

Aging Successfully: The Impact of Spirituality on Social Participation in the Process of Living Getting Old

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Abstract: The problematic reduction of civic engagement in local communities of Khuzistan province in the southwest of Iran has become a serious issue for research in social planning and policy making. It has occasioned an attempt to search for risk factors as deterrents to engaging in the society. The aim of this study was investigating factors that affect civic engagement among gray citizens, focusing on the role of their religiosity as reducer or active factor. The community of study is 201 senior citizens from selected municipal zones of Ahwaz city that selected through cluster sampling method. The independent variables were gender, socioeconomic status, membership in non-governmental organizations (NGOs) and duration of living in the city, a sense of satisfaction towards urban services, traditionalism and fatalism. It was noticeable that religiosity has no significant relationship with civic engagement of elderly, though religious elders have less participating interactions in this study. Some offers within the research itself were recognized as potential improvement and reinforcement energies toward participative planning within the population, especially among women and seniors. The growth of social networks and societal links, along with some revival of social trust appeared helpful.

Key words: Aging Successfully % Spirituality % Social Participation % Getting Old

INTRODUCTION

Aged citizens display many variations in the form of continuation, substitution, or curtailment in the course of their engaging patterns at older ages. The number of activities in which they participate and the intensity in that they do, appears to decline [1-5]. They have stated to positive relationships between remaining active at older ages and developments in health, self fulfilment, self esteem, feelings of freedom, having social contacts and personal wellbeing.

Hence in an interesting example, Towers (2003) investigated people who were in their 70s to 90s [6]. He found that spiritual beliefs and, in particular, religious association over the life span had a positive impact on older persons' transition to care [6]. Specifically, the link with spiritual matters sustained a sense of confidence in the self and a belief that life still mattered and had a

purpose. Religious affiliations provided a sense of order to their experience, so that time in care was still a period when old connections were sustained. Religion gave elderly people in care homes a sense of homeostasis, a balance between their internal selves and their external environment. There are a number of reports in the literature on the psychological and physical benefits of religion and spirituality, with specific regard to older people, some of that could help mediate the effects of a potential traumatic event such as change of domicile [7-10].

For example, a study by Kass, Friedman, Leserman, Zuttermeister and Benson (1991), employed their original spirituality measure, revealed positive relationships between core spiritual experiences and both life satisfaction and reduction of medical symptoms scores with participants aged 25 to 72 years [11].

Krause (1998), in his research on coping with deteriorating neighbourhoods, found that people over the age of 65 years who were involved in the church (that is, organised religion) were less likely than were those with weak institutional ties to experience a decline in their self-rated health status [12]. Krause argued that the feeling that one is not alone during adverse times, plus the presence of like-minded people who can provide social support, is responsible for this finding. Although not specifically concerned with religion, studies by Kahn, Hessling and Russell (2003) with elderly people found significant relationships between perceived social support and measures of psychological well-being but, interestingly, not between the former and self-rated physical health after controlling for negative affectivity [13].

Koenig (2002) carried out several investigations on the benefits to the elderly of religion. For example, he reported that nearly majority of aged had indicated that they used religion to help them cope, with half of these stating that it was the most important factor that kept them going [14]. Among the evidence cited is the notion that religious beliefs may provide older people with a form of control over health matters that their non-religious peers do not have and that religious activities might even be associated with longer survival of up to 7 years [15].

So far, Bevil, O'Connor and Mattoon (1993) not only reported that the older adults who were more satisfied with their lives reported the greatest number of activities

conducted at least weekly and more varied activity and civic engagement, but also that participation benefited these older adults physiologically, psychological, socio-culturally, developmentally and spiritually [16]. A much less developed theme is the spatial diversity that relates to the participation of old people [17-20]. Thus, the social interactions are reflected into the concept of 'sociability', which Simmel (1950) defined as the "interaction that exists for its own sake, that is spoiled if its contents grows significant or its emotional impact too strong and that is separated from interaction solely geared to providing or receiving information" [21]. The fact that activities are tied to time and space, as has been extensively described in time-space geography. Actually has an important consequence. On the one hand there are specific types of activity associated with specific socio-spatial domains and health status of aged [22, 23].

MATERIALS AND METHODS

The samples include 201 aged persons, comprising 98 women and 103 men in four municipal zones of Ahwaz city. They are responded positively to invitations to participate in this study, who reside in Ahwaz city, capital of Khuzistan province in southwest of Iran (Table 1).

All respondents were married and had grown children that selected through cluster-ratio sampling method. Data collection involved in-depth one-by-one personal

Table 1: Sample Size and Percentage of Each Gender for Aged Citizens in four Municipal Zones

Ahwaz Municipal Zones	Total population	Percentage for each zone	Samples for each zone upon percentage ratio	Male	Female
				Samples upon percentage of third column	
1 st	8383	16.24	62	31	31
2 nd	3844	7.451	0	0	0
3 rd	7871	15.25	58	29	27
4 th	8516	16.53	0	0	0
5 th	3132	6.017	23	12	12
6 th	9160	17.75	0	0	0
7 th	7824	15.16	58	31	28
8 th	2864	5.515	0	0	0
Total	51594	100	201	103	98

Table 2: Internal Reliability for the Four Basic Indicators of ACES* (n = 201, D #.05)

Basic items of ACES	No. of Q.	M (SD)	Skewness	Kurtosis	**
Participating in governmental sections	6	2.29 (.68)	.43	.25	.70
Participating in communal sections	6	2.58 (.62)	-.56	.33	.71
Participating in religious sections	6	3.78 (.72)	-.47	.35	.74
Participating in charity sections	6	3.35 (.88)	.41	-.31	.69
ACES	24	3.02 (.79)	.38	.37	.78

*ACES: Aged Civic Engagement Scale. ** Reliability of ACES upon Cronbach's Alpha

interviews and included data validation and analysis. According to table two, the Cronbach's α of the dependent variable, civic engagement worked out at .78, with corrected item total correlation between the statements in the .35 - .51 interval.

Data collection had used questionnaire of ACES (aged civic engagement scale) that was classified into 24 items with five answers upon Likert scale. The ACES was validated too ($\alpha = 0.78$). According to Table 2, internal validity upon Cronbach's α are well adjusted to four basic indicators of ACES. Items of ACES are reliable. Overall, scores state that these concepts were moderately internally consistent. The study has mentioned to new definition for civic engagement in the gerontological aspect. Religious affiliation was recorded as Muslim totally. Thus, the participant sample was deemed to be homogenous. Participants were sought from different areas and selected municipal zones in Ahwaz city.

RESULTS

In this research 32.4 per cent of men and 64 per cent of women were widowed, 36.3 per cent were illiterate, majority of samples mentioned they have chronic diseases. Regarding general health, about 31% have told: "my health significantly limits what I can do and can't do any things and take support." According table three, about 87 per cent of aged received less than 2 US\$ (3612 Iranian Rials) per day. It indicates that majority of aged live under urban poverty ratio.

The analysis of data on the base of t-test showed that, male elders have more civic engagement than female ($t=2.718$, $D= .006$). There were few differences between men and women in the level of civic engagement. According to table four, Pearson correlation coefficient at $r=0.74$ and ($D= .000<.05$), shows that there is a positive and significant relationship between independent variable (health status) and with dependent variable (civic engagement of older adults).

According to table four, the result shows that, when the power structure of family is more husbands' oriented it is more cause to come down in civic engagement of older adults. Pearson correlation coefficient at $r= .52$, $\alpha = .000$ and ($D\# .001$), shows that there is a significant relationship between (independent variable) a sense of belonging to the one's city with civic engagement of older adults (dependent variable). Also, when the social contact & interpersonal trust is more so, it is more drawn to the civic engagement of older adults. Pearson correlation

coefficient at, $r=.52$, $\alpha = .000$ and ($D.000\# .01$), shows that there is a positive and significant relationship between (independent variable) social solidarity & interpersonal trust with civic engagement of older adults (dependent variable).

The traditionalism and fatalism among aging adults has reverse relationship to the civic engagement of aged. The Pearson correlation coefficient test of the civic engagement of older adults, social contact and interpersonal trust at $r= -.76$, $\alpha = .000$ brought out a significant inverse correlation. Also, when the socio-economic status of older adults was not high, the less it is drawn to the civic engagement of them. socio-economic status and the civic engagement of older adults $r =.45$, $\alpha =0.0006$, pointed to a significant correlation.

If the sense of satisfaction towards urban services is high, the more it is drawn to the civic engagement of ageing people. The Pearson correlation coefficient test of the variables, a sense of satisfaction towards urban services and the civic engagement of older adults at, $r = .65$, $\alpha = .001$, brought out a significant relationship correlation. When the duration of living in the city is high, it is drawn more to the civic engagement of ageing. The Pearson correlation coefficient test of the variables Duration of living in the city and the civic engagement at, $r = .38$, $D= .0002$, brought out a significant relationship correlation. The result shows that, when the older adults is holding a membership of NGOs, the high it is drawn to the civic engagement of them. The Pearson correlation coefficient test of the variables membership of elderly in NGOs and the civic engagement of older adults at, $r = .112$, $\alpha = .0304$, pointed to a significant correlation.

Additionally, there is no significant relationship between religiosity and civic engagement of older adults. The Pearson correlation coefficient test of the variables elder's membership in NGOs and the civic engagement of older adults at $r = -.102$, $\alpha = .045$, pointed there is not significant correlation between the religiosity and older adult's civic engagement. It was noticeable that religious elders have less participatory social interactions.

However, everyone who has defined him/herself as non-religious citizen was at almost the same level. Generally, religiosity is a neutral variable and apathetic toward increasing or reducing the civic engagement of gray citizens. It means that each side of the religious behaviour scale has the least impact on the civic engagement of older adults in the city of Ahwaz.

Table 3: Demographic Characteristics of Aged Samples

Demographic Categories		%	Demographic Categories		%
Gender	Male	52.7	Pensioning	Pension	14.6
	Female	47.3		Personal savings	35.1
Age	60 to 64	51.0		Supported by children/relatives	21.5
	65 to 69	15.1		Salary	22.5
	70 to 74	14.1		Others	6.3
	75 to 79	12.8	Having Chronic Diseases and Time	5 years and less	51.6
	80 and above	7.0		6 to 10 years	12.1
Marital Status	Single	2.8		11 years and above	10.5
	Married	69.9		Haven't chronic diseases	25.8
	Divorced	2.5	Annual Income ^a	# \$548.2	53.6
	Widowed	23.0		\$549.4-650.6	34.7
	No answer	1.8		\$651-746.3	8.8
Education	Illiteracy	36.3		\$747-841	2.4
	Elementary	17.5	General Health	# 841.4	0.5
	Middle	26.6		Very poor-I can't do any things and take support.	11.3
	High	16.0		Poor-My health significantly limits what I can do.	20.1
	University	3.5		To some extent-I have good days and bad days.	14.9
Retirement Status	Not retired	26.8		Healthy-I have a few problems that are well-managed.	22.1
	Retired	49.1		Almost healthy-I feel good.	21.1
	Others ^b	24.1		Very healthy-I feel so better than past.	10.5

a. Upon Iranian currency Rials and 1 US\$= 18060 IR Rials in 2012.

b. Females who had never worked.

Table 4: Pearson correlation coefficient within civic engagement and the main factors

Dependent Variable	No. of Item	M (SD)	N	r _p ^a	DF	D	" ^b
ACES ^c	24	125(8)	201	.814	172	.0001	.78
Independent Variables							
Gender	1	11(3)	201	2.718	173	.0016	--
Health status	4	24(12)	200	.014	171	.0704	--
A sense of belonging to the one's city	6	28(11)	200	.521	170	.0018	--
Social contact & interpersonal trust	4	21(8)	201	.523	172	.0001	--
Traditionalism & fatalism	2	8(2)	199	-.762	169	.0015	--
SES	5	23(7)	201	.453	172	.0006	--
A sense of satisfaction towards urban services	7	29(6)	201	.654	172	.0012	--
Duration of living in the city	2	7(2)	196	.381	160	.0002	--
Membership in NGOs	3	12(3)	201	.112	172	.0304	--
Religiosity	3	15(5)	195	-.102	166	.0151	--

^ar_p= Pearson correlation coefficient

^b"= Reliability of ACES upon Cronbach's Alpha

^cACES: Aged Civic Engagement Scale

DISCUSSION AND CONCLUSION

The fact that education, income and the health status have a positive relationship with participation in activities such as culture, going out and sport can signify that future old people will be able to maintain a more varied package of activities. So far, contraction and convergence operate more strongly, because health limitations and doubtless age itself will continue to exert a negative effect on aging engagement. Old people who combined many activity types when they were younger may have to let go more of them as limitations increase with increasing age. Hence, it reveals the distance of

urban seniors from social interactions and citizenship engaging arenas where they might go face to face with younger adults and juveniles.

This distance could negatively impact on social control and collective consciousness. Aggregation of population with overall social anonymity; individualism with centricity of personal interest; and ascendancy of a vertical hierarchy with social discrimination has a main effect of reducing civic engagement in Iranian urban arenas. The senior society of Ahwaz city with this background on urban regions evaluated their community with a participatory view to their community and the factors which trace on that variable [24].

According to findings, social dependency has the most consequence on civic engagement of elder dwellers. That means the increasing dependency of aged citizens on their society for basic needs accompanied growth of their own social involvement. The variables such as, fatalism, a sense of belonging to the one's city, health status and a sense of satisfaction towards urban services have more significant relationships with civic engagement of ageing. Thus the data indicated that there is no significant relationship between civic engagement and religiosity and did not show any deference between religiosity and social involvement [25].

It appeared important to mention the unsuitable and non-impact status of religiosity to participatory interactions and civic engagement of aged citizens. In the marital status, those widowed elders have more engaging in community than others and this deference was significant. There is significant relationship between socioeconomic status and civic engagement. The result showed that the aging people who live in low and poor socioeconomic status and public health indexes have the less civic engagement in the social activity and it endorsed the post literature regarding this matter as well [7, 11, 24, 26, 27].

Ethical Considerations: Ethical matters e.g. plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc. have been totally observed by the authors.

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REFERENCES

1. Armstrong, G.K. and K. Morgan, 1998. Stability and Change in Levels of Habitual Physical Activity in Later Life. *Age and Ageing* 27-S3: 17-23, DOI:10.1093/ageing/27.suppl_3.17.
2. Asadollahi, A., 2011. Social quality and Social Well-being for Aged People; toward measuring and understanding in community level, Saarbrücken, Germany: Lambert Academic Publishing Company.
3. Bennett, K.M., 1998. Gender and Longitudinal Changes in Physical Activity in Later Life. *Age and Ageing*, 27-S3: 24-28.
4. Klumb, P.L. and M.M. Baltes, 1999. Time Use of Old and Very Old Berliners: productive and consumptive activities as functions of resources. *Journal of Gerontology: Social Sciences*, 54B, S271-S278, DOI: 10.1093/geronb/54B.5.S271.
5. Strain, L.A., C.C. Grabusic, M.S. Searle and N.J. Dunn, 2002. Continuing and Ceasing Leisure Activities in Later Life: a Longitudinal Study. *The Gerontologist*, 42: 217-223, doi: 10.1093/geront/42.2.217.
6. Towers, C., 2003. Living Through Transition: The concerns of older people as they relocate to residential care. Doctoral thesis in progress. Nottingham: Nottingham Trent University.
7. Mindel, C.H. and C.E. Vaughan, 1978. A Multi-Dimensional Approach to Religiosity and Disengagement. *Journal of Gerontology*, 33(1): 103-108, DOI: 10.1093/geronj/33.1.103.
8. Worthington, E.L., T.A. Kuru, M.E. Mc-Cullough and S.J. Sandage, 1996. Empirical Research on Religion and Psychotherapeutic Outcome: A 10 year review and research prospectus. *Psychological Bulletin*, 119: 448-487, DOI: 10.1037/0033-2909.119.
9. Booth, M.L., N. Owen, A. Bauman, O. Clavisi and E. Leslie, 2000. Social-Cognitive and Perceived Environment Influences Associated with Physical Activity in Older Australians. *Preventive Medicine*, 31: 15-22, PMID:10896840.
10. Fly, J.W., G.R. Reinhart and R. Hambry, 1981. Leisure Activity and Adjustment in Retirement. *Sociological Spectrum*, 1: 135-144.
11. Kass, J.D., R. Friedman, J. Leserman, P.C. Zuttermeister and H. Benson, 1991. Health Outcomes and a New Index of Spiritual Experiences. *Journal for the Scientific Study of Religion*, 30(2): 203-211, Retrieved from <http://www.jstor.org/action/showArticleImage?image=imagespagesdte.71.tif.gif&doi=10.2307/1387214>, Retrieved in 8.11.2011.
12. Krause, N., 1998. Neighbourhood Deterioration, Religious Coping and Changes in Health during Later Life. *The Gerontologist*, 38(6): 653-664, DOI: 10.1093/geront/38.6.653.

13. Kahn, J.H., R.M. Hessling and D.W. Russell, 2003. Social Support, Health and Well-being among the Elderly: What is the role of negative affectivity? *Personality and Individual Differences*, 35: 5–17, DOI: 10.1016/S0191-8869(02)00135-6.
14. Koenig, H.G., 2002. A Commentary: The role of religion and spirituality at the end of life. *The Gerontologist*, 42: 20-23, DOI: 10.1093/geront/42.suppl_3.20.
15. Keltz, M.F., R.R. Hoffman, M.G. Ory and J.T. Harden, 2000. Behavioral and Socio-cultural Aspects of Aging, Ethnicity and Health. *Handbook of Gender, Culture and Health*. Mahwah, NJ: Erlbaum, pp: 139-158.
16. Bevil, C., P. O'Connor and P. Mattoon, 1993. Leisure Activity, Life Satisfaction and Perceived Health Status in Older Adults. *Gerontology and Geriatrics Education*, 14(2): 3–19, DOI: 10.1300/J021v14n02_02.
17. Biggs, S., 2001. Toward a Critical Narrativity: Stories of Aging in Contemporary Social Policy. *Journal of Aging Studies*, 15: 303-316, DOI: 10.1016/S0890-4065(01)00025-1.
18. Carter, T. and P. Beresford, 1999. *Models of Involvement of Older People*. Joseph Rowntree Foundation.
19. Coleman, D. and S.E. Iso-Ahola, 1993. Leisure and Health: the role of social support and self-determination. *Journal of Leisure Res.*, 25: 111-128.
20. Simpson, E.E., J.M. O'Connor, M.B.E. Livingstone, G. Rae, B.J. Stewart-Knox, M. Andriollo-Sanchez, E. Toti, N. Meunier, M. Ferry, A. Polito, M. Kelly, J.M.W. Wallace and C. Coudray, 2005. Health and lifestyle characteristics of older European adults: the ZENITH study. *European Journal of Clinical Nutrition* 2005 59, Suppl 2: S13-S21. DOI:10.1038/sj.ejcn.1602292.
21. Wolff, Kurt H., 1950. *The sociology of Georg Simmel*. New York: MacMillan.
22. Patterson, A., 1996. Participation in Leisure Activities by Older Adults after a Stressful Life Event: the loss of a spouse. *International Journal of Aging and Human Development*, 42(20): 123-142, DOI: 10.2190/TG1M-75CB-PL27-R6G3.
23. Padgett, D., 1999. *Aging Minority Women. Gender, Culture and Ethnicity: current research about women and men*. Mountain View, CA: Mayfield, pp: 173-181.
24. Asadollahi, A., N. Ahmad, S.H. Valizadeh and M. Baratvand, 2011. Social Quality for Aged People in Iran: Towards Developing Theoretical Scale. *Canadian Social Science*, 7(6): 162-176. DOI:10.3968/j.css.1923669720110706.153.
25. Asadollahi, A., L. Fani-Saberis, A. Mohseni-Tabrizi and N. Faraji, 2011. Do Public Health and Social Participation Matter for the Elderly? an Analysis of an Aging Community in Khuzistan Province, Iran. *Canadian Social Science*, 7(6): 240-244. DOI:10.3968/j.css.1923669720110706.157.
26. Dykstra, P., 1995. Age Differences in Social Participation: the Importance of Restrictions. In: C.P. M. Knipscheer J. De Jong Gierveld T. G. Van Tilburg and P.A. Dykstra, (Eds.), *Living arrangements and social networks of older adults*. Amsterdam: VU University Press, pp: 59-82.
27. Kamilar, C.B., D.L. Segal and S.H. Qualls, 2000. Role of Gender and Culture in the Psychological Adjustment to Aging. In: R.M. Eisler and M. Hersen (Eds.), *Handbook of gender, culture and health*. Mahwah, NJ: Erlbaum, pp: 405-428.