2007; Golant, 2002). 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.

Osiran-Wains (1996) and Batturworth and his colleagues (2006) emphasize gender-related indicators and macro level of well-being (WB), whereas Costa (2006) stresses the necessity of health promotions and PWB in work groups, while Johansson and co-workers (2007) indicated on reduced psychological wellbeing among Swedish women. On the other hand, Anson (1996) investigates the reducing social indicators of WB. It is alike Iranian samples, Israeli migrants of the Negev desert (Anson, 1996), which are similar to the work of Silveira et al. (1998) among isolated female migrants to Sweden (Anson, 1996; Butterworth et al., 2006; Costa et al 2006; Johansson et al 2007; Osseiran-Wains, 1995; Silveira & Ebrahim, 1998; Silveira et al 2002). Literature has illustrated the effective role of variable of religious-ethnic minorities (Abu-Raya & Abu-Raya, 2009; Brown et al, 2013; Beckett & Pebley, 2002; Klasen, 2004; Pinquart & Sorensen, 2001).

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 regrettably 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:

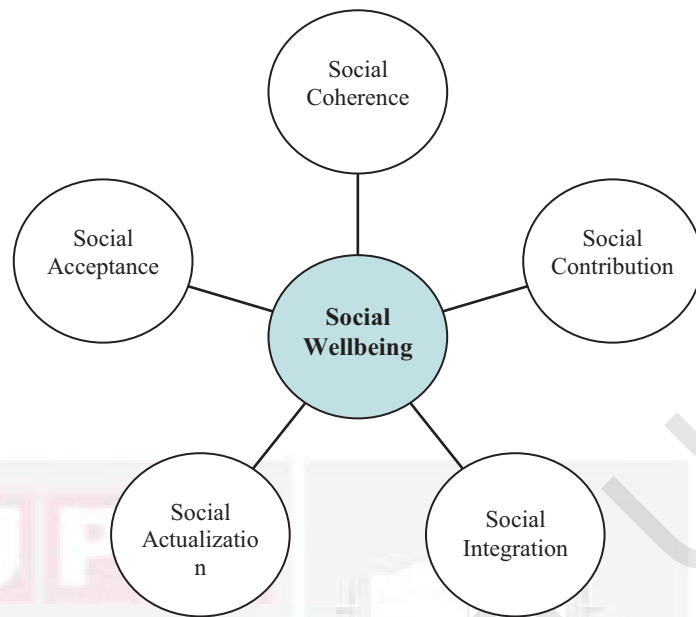


Figure 1-1: Five Dimensions of SWB based on Keyes' Research (1998)

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

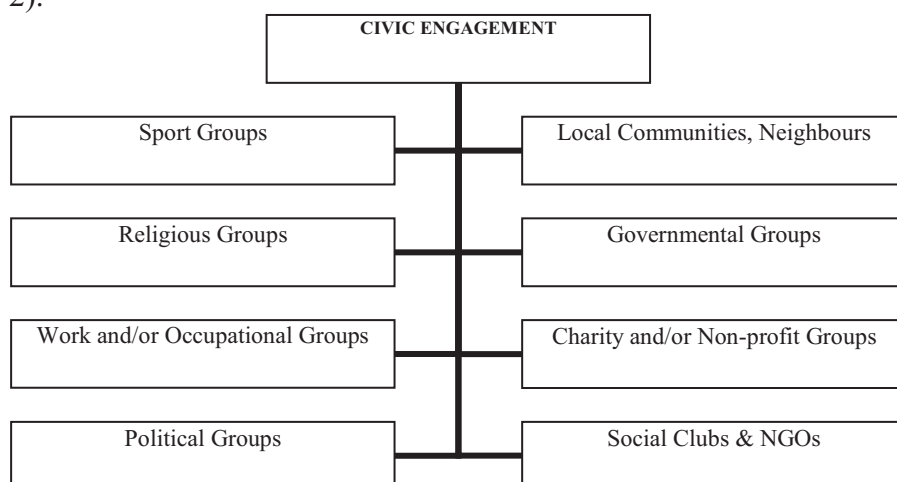
Civic engagement (CE) is defined as a highlighted sense of responsibility of someone to his/her community. This includes applying a varied range of activities, developing civic sensitivity, participation in building civil society, and benefiting popular good. Through CE citizens as members of their society, 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 CIRCLE¹ (2006) in a basic and independent concept but with a similar definition (Putnam, 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 short-hand 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

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).

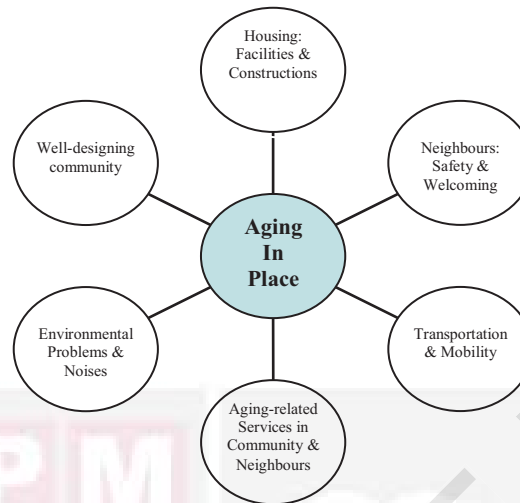


Figure 1-3: Main Dimensions of AiP Based on PLC, SRAP, AARP

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):

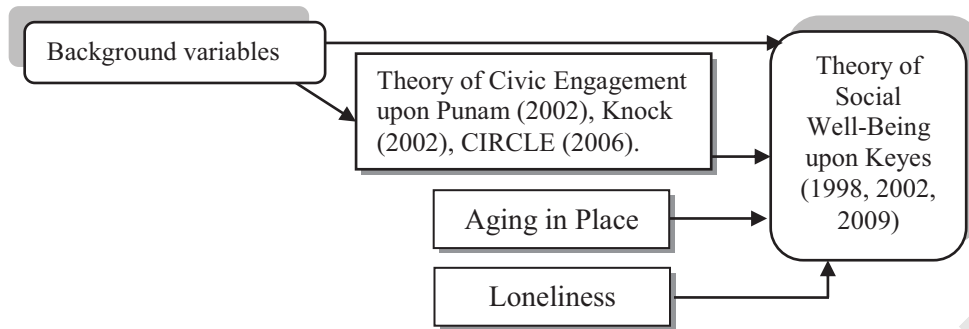


Figure 1-4: Illustration of theoretical framework of the study

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):

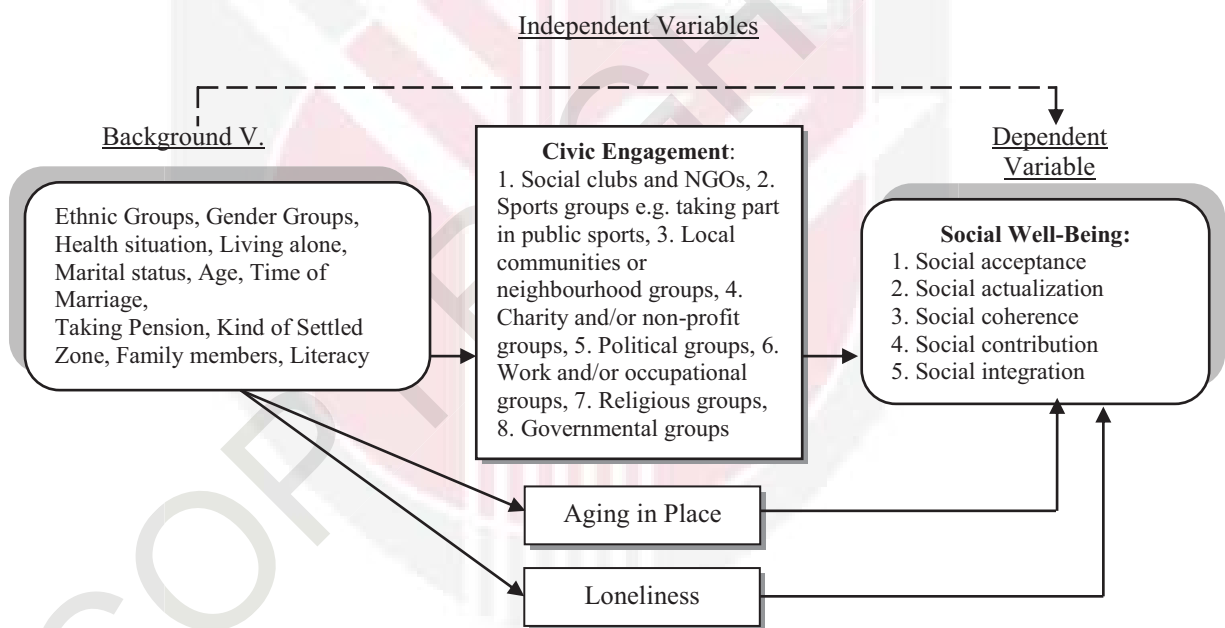


Figure 1-5: Illustration of conceptual framework of the study

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 Joshanolou 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, Sabians², 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).

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-mandaeans.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, limitations of the study, 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.

REFERENCES

- AARP. (2000). A National Study on Housing and Home Modification Issues: Executive Summary, American Association of Retired Persons, Washington, DC, USA, 2000.
- Abu-Raya, M. H., & Abu-Raya, H. M. (2009). Ethical Identification, Religious Identity, and Psychological Well-being among Muslim and Christian Palestinians in Israel. *Mental Health, Religion & Culture* 12[2], 147-155.
- Ahmadi-Firouzjaie, A., Sadighi, H., & Mohammadi, M. A. (2007). Measurement and Comparing Social Capital components of Members & Non-members of Rural Production Cooperatives. *Social Welfare Quarterly* 6[4], 93-112.
- Alamdarlou, Q.H., Dehshiri, Gh., Shojaie, S., & Hakimrad, E. (2012). Comparing Loneliness and General Health between Elderly who live in and out of nursing Home in Tehran, Iran, *Salmand, Iranian Journal of Aging*, 3(8):557-63.
- Alipour, F., Sajadi, H., Forouzan, A., & Biglarian, A. (2009). The Role of Social Support in Elderly Quality of Life. *Iranian Social Welfare Quarterly* 9[33], 147-166.
- Alreck, P. L., & Settle, R. B. (2004). *The Survey Research; Handbook*. (3 Ed.) New York: McGraw-Hill Irwin.
- Anson, O. (1996). Physical and Psychological Well-being among Immigrant Referrals to Colonoscopy. *Social Sciences and Medicine* 42[9], 1309-1316.
- Antonucci, A. C., & Cantor, M. H. (1991). Strengthening the Family Support System of Older Minority Persons. In *Minority Elders: Longevity, Economics and Health, Building a Public Policy Base* (pp. 32-37). Washington, DC: Gerontological Society of America.
- Arniel, B. (2006). *Diverse Communities; the problem with social capital*. Cambridge, UK: Cambridge University.
- Asadollahi, A. (2006). *Social Participation of Khuzistan Citizens and Its Factors Ahwaz/Iran: University of Applied Sciences and Technology (UAST)*.
- Asadollahi, A. (2011). Do Public Health and Social Participation Matter for the Elderly? An Analysis of an Aging Community in Khuzistan Province, Iran. *Canadian Social Sciences*, Vol 7[6], 240-244. DOI:10.3968/j.css.1923669720110706.157.
- Asadollahi, A. (2012). *Social Support and Aged Women in and out of Nursing Home in Ahwaz Metropolitan/Iran (Rep. No. 453/SA2012/BA)*. Iran: Ahwaz: Aging Care Centre, Social Welfare and Rehabilitation Organization, Provincial Branch.
- Australian Bureau of Statistics (2002). *Social Capital and Social Wellbeing (Rep. No. 25)*. Sedney: Australian Bureau of Statistics.
- Azimi, L. (2001). *Social Participation of Women in Shiraz County/Iran and its Factors*. Master of Sociology Shiraz University, Shiraz/Iran.
- Bass, S. A., Kutza, E. A., & Torres-Gil, F. M. (Eds.). (1990). *Diversity in Aging*. Glencoe, IL: Scott, Foresman.
- Bearue, A. (2003). *Descriptive Encyclopedia of Social sciences*. Tehran: Ettelaat.
- Beckett, M. & Pebley, A. R. (2002). *Ethnicity, Language, and Economic Well-being in rural Guatemala* Santa Monica, CA, USA: RAND Corporation Publications Department.
- Bengston, v. L. & Schaie, K. W. (1999). *Handbook of Theories of Aging*. New York: Springer.

- Betts-Adams, K., Leib-Brandt, S., & Hyulmoon, H. (2011). A Critical Review of the Literature on Social and Leisure Activity and Wellbeing in Later Life. *Aging and Society* 31, 683-712.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of Social Research Methods: An African Perspective*. Juta Legal and Academic Publishers.
- Bourdieu, P. (1986). The forms of Capital. In J. Richardson (Ed.), *Handbook of Theory & Research for the Sociology of Education*. Westport CT: Greenwood Press.
- Brace, N., Kemp, R., & Snelgar, R. (2001) *SPSS for Psychologists*. (3 Ed.), USA: Allyn & Bacon.
- Brown, C. S., Baker, T. A., Mingo, Ch. A., Harden, J. T., Whitfield, K., Aiken-Morgan, A. T., Phillips, K. L., & Washington, T. (2013). A Review of Our Roots: Blacks in Gerontology. *The Gerontologist*. First published online. DOI: 10.1093/geront/gnt103.
- Burns V.F., Lavoie J., and Rose D. (2012). Revisiting the Role of Neighbourhood Change in Social Exclusion and Inclusion of Older People, *Journal of Aging Research*, Volume 2012, Article ID 148287, DOI: 10.1155/2012/148287.
- Burt, R. (1992). *Structural Holes; the Social Structure of Competition*. Master of Sociology, Harvard University Press, Cambridge.
- Butterfoss, F. D., Wandersman, A., Wade, G., & Williams, J. (2001). Citizen Participation and Health. In A. Baum, T. Revenson, & J. E. Singer (Eds.), *Handbook of Health Psychology* (pp. 613-625). Mahwah, NJ: Lawrence Erlbaum Associates.
- Butterworth, P., Gill, S. C., Rodgers, B., Antsey, K., Villamil, E., & Melzer, D. (2006). Retirement and Mental Health: Analysis of Australian National Survey of Mental Health and Well-being. *Social Sciences and Medicine* 62, 1179-1191.
- Calasanti, T. (2004). Feminist Gerontology and Old Men. *Gerontology: Social Science* 59b[6], s305-s314.
- Calasanti, T. (2004b). New direction in feminist gerontology. *Aging Studies* 18, 1-8.
- Calasanti, T. (2005). Ageism, Gravity, and Gender: Experiences of Aging Bodies. *Generations: American Society of Aging* 29[3], 8-12.
- Cavanaugh, J. & Blanchard-Field, F. (2006). *Adult Development and Aging*. Belmont, USA: Thomson Higher Education.
- CIRCLE, The Center for Information & Research on Civic Learning and Engagement (2006). *Civic and Political Health of the Nation. National Report*. Washington DC: CIRCLE. Retrieved from: http://www.civicyouth.org/2006-civic-and-political-health-of-the-nation/?cat_id=0. Retrieved in 8.17.2013.
- Coleman, J. S. (1990). *Foundation of Social Theory*. Cambridge MA: Harvard University Press.
- Corner, L., Brittain, K., & Bond, J. (2007). Social Aspects of Ageing. *Psychiatry* 6[12], 480-483.
- Costa, G., Sartori, S., & Akerstedt, T. (2006). Influence of Flexibility and Variability of Working Hours on Health and Well-being. *Chronobiology International* 23[6], 1125-1137.
- Crano, W. D. & Brewer, M. B. (2002). *Principles & Methods of Social Research*. Mahwah, NJ, USA: Lawrence Erlbaum Associates.
- Crisp, R. (2006). *Reasons and the Good*. UK, Oxford: Clarendon Press.

- Crisp, R. (2008). Well-Being in the Stanford Encyclopaedia of Philosophy. <http://plato.stanford.edu/archives/win2008/entries/well-being/>.
- Curtain, R. (2007). Promoting Young People's Livelihoods in Vanuatu: using what you've got to get what you need. UNICEF: East Asia and Pacific Region.
- Dehqan, S. & Sudani, M. (2009). Couple-therapy with Self-controlling, Marital Status, and Psychological Well-being among Clients of Rehabilitation Centers of Jahrom County/IRAN. MA in Counseling Shahid Chamran University of Ahwaz.
- Delaware, K. (2005). Applied Statistics. (10 Ed.) Tehran: Roshd.
- Dinie, A. (2007). An Explanation for Falling of Social Capital in IRAN. Social Welfare Quarterly 6[4], 147-172.
- Donald E. G. (2003). Aging and Ethnicity: Knowledge and Services, Second Edition. London: Springer Publishing Company.
- Ebadi, J. & Salehi, M. J. (2011). Affection of Inequalities in Human Capital on the Life Expectancy among Men and Women. Research in High Education Planning 56, 81-98.
- Edwards, R. W. (2004). Measuring Social Capital; an Australian framework and indicators (Rep. No. 1378.0). Embargo/Canberra: The Australian Bureau of Statistics.
- Eid, M. & Diener, E. (2006). Handbook of Multimethod Measurement in Psychology. US: NYC: APA Press.
- Elwer, S., Alex, L., & Hammarstrom, A. (2012). Gender (in) equality among employees in elder care: implications for health. International Journal for Equity in Health 11:1, Retrieved from: <http://www.equityhealthj.com/content/11/1/1>
- Faramarzi, R., Hoseinzadeh, A., & Navvah, A. (2008). Socio-economic Sictuation of Elderly at Nursing Home in Ahwaz County/Iran. MA in Sociology University of Ahwaz.
- Field, A. (2000). Discovering Statistics Using SPSS for Windows: Advanced Techniques for Beginners. UK, London: Sage Publications Ltd.
- Firouz-Abadi, S. A. & Imani-Jajarmi, H. (2007). Social Capital & Socio-economic Development in Tehran's 22 Municipal Districts. Social Welfare Quarterly 6[4], 197-224.
- Fisher, J. D., Johnson, D. S., Marchand, J. T., Smeeding, T. M. & Torrey, B. B. (2007). No place like home: older adults and their housing, The Journals of Gerontology, Series B, 62(2):S120-S128.
- Foos, P. W., & Clark, M. C. (2003). Human Aging. Boston: A & B Bacon.
- Franke, S. (2005). Measurement of Social Capital; Reference Document for public policy research, Development and evaluation (Rep. No. 4-27/2005E-pdf). Canada: Policy Research Initiative Project.
- Franklin, N. C., & Tate, Ch. A. (2009). Lifestyle and Successful Aging: An Overview. American Journal of Lifestyle Medicine 3[1], 6-11.
- Frumkin, H., Fried, L., & Moody, R. (2012). Aging, Climate Change, and Legacy Thinking. Am J Public Health 102, 1434-1438.
- George, D. & Mallery, P. (2002) SPSS for Windows, Step by Step: a Simple Guide and Reference. USA: Allyn & Bacon.
- German, J. P. (2002). Health Care in America. Washington: University of Washington.
- Ghaffari, G. (2001). Relationship between trust and social participation in rural regions of Kashan City/IRAN. Social Sciences (Iranian) 17[2], 1-15.

- Ghasemi, V., Esmaili, R., & Rabeie, K. (2007). Measuring and Ranking of Social Capital in the Townships of Isfahan Province. *Social Welfare Quarterly* 6[4], 225-248.
- Golant, S. M. (2002). Deciding where to live: the emerging residential settlement patterns of retired Americans: new forms of retirement enclaves, *Generations*, 26(2):66-73
- Granovetter, M. (1973). The Strength of Weak Ties. *American Journal of Sociology* 78.
- Granovetter, M. (1985). Economic Actions, Social Structure, and Embeddedness. *American Journal of Sociology* 91[3], 481.
- Griffin, J. (1986). *Well-being*. UK, Oxford: Clarendon Press.
- Hair, J. E., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. L. (2010). *Multivariate Data Analysis*, (6th Ed.) Upper Saddle River, NJ: Pearson Prentice Hall.
- Harper, M. S. (1991). Introduction. In M. S. Harper (Ed.), *Minority Aging: Essential Curricula Content for Selected Health and Allied Professions*. Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, DC: U.S. Government Printing Office.
- Havighurst, R. J. (1961). Successful Aging. *The Gerontologist* 1[1], 8-13.
- Heidari-Charvadeh, M. (2011). *A Guide Assessment to Reliability and Validity in the Social-Cultural Research*. Iran: Mashhad: JDM Press Co.
- Help the Age (2011). *Isolation and Loneliness* (Rep. No. POL/00 ID6919 03/08). London: Help the Age, We Will.
- Help the Age (2014). *Isolation and Loneliness*. Rep. No.: POL/00 ID6919. London: Help the Age. Available at: www.helptheage.org.uk
- Hemati Alamdarlou Gh., Dehshiri Gh.R., Shojaei Setareh, & Hakimirad E. (2008). Health and Loneliness Status of the Elderly Living In Nursing Homes versus Those Living With Their Families. *Salmand*, 3 (8):557-564.
- Heravi Karimooi M., Anoosheh M., Foroughan M., Sheykhi M.T., Hajizadeh E., Seyed Bagher Maddah M., Mohammadi E., & Ahmadi F. (2008). Loneliness from the Perspectives Of Elderly People: A Phenomenological Study. *Salmand*, 2 (6): 410-20.
- Hergenhahn, B. R. (2000). *An Introduction to the History of Psychology*. (4 Ed.), Florence, KY: Wadsworth Publishing.
- Hezarjaribi, J. & Morovati, N. (2011). Ethnic Inequality and National Security, *Political Research*, 4, 117-191.
- Holwerda T.J., Beekman A.T., Deeg D.J., Stek M.L., van Tilburg T.G., Visser P.J., Schmand B., Jonker C. & Schoevers R.A. (2012). Increased risk of mortality associated with social isolation in older men: only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). *Psychol Med*. 42(4):843-53. DOI: 10.1017/S0033291711001772.
- Holwerda T.J., Deeg D.J., Beekman A.T., van Tilburg T.G., Stek M.L., Jonker C. & Schoevers R.A. (2014). Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). *J Neurol Neurosurg Psychiatry*. 85(2):135-42. DOI: 10.1136/jnnp-2012-302755.
- Hooyman, N. & Kiak, H. A. (2002). *Gerontology; a multidisciplinary perspective*. (6 Ed.) Boston: Allyn & Bacon.

- House, S., Landis, K., & Umberson, D. (2003). Social Relationships and Health. In P. Salovey & A. Rothman (Eds.), *Social Psychology of Health: key readings* (pp. 218-226). Philadelphia, PA: Psychology Press.
- Hughes, J. & Stone, W. (2002). *Families, Social Capital & Citizenship projects: Fieldwork Report* Melbourne: Australian Institute of Family Studies.
- Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys. *Research on Aging* 26[6], 655-672. 12-3-2012.
- Huppert, F. A., Baylis, N., & Keverne, B. (2005). *The Science of Well-being*. UK, Oxford: Oxford University Press.
- Hutcheson, G. and Sofronion, N. (1999) *The Multivariate Social Scientist*. Thousand Oaks, California: Sage Publication.
- Iranian National Parliament (2004). *Module of National Aged Council*. Retrieved 7-10-2010, from
- ISCC (1997). *National Census Report Tehran: Iran statistic & census centre*.
- ISCC (2007a). *National Census Report Tehran: Iran Statistic & Census Centre*.
- ISCC (2007b). *Iranian Population and Economic; Annual Report Tehran: Iran Statistic & Census Centre*.
- ISCC (2011) *Iranian Family and Economic; an annual report, Tehran: Iran Statistic & Census Centre*.
- ISCC (2012). *Iranian Family and Economic; an Annual Report, (Rep. No. 90/REP.43). Tehran: Iran Statistic & Census Centre*.
- Iyer, S., Kitson, M., & Toh, B. (2005). Social Capital, Economic Growth, and Regional Development. *Regional Studies* 39[8], 1015-40. DOI: 10.1080/00343400500327943
- Jackson, J. J. (1970). Aged Negroes: Their Cultural Departures from Statistical Stereotypes and Rural-Urban Differences. *The Gerontologist* 10, 140-145.
- Jackson, J. J. (1985a). Double Jeopardy Re-examined. *Journal of Minority Aging*, 10, 25-61.
- Jackson, J. J. (1985b). Race, National Origin, Ethnicity and Aging. In R. H. Binstock and E. Shanas (Eds.), *Handbook of Aging and Social Sciences* (2 Ed.), pp. 78-84). New York: Van Nostrand Reinhold.
- Jackson, J. S. (1988). *Black American Elderly*. New York: Springer.
- Jartana, S. & Blakely, T. (2008). Ethnic Inequalities in Mortality among the Elderly in New Zealand. *Australian New Zealand Journal of Public Health* 32, 437-443.
- Johansson, G., Huang, Q., & Lindfors, P. (2007). A Life-span Perspective on Women's Careers, Health, and Well-being. *Social Sciences and Medicine* 65, 685-697.
- John T. Cacioppo, William Patrick (2009). *Loneliness: Human Nature and the Need for Social connection*. NY: W.W. Northon & Company, Inc.
- Johnson, R.W. (2011). The Growing Importance of Older Workers. *Public Policy and Aging Report* 21(4): 26-30.
- Joshani, M. & Qaedi, Gh. (2010). Development of the Short Form of Persian Version of Social Well-being Scale. *Social Welfare Quarterly* 9[32], 179-198.
- Joshani, M., Rostami, A., & Nosrat Abadi, R. (2007). Factor Analysis of General Well-being Scale. *Iranian Journal of Psychology* 9[12], 35-51.

- Joshanlou, M., Rostami, A., & Nosrat-Abadi, R. (2007). Factor Analysis of General Well-being Scale. *Iranian Journal of Psychology* 9[12], 35-51.
- Kanaya, A. M., Santoyo-Olsson, J., Gregorich, S., Grossman, M., Moore, T., & Stewart, A. (2012). The Live Well, Be Well Study: A Community-Based, Translational Lifestyle Program to Lower Diabetes Risk Factors in Ethnic Minority and Lower-Socioeconomic Status Adults. *Am J Public Health* 102, 1551-1558.
- Kaplan, E. A. (2007). Feminism, Aging and Changing Paradigms. *Surfaces* 7[110]. Retrieved 10.3.2011 from <http://www.pum.umontreal.ca/revues/surfaces/pdf/vol7/kaplan.pdf>.
- Karami-Nouri, R. (2002). Factor Analysis of Happiness and Psychological Well-being within Students. *Iranian Journal of Psychology* 32[1], 4-41. PMID: PMC1508687.
- Kawachi, I., Kennedy, B. P., & Glass, R. (1999). Social Capital and Self-rated Health: a contextual analysis. *Am J Public Health* 89[8], 1187-1193.
- Keyes, C. L. M. & Annas, J. (2009). Feeling good and Functioning Well: distinctive concepts in ancient philosophy and contemporary. *The Journal of Positive Psychology* 4[3], 197-201.
- Keyes, C. L. M. (1998). Social Well-being. *Social Psychology Quarterly* 61[2], 121-140.
- Keyes, C. L. M. (2000). Subjective Change and its Consequences for Emotional Well-being. *Motivation and Emotion* 24, 67-84.
- Keyes, C. L. M. (2002a). The Exchange of Emotional Support with Age and Its Relationship with Emotional Well-being by Age. *Gerontology: Psychological Sciences* 57, 518-525.
- Keyes, C. L. M. (2002b). The Mental Health Continuum: from Languishing to Flourishing in Life. *Journal of Health & Social Behaviour* 43, 207-222.
- Keyes, C. L. M., & Magyar-Moe, J. L. (2003). The Measurement and Utility of Adult Subjective Well-being. In S. J. Lopez & C. R. Snyder (Eds.), *Positive Psychological Assessment: A Handbook of Models and Measures* (pp. 411-425). Washington, DC: APA.
- Keyes, C. L. M., & Ryff, C. (1998). Generativity in Adult Lives: Social Structures Contours & Quality of Life Consequences. In D. M. C. Adams & E. De Saint Aubin (Eds.), *Generativity and Adult Development: Perspectives on Caring for and Contributing to Next Generation* (pp. 227-263). Washington, DC: APA.
- Keyes, C. L. M., & Shane, L. (2002). Toward a Science of Mental Health Positive Direction in Diagnosis & Intervention. In C. R. Snyder & L. Shane (Eds.), *The Handbook of Positive Psychology* (pp. 45-49). New York: Oxford University Press.
- Keyes, C. L. M., & Shapiro, A. (2004). Social Well-being in the United States. In O. G. Brim, C. Ryff, & R. Kessler (Eds.), *How Healthy Are We? A National Study of Well-being at Midlife* (pp. 350-372). Chicago: University of Chicago Press.
- Keyes, C. L. M., & Waterman, M. B. (2003). Dimensions of Well-being and Mental Health in Adulthood. In M. Bornstein, L. Davidson, C. L. M. Keyes, & K. Moore (Eds.), *Well-being: Positive Development throughout the Life Course* (pp. 477-497). Hillsdale, NJ: Erlbaum.
- Keyes, C. L. M., Hysom, S. J., & Lupo, K. L. (2001). The positive Organization: Leadership Legitimacy, Employee Well-being, and the Bottom Line. *The Psychologist-Manager Journal* 4, 143-153.
- Keyes, C. L. M., Shmotkin, D., & Ryff, C. (2002). Optimizing Well-being: the Empirical Encounter of Two Traditions. *Personality and Social Sciences* 82, 1007-1022.

- Kianpour, F. & Zandian, K. (2011). Changing or Developing in the Health Status of Aging in Ahwaz City of Iran. *Shahid Chamran University Journal of Psychology and Educational Studies* 23[1], 132-145. 23-12-2011.
- Klasen, S. (2004). Gender-related Indicators of Well-being (Rep. No. 2004/05). Helsinki, Finland: UNU-WIDER: United Nations University.
- Knight, M. & Tsuchiya, A. (2010). Well-being and the Environment: Research Questions and Connections. Sheffield, UK: The University of Sheffield.
- Kochera, A., Straight, A., & Guterbock, T. (2005). Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging, AARP Public Policy Institute, Washington, DC, USA.
- Koochaki G., Hojjati H., & Sanagoo A. (2012). The Relationship between Loneliness and Life Satisfaction of The Elderly in Gorgan And Gonbad Cities. *Journal of Research Development in Nursing & Midwifery*, 9 (1): 61-8.
- Kouchaki, G., Hojjati, H. & Thanagou, A. (2012). Relationship between Loneliness and Life Satisfaction among Older Adults in Gorgan-Gonbad Cities, Iran, *Iranian Journal of Nursing and Midwifery Research*, 9(1):61-8.
- Kraut, R. (2007). What is Good and Why? Cambridge, MA: Harvard University Press.
- KSCC (2007). Local Census of Khuzistan Province on 2007. Ahwaz, Iran: Khuzistan Statistic & Census Centre.
- Layard, R. (2005). Happiness: Lessons from New Science. London: Penguin.
- Lima-Costa, M. F., De Oliveira, C., Macinko, J., & Marmont, M. (2012). Socio-Economic Inequalities in Health in Older Adults in Brazil and England. *Am J Public Health* 102, 1535-1541.
- Lorber, J. (1994). Paradoxes of Gender. New Haven: Yale University Press.
- Lowcock, E. C., Rosella, L. C., Foisy, J., McGeer, A., & Crowcroft, N. (2012). The Social Determinants of Health and Pandemic H1N1 2009 Influenza Severity. *Am J Public Health* 102, e51-e58.
- Lynch, F. (1976). Question Type and Sampling Designs in Survey Research: Rethought Categories & Results for Choice. A/D/C Teaching Forum No. 47 (Research Methodology), Singapore: Agriculture Development council, 8 pp. In Lynch, F. & Hollnsteiner, M. R. (Eds.). (2004). Philippine Society and the Individual: Selected Essays of Frank Lynch. Manila: Ateneo University Press.
- Malmgren Fange A., Oswald F., and Clemson L. (2012). Aging in Place in Late Life: Theory, Methodology, and Intervention, *Journal of Aging Research*, Volume 2012, Article ID 547562, 2 pages, doi:10.1155/2012/547562.
- Markides, K. S., & Machalek, R. (1984). Selective Survival, Aging, and Society. *Archives of Gerontology and Geriatrics*, 32, 207-222.
- Marx, K., & Fowkes, B. T. (1992). *La Capital*. (2 Ed.) (Vols. 1) London: Penguin classics Group.
- McLeod, C. B., Lavis, J. N., MacNab, Y. C., & Hertzman, C. (2012). Unemployment and Mortality: A Comparative Study of Germany and the United States. *Am J Public Health* 102, 1542-1550.
- Michaeli, N., Rajabi, S. & Abbasi, M. (2013). Comparing Lineliness, Mental Health, and Self-Efficiency among Older Adults, *NEW FINDINGS IN PSYCHOLOGY*, 7(22): 73-81.

- Mikaeili N., Rajabi S., & Abbasi M. (2012). A Comparison of Loneliness, Mental Health and Self-Efficacy of the Elderly. *Journal of Social Psychology (New Findings in Psychology)*, 7(22):73-81.
- Miller, D. C. (1991). *Handbook of Research and Social Measurement*. (8 Ed.) London: Sage.
- Mohammadi, H. (2012). *Political Participation and Good Government in Iran*. PhD Diss. in Social Development. UPM, Malaysia.
- Mohammadi, H., Sharifa, N., & Emby, Z. (2011). Relationship between civic engagement and level of people's participation in local government. *Journal of American Science* 7[5], 52-59.
- Morgan, D. W., & Krejcie, R. V. (1960). *Small-sample Techniques*. The NEA Research Bulletin 38, 99-103.
- Morgan, D. W., & Krejcie, R. V. (1970). *Determining Sample Size for Research Activities*. *Educational and psychological Measurement* 30, 607-610.
- Morgan, L., & Kunkel, S. (1996). *Aging; the Social Context*. California: Pine Forge.
- Mousavi, M. T., (2007). Social Participation as component of Social Capital. *Social Welfare Quarterly* 6[4], 67-92.
- Mroczek, D. K., Spiro III, A., Griffin, P. W., & Neupert, Sh. D. (2006). Social Influences on Adult Personality, Self-Regulation, and Health. In K.W.Schaie & L. L. Carstensen (Eds.), *Social Structures, Aging, and Self-Regulation in the Elderly* (pp. 69-84). US: New York: Springer Pub. Co.
- Navvah, A., Qeisari, N., & Taqavi-Nasab, M. (2012). *Ethnical Pathology of Iran*. *Cultural Research*, 3[3], 47-71.
- NEF [New Economics Foundation] (2010). *Measuring Well-being in Policy: Issues and Applications*. London: NEF (New Economics Foundation).
- Neoman, W. L. (2000). *Social Research Methods; Qualitative & Quantitative Approaches*. (4 Ed.) Needham Heights MA/USA: Allyn & Bacon.
- Ogden, L. L., Richards, Ch. L., & Shenson, D. (2012). Preventive Services for Older Americans. *Am J Public Health*, 102 (3): 419-425.
- Osseiran-Wains, N. (1995). Social Indicators of Well-being: a comparative study between students in Bahrain. *Social Indicators Research*, 34, 113-152.
- Partowi, B., Amini, S., & Goudarzi, A. (2011). Gender Inequality of Economic Growth in Iran. *Economic Modelling* 3[3], 51-76.
- Peplau, L.A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A Sourcebook of Current Theory, Research, and Therapy*. (pp. 1-18). New York: John Wiley.
- Philips, J., Ajrouch, K., & Hillcoat, S. (2010). *Key Concepts in Social Gerontology*. Los Angeles: Sage Pub. Co. Ltd.
- Pinquart, M., & Sorensen, S. (2001). Gender Difference in Self-Concept and Psychological Well-Being in Old Age: A Meta-Analysis. *Gerontology: Psychological Sciences* 56B [4], 195-213.
- Piran, P., Mousavi, M. T., & Shiani, M. (2007). *Conceptual Framework and Conceptualization of Social Capital*. *Social Welfare Quarterly* 6[4], 9-44.
- PLC-Partners for Liveable Communities (2007) *Aging in Pace: Technical Assistance Guide*. Retrieved on December 17, 2010, from: <http://www.nwc.cog.co.us/docs/rrr/seniors2009/AginginPlaceTAassessmentguide-PartnrsLivblComm.pdf>.

- Portes, A. (1998). Social Capital: its origins and Application in contemporary Sociology. *Annual Review of Sociology* 24, 1-24.
- Putnam R. Edited (2004). *Democracies in Flux: The Evolution of Social Capital in Contemporary Society*. USA: Oxford University Press.
- Raz, J. (2004). The Role of Well-being. *Philosophical Perspectives* 18, 269-294.
- Routasalo P.E., Tilvis R.S., Kautiainen H. & Pitkala K.H. (2009). Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial. *J Adv Nurs*. 65(2): 297-305. DOI: 10.1111/j.1365-2648.2008.04837.x.
- Rowe, J. W. & Kahn, R. L. (1998). *Successful Aging*. Michigan, US: Dell Pub. Co.
- Russell, D. W., Cutrona, C. E., de la Mora, A., & Wallace, R. B. (1997). Loneliness and nursing home admission among the rural elderly. *Psychology and Aging*, 12, 574-589.
- Russell, D. (1996). The UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40.
- Rutherford, A. (2001). *Introducing ANOVA and ANCOVA; A GLM Approach*. UK, London: Sage Publications Ltd.
- Ryff, C., & Singer, B. (2000). Interpersonal Flourishing: a Positive Health Agenda for the New Millennium. *Personality & Social Psychology Review* 4, 30-44.
- Saadat, R. (2006). The Estimation of Level and Distribution of Social Capital of Iran's Provinces. *Social Welfare Quarterly* 6[23], 173-197.
- Saberi L., Rezaie Abhari F., & Shirinkam F. (2014). Later Life Civic Engagement of Elderly in Ahwaz -Iran, *Journal of Nursing and Midwifery Sciences*, 1(1): 33-43.
- Salimi A. & Joukar B. (2012). The Casual Relationships of Perceived Attachment and Personality Vulnerability with Loneliness in Adolescence. *Journal of Psychological Achievements*, 4 (1):245-64.
- Sarinnapha V, Bernard A. S., Phoebe S. L. and Pynoos J.(2012). Aging in Place: Evolution of a Research Topic Whose Time Has Come. *Journal of Aging Research*, Volume 2012, Article ID 120952, 6 pages, doi:10.1155/2012/120952
- Sarmad, Z., Bazargan, M., & Hedjazi, E. (2007a). *Research Methods in Behavioral Sciences*. (7 Ed.) Tehran: Agah.
- Satariano, W. A., Guralnik, J. M., Jackson, R. J., Marottoli, R. A., Phelan, E. A., & Prohaska, T. R. (2012). Mobility and Aging: New Directions for Public Health Action. *Am J Public Health* 102, 1508-1515.
- Scanlon, T. (1998). *What Do We Owe with Each Other?* Harvard: Belknap Press.
- Schulz, R. (2006). Successful Aging. In L.S.Noelker, K. Rockwood, & R. Sprott (Eds.), *The Encyclopedia of Aging: A-K* (4 Ed.), pp. 10-13. Springer Pub.Co.
- Seavy, N. E., Quader, S., Alexander, J. D., & Ralph, C. J. (2005). *Generalized Linear Models and Point Count Data: Statistical Considerations for the Design and Analysis of Monitoring Studies* (Rep. No. PSW-GTR-191/2005). US: Albany: USDA Forest Service Gen. Tech.
- Shalamzari, A.M., Ejheie, J., Azad0Fallah, P., & Kiamanesh, A. (2002). The Role of Social Support in Life Satisfaction, General Health, Loneliness within Aged People 60 Years old and Above, *J Iranian Psychology*, 6(2): 116-133.
- Shankar A., Hamer M., McMunn A. & Steptoe A. (2013). Social isolation and loneliness: relationships with cognitive function during 4 years of follow-up in the English

- Longitudinal Study of Ageing. *Psychosom Med.* 75(2):161-70. DOI: 10.1097/PSY.0b013e31827f09cd.
- Sheibani Tazraji F., Pakdaman Sh., Dadkhah A., & Hasanzadeh Tavakoli M.R. (2010). The Effect Of Music Therapy On Depression And Loneliness In Old People. *Salmand*, 5(16):54-60.
- Sheibani, I. & Afshari, Z. (2004). Gender Inequality in Economic Growth in Iran. *Economic Research*, 62, 151-174.
- Sheikholeslami F., Masouleh Shadman R., Khodadadi N., & Yazdani M.A. (2012). Loneliness and General Health of Elderly. *Holistic Nursing and Midwifery*, 21(2):28-34.
- Shenson, D., Adams, M., Bolen, J., Wooten, K., Clough, J., Giles, W. H. et al. (2012). Developing an Integrated Strategy to Reduce Ethnic and Racial Disparities in the Delivery of Clinical Preventive Services for Older Americans. *American Journal of Public Health* 102, e44-e50.
- Siegel, S. (2010). *Non-Parametrical Statistics for Behavioural Sciences*. (International 2 Revised Ed.), USA, NYC: McGraw-Hill Publishing Co.
- Silveira, E. R. T., & Ebrahim, Sh. (1998). Social Determinants of Psychiatric morbidity and Well-being in Immigrant Elders and Whites in East London. *Geriatric Psychiatry International* 13, 801-812.
- Silveira, E. R. T., Skoog, I., Allebeck, P., Sundh, V., & Steen, B. (2002). Health and Well-being among 70-years-old Migrants /living in Sweden: results from the H 70 Gerontological and Geriatric Population Studies in Goteborg. *Social Psychiatric, Epidemiologic Psychiatry* 37[13], 22.
- Smith, A. D. (2009). *Ethno-Symbolism and Nationalism: A Cultural Approach*. London: Routledge.
- Sodani M., Shogaeyan M., & Neysi A. (2012). the Effect Of Group Logo - Therapy On Loneliness In Retired Men. *Research in Cognitive And Behavioural Sciences*, 2(1): 43-54.
- SRAP-Senior Resource for Aging in Place, (2005). *Aging in Place*. Retrieved on December 17, 2010, from: <http://www.seniorresource.com/ageinpl.htm>.
- Stanford, E. P., & Torres-Gil, F. M. (Eds.). (1991). *Diversity: New Approaches to Ethnic Minority (Generations and Aging Series)*. Baywood Pub Co.
- Steptoe A., Shankar A., Demakakos P. & Wardle J. (2013). Social Isolation, Loneliness, and all-cause Mortality in Older Men and Women. *Proc Natl Acad Sci U S A*. 110(15):5797-801. DOI: 10.1073/pnas.1219686110.
- Steuer, N., Marks, N., & Thompson, S. (2007). *Measuring the Well-being at the Local Level: a report for the Adult Commission London: Defra Publications (Dept. for Environment & Rural Affaires)*.
- Stevens, J. P. (2009). *Applied Multivariate Statistics for Social Sciences (5 Ed.)* US: NYC: Routledge.
- Stone, W. & Hughes, J. (2002a). *Measuring Social Capital: Toward a Standardized Approach*. Melbourne: Australian Institute of Family Studies.
- Stone, W. (2001). *Measuring Social Capital; Toward Theoretical Informed Measurement Framework for Researching Social Capital in Family and Community Life in Australia (Rep. No. 24)*. Melbourne: Australian Institute of Family Studies.
- Stone, W., & Hughes, J. (2007). *Social Capital; Emprical Meaning and Measurement Validity (Rep. No. 56)*. Melbourne: Australian Institute of Family Studies.

- Summer, W. (1996). *Wellfare, Happiness, and Ethics*. UK, Oxford: Clarendon Press.
- Tabachnick, B. and Fidell, L. (2012). *Using Multivariate Statistics*. (6 Ed.), USA: Allyn & Bacon.
- Tenenbaum L. (2014). The Aging in Place Institute. Retrieved lecture notes online web site from <http://www.louistenenbaum.com/the-aging-in-place-institute/>.
- The Stanford University (2010). *The Stanford Encyclopedia of Philosophy*. Stanford University Press.
- The Well-being Inst. (2010). *National Accounts of Well-being Reports* Cambridge, UK: University of Cambridge.
- Tilvis R.S., Laitala V., Routasalo P.E., & Pitkälä K.H. (2011). Suffering from loneliness indicates significant mortality risk of older people. *J Aging Res.* 2011:534781. DOI: 10.4061/2011/534781.
- Tilvis, R. S., Laitala, V., Routasalo, P. E., & Pitkala, K. H. (2011). Suffering from Loneliness Indicates Significant Mortality Risk of Older People. *Journal of Aging Research* 2011, 1-5.
- UNDP (2009). *UNDP Strategy for Civil Society and Civic Engagement*. Retrieved From: http://www.undp.org/content/dam/aplaws/publication/en/publications/environment-energy/www-ee-library/local-development/voice-and-accountability-for-human-development/Voice_and_Accountability_for_Human_Development.pdf. (Updated on April 11, 2013).
- Varshney, A. (2000). *Ethnic conflicts and Civic Life: Hindus and Muslims in India*. New Haven: Yale University Press.
- White, N. (2006). *A Brief History of Happiness*. Malden, MA: Blackwell Publication.
- Williams, B. A., Stem, M. F., Mellow, J., Safer, M., & Greifinger, R. B. (2012). Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care. *American Journal of Public Health* 102, 1475-1481.
- Winston, J. (1995). *Methods; Doing Social Research*. Ontario: Prentice-Hall Canada.
- World Bank Organization (2005). *The Country Bbrief Report; IRAN on 2005*. World Bank Organization [Electronic version]. Available: www.worldbank.org/iranreport.html
- World Health Organization (2002). *Mainstreaming Gender Equity in Health; the NEED to Move Forward*, Madrid Statement. Geneva: WHO Press.
- Wu T. and Chan. A. (2012). Families, Friends, and the Neighbourhood of Evidence from Public Housing in Singapore, *Journal of Aging Research*, Volume 2012, Article ID 659806, 7pages, doi:10.1155/2012/659806.
- Yarshater, E. & et al. (2012). *Encyclopedia of Iranica*. NY: University of Colombia.
- Yen I.H., Shim J.K., Martinez A.D., and Barker J.C. (2012). Older People and Social Connectedness: How Place and Activities Keep People Engaged, *Journal of Aging Research*, Volume 2012, Article ID 139523, 10pages, doi:10.1155/2012/139523.
- Yen, I. H., Shim, J. K., Martinez, A. D., & Barker, J. C. (2012) Older People and Social Connectedness: How Place and Activities Keep People Engaged,” *Journal of Aging Research*, Article ID 139523, 10 pages, doi:10.1155/2012/139523.
- Yip, W., Subramanian, S. V., Mitchell, A. D., Lee, D. T. S., Wang, J., & Kawachi, I. (2007). Does Social Capital Enhance Health and Well-being? Evidence from Rural CHINA. *SocialSciences and Medicine* 64, 35-49.
- Zangi-Abadi, A., & Musavi, M. (2010). Spatial Analysis of Gender Inequality in Middle East Region. *Geographical Journal of Environment*, 2[7], 39-55.

Zlatareva M. (2008). Promoting Civic Engagement in a Post-Totalitarian and EU Accession Context. A Case from Bulgaria. United Nations Development Program, Oslo: Governance Centre The Democratic Governance Fellowship Program. Retrieved From <http://www.undp.org/oslocentre/docs09/Zlatareva_paper_final.pdf> (Updated on April 11, 2013).

