Biomedical & Pharmacology Journal Vol. **8**(2), 633-640 (2015)

Review the Status of Successful Aging in the Elderly City of Zahedan in 2014

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DOI: http://dx.doi.org/10.13005/bpj/807

(Received: September 19, 2015; accepted: November 14, 2015)

ABSTRACT

The successful aging refers to attaining to potential individual ability and optimal level of physical and social ability as well as mental health .Through it the elderly enjoy themselves and others. The present study was conducted to determine successful aging in Zahedan in 2014.This is a descriptive study. In this study, 385 elderly subjects with ages more than 65 were selected through random clustering method. To analyze the collected data, by using SPSS software analytical statistics including Kolmogorov – Smirnov tests and Binomial test was conducted. Results: The data analysis indicated that in the studied samples, 46% had mental problems,34% had Problems in Social Performance, 53% had anxiety and sleep disorders , 30% had mental health problems. Conclusion: According to research finding there were significant difference between successful and unsuccessful aging in mental health and that subscales(Social malfunctions, depression, and anxiety). According to the results,54% and 46% of elderly subjects were respectively successful and unsuccessful. Also successful aging has significant relationship with age, sex, marital status, education and job. To facilitate the promotion of healthy behaviors, the Professional System of Health Community can use The results of this study in design and implementation of comprehensive programs.

Key words: Aging, Successful And Unsuccessful Aging, Mental Health, City Of Zahedan.

INTRODUCTION

Aging is a global challenge. The challenges of aging and disability, old age care, economic challenges, pension, health care and so on are some examples.

In the new vision of aging, the active and fruitful old is the positive experience with positive opportunities without disability in terms of participation, health, independence and productivity in the elderly and the solidarity between generations while respecting the national culture and coping with the aging challenges of the elderly[1]. However, the rate of illness and disability will grow with the increased number of the elderly, but the increase of knowledge will cause a significant proportion of the elderly to be able to continue functioning at a high level which is the successful aging[2]. The increased number of the elderly increases the social burden for the care needs which is growing especially in Asia as well as the developed countries. Thus, the successful aging is one of the most important studies and provides the importance of programs designed to promote the welfare of the elderly[3].

Although some of the elderly have the high physical and mental symptoms and low social supports, but may still be able to maintain the physical, emotional and social performance levels against these problems[2]. The objective of successful aging is enabling the elderly to live active and be independent and also prevent the negative consequences of aging such as the dependency and reducing the level of health or unsuccessful aging[4]. Unsuccessful aging is associated with weakness, sickness, loneliness and dependency

on others[4]. At the global level, the dependency ratio of the people under 14 years and the people over 60 years is calculated versus the number of active adults between 15-59 years. In other words, the proportion of the elderly is assessed versus the active population[5].

Today, the elderly population is growing significantly in the world and this factor will create a dramatic change in the age distribution over the next few decades. Aging with all psychological, social, cultural, religious, and economic aspects is a challenging problem for families and society[6]. The physical and social participation of most people significantly decrease after reaching the age of 75 to 80 years[5].

The subject of health and its relationship with the increase of the life has created many challenges in the present era. The improvement of health conditions has led to the reduction of mortality, especially the mortality of the elderly and the increase of life expectancy and also the birth control policies have increased the percentage of the elderly to the total population[7]. Chronic diseases are currently responsible for the greatest burden of disease in developing countries and are often age-related. The total prevalence of the dependent population worldwide differs from 4.4% to 5.1% and it is predicted to have an increasing trend by 2050. In developing countries, there is 15 to 17 percent of dependency among the elderly over 65 years; and this fact will cause significant implications for a dependent person, care givers and society. Social costs of dementia (the most common cause of dependency) are very high in the world[8].

The mental health of the elderly can be associated with the welfare and well-being from communications with others and related social activities. Depression and sadness are the common issues and play an important role in the loss of appetite, weight, fatigue, desire, reluctance and sleep disorders. In various studies, the relationship between the domains of physical, mental and emotional health has been frequently reported.

Therefore, the study of the different aspects of health is important to better understand the health status of the elderly[9]. Considering the mental, family, social, economic, and performance aspects is to better understand the health status of the elderly. The study of health in the elderly should be more mental than the other age groups because it depends on the interactions through physiological situations, sense of psychological well-being, functional abilities and social supports. That is why the study of the elderly health status should not only be limited to medical aspects [10].

The comparison of the elderly health status around the country with each other will be useful for the macro planning in order to promote the elderly health status. Professional system of public health can use the results of this study in the design and implementation of comprehensive programs to facilitate the promotion of health behaviors.

Depression and sadness are the common issues and play an important role in the loss of appetite, weight, fatigue, desire, reluctance and sleep disorders. In various studies, the relationship between the domains of physical, mental and emotional health has been frequently reported.

Anxiety is also a common problem in the elderly because this period is full of shortcomings and disabilities. In other words, the elderly are more prone to depression and anxiety due to the s decreased self-esteem, loss of physical and financial independency, and chronic diseases[11]. Therefore, the study of the different aspects of health is important to better understand the health status of the elderly[9].

In adescriptive-analytical study with the aim of the study of the elderly health status living under Aid Committee in Birjand, it was concluded that 36/9% of the elderly had hypertension, 10/4% had diabetes, 10/8% had urinary dysfunction, 68% had vision problems, 6 68/4% had severe cognitive disorders and 3/2% had severe depression[12]. In a study, 34/2% of the elderly had severe depression and 44/1% had average depression, 5% had severe cognitive impairment, 47/5% had average cognitive impairment and 30% had mild cognitive impairment. Also, the muscular, skeletal and cardiovascular diseases were the most common problems in the elderly[13].

The study which determined the quality of life of the elderly living in the city of Qazvin in 1388-1387 showed that the study elderly have the average quality of life. The emotional and physical aspects of quality of life had a poor quality and the social performance had a good quality. The elderly had an average quality of life in terms of other dimensions[14].

The number of people over 65 years in the world will reach from 516 million people in 2009 to one billion and 530 million in 2050[2]. According to the Social Affairs Committee of the United Nations in 2007, the global percentage of aging is 10/7%: this amount in Asia is 9/6% and in Central Asia is 7/5% and in Iran is 6/6%[15]. National census in Iran in 2006 showed that about 7/3% of the population, i.e., more than 5 million elderly over 60 years[7]. However,in the national census conducted in 2011, the percentage of the elderly aged 60 years old or more is8/3%[16].

According to the estimate of the World Health Organization in developing countries, the elderly population during the next 50 years will increase to nine times and the elderly population aged 75 years and more will have the highest growth rate in developed countries[17]. The aging speed in Iran and other developing countries is more than the developed countries[18].

In the case of the increase in the elderly population and the population explosion in 1410 in Iran, the first step in achieving a healthy and active elderly population is the evaluation of their health status. On the other hand, achieving the active and healthy aging process requires the adequate attention to the health status of the elderly such as the physical, psychological, social and spiritual aspects of human beings. These will determine the health, medical and social needs of the elderly and will solve their problems based on their living environment. Based on the above issues, the present study aimed to compare the status of successful aging in the elderly over 65 years in the City of Zahedan in 2014.

METHOD

The research is descriptive-analytical

Statistical population

In this study, all the elderly aged over 65 years in the City of Zahedan who are equal to 24,448 people according to the Statistical Yearbook

Table 1: Descriptive indicators of general health of successful and unsuccessful aging

Test variables		Number	Mean	Deviation Standard	Deviation Error	Confidence Level of 0/95		Min	Max
						Low level	high level		
General health	successful	192	58.3542	13.63625	.98411	56.4130	60.2953	34.00	102.00
	unsuccessful	193	64.0777	13.37594	.96282	62.1787	65.9768	39.00	102.00
	total	385	61.2234	13.78979	.70279	59.8416	62.6052	34.00	102.00
Physical symptoms	successful	192	12.5938	2.27933	.16450	12.2693	12.9182	7.00	20.00
	unsuccessful	193	12.8964	2.30480	.16590	12.5691	13.2236	7.00	20.00
	total	385	12.7455	2.29416	.11692	12.5156	12.9753	7.00	20.00
anxiety	successful	191	18.0148	8.36365	.60517	16.8210	19.2085	.04	30.00
	unsuccessful	193	15.1355	7.91892	.57002	14.0112	16.2598	.04	29.00
	total	384	16.5677	8.25928	.42148	15.7390	17.3964	.04	30.00
Social functioning	successful	192	23.3646	13.88179	1.00183	21.3885	25.3407	3.00	50.00
	unsuccessful	193	29.7202	13.82308	.99501	27.7577	31.6828	5.00	50.00
	total	385	26.5506	14.19555	.72347	25.1282	27.9731	3.00	50.00
depression	successful	192	23.9635	9.36260	.67569	22.6308	25.2963	4.00	46.00
	unsuccessful	192	26.8177	11.83230	.85392	25.1334	28.5020	2.00	56.00
	total	384	25.3906	10.75060	.54861	24.3120	26.4693	2.00	56.00

Table 2: Results of t-test for independent groups to compare the general health components in successful and unsuccessful aging

Loon test for equality of variances				T-test for independent groups					Confidence level of 0/95	
		F	Sig.	T	Df	Sig. (2-Tailed)	Mean Difference	SE	Low Level	High Level
General Health	Assuming equal variances	.135	.714	-4.157	383	.000	-5.7255	1.37670	-8.43039	-3.01671
	Assuming unequal variances			-4.157	382.771	.000	-5.7255	1.37677	-8.43054	-3.01657
Physical Symptoms	Assuming equal variances	.008	.929	-1.295	383	.196	-.30262	.23364	-.76199	.15675
	Assuming unequal variances			-1.295	382.987	.196	-.30262	.23363	-.76198	.15674
Anxiety	Assuming equal variances	1.079	.299	3.464	382	.001	2.87922	.83112	1.24508	4.51336
	Assuming unequal variances			3.463	380.392	.001	2.87922	.83136	1.24459	4.51385
Social Functioning	Assuming equal variances	3.636	.057	-4.501	383	.000	-6.3556	1.41197	-9.13181	-3.57944
	Assuming unequal variances			-4.501	382.966	.000	-6.3556	1.41199	-9.13184	-3.57941
Depression	Assuming equal variances	11.73	.001	-2.621	382	.009	-2.8547	1.08892	-4.99519	-.71315
	Assuming unequal variances			-2.621	362.820	.009	-2.8547	1.08892	-4.99555	-.71279

of Sistan-Baluchestan province in 1390 formed the study population.

Sample and sampling method

In this study, the stratified random sampling was used as the sampling method and the samples were selected by simple random method. First, the City of Zahedan was geographically divided into 5 regions of North, South, West, East and Central and then in each region, 77 questionnaires were distributed randomly and evenly. Samples included the individuals who were at least 65 years old and willing to participate in the study and able to respond to the questionnaire. Exclusion criteria consisted of living in the village, and the inability to communicate and respond to questions.

Tools

Goldberg & Williams General Health Questionnaire: The questionnaire was developed in 1978 by Goldberg and is used to determine the general health[19].The questionnaire is based on self-reporting and was used by Speer in New Zealand in 1994 and by Samimi in Tehran in 2006. This 28-item questionnaire has four scales and each scale has 7 questions. The above scales include (1 physical symptoms scale 2) anxiety and sleep disorders scale 3) social functioning scale 4) depression symptoms scale. Among 28 questions, the items 1 to 7 are related to the physical symptoms scale. Items 8 to 14 examine the anxiety and sleep disorder symptoms, items 15 to 21 measure the social functioning symptoms and finally items 22 to 28 measure the depression symptoms. In numerous studies, the General Health Questionnaire has been used to measure one of the components of successful aging[6]. Scoring this questionnaire is based on the Likert scale. The option “never” is scored zero, “usually” is 1, “more than usual” is 2 and “much more than usual” is 3. After analyzing the scores, the scores 0-27 of general health will be considered as desirable, 28-55 as some what desirable, and 56-84 as undesirable[18]. To determine the reliability, the GHQ was calculated by Soleimani in 1385 by Pearson correlation coefficient (r=0/84) and by Samimi in 1385 by Cronbach alpha (r=0/82)[20].

To analyze the data collected from the analytical statistics such as descriptive tests, ANOVA tests and SPSS software were used.

Findings

As can be seen in Table 1, the descriptive indicators of general health and its components in successful and unsuccessful aging have some differences in the average general health which are tested by the independent t-test.

Also According to the results of the t test to compare the independent groups which are reported in Table 2, there is a significant difference between the successful and unsuccessful aging with the exception of physical symptoms in general health and its other components. This significant difference is seen both in the equality of variance and the inequality of variance, while in the components of physical symptoms (t = -1.29) the difference was little and it was also insignificantat the level (p> 0/196). Also, the negative ratio of the difference between groups means that the components of general health such as physical symptoms, impaired social functioning, depression, and impaired general health was less in the successful aging than the unsuccessful aging.

The results of Table 3 show that only 18% of people over 85 have no anxiety and sleep disorder, but 82% of them have these problems.Also, 18% of this age group lacks social dysfunction and 32% lacks depression.

Table 3: The status of the research units in terms of age and general health factors

Age	65 to 74 years		75 to 84 years		Over 85 years	
General Health Components	N	P	N	P	N	P
Physical Functioning	(69%)170	(31%)76	(32%)36	(68%)77	-	(100%)26
Anxiety And Sleep Disorders	(59%)144	(41%)102	(30%)34	(70%)79	(18%)4	(82%)22
Social Dysfunction	(50%)123	(50%)123	(6%)5	(96%)108	(18%)4	(82%)22
Mdd	(89%)218	(11%)28	(64%)72	(36%)41	(32%)7	(68%)19

Table 4: The status of the research units in terms of gender and general health factors

Gender	Male		Female	
General Health Components	N	P	N	P
Physical Functioning	(55%)92	(45%)76	(53%)114	(47%)103
Anxiety And Sleep Disorders	(52%)88	(48%)80	(43%)94(	(57%)123
Social Dysfunction	(43%)72	(57%)96 (18%)	(28%)60	(72%)157
Mdd	(82%)138	(18%)30	(73%)159	(27%)58

Table 5: The status of the research units in terms of marital status and general health factor

Marital Status	Single		Married		Widow		Divorced	
General Health Components	N	P	N	P	N	P	N	P
Physical Functioning	(77%)57	(23%)17	(47%)51	(53%)57	(56%)85	(44%)67	(25%)13	(75%)38
Anxiety And Sleep Disorders	(55%)41	(45%)33	(58%)63	(42%)45	(48%)73	(52%)79	(10%)5	(90%)46
Social Dysfunction	(45%)33	(55%)41	(49%)53	(51%)55	(26%)39	(74%)113	(14%)7	(86%)44
Mdd	(88%)65	(12%)9	(68%)73	(32%)35	(83%)126	(17%)26	(65%)33	(35%)18

The results of Table 3 show that 43% of men and 28% of women have the minimum problem in terms of social functioning.

Also Based on the table 5, 88% of singles and 68% of married people are without depression.

Based on the table 6, 14% of the employed elderly and 8% of the elderly working after retirement have depression. 40% of the retired people have anxiety sleep disorders.

DISCUSSION AND CONCLUSION

The results of this study showed that there was a significant difference between the successful and unsuccessfulaging in general health, depression and social functioning and in all of the above items;the unsuccessful aging had more problems and higher scores.This finding is consistent with the results of other studies (Jordan, 2005), (Bond et al., 1997; Borkhaser, 1997, human resources and social development of Canada, 2007) which showed that family connections and friendships, good mental health, ability to work independently and social supports in the successful aging are better than the unsuccessful aging. Also, one of the differences between successful and unsuccessful people,especially in the area of health, is related to age. The risk of health poverty and disability increases with age and a series of health issues at the time of retirement will affect the elderly which were determined in this study. Based on the obtained results, the elderly aged between 65 to 74 years (less age, young seniors), the elderly men, the married men, and those who work after retirement achieved the highest score in terms of general health components.

According to the results of the study by McLaughlin et al in 2009 that was s conducted to determine the prevalence of successful aging in the United States, the older age, male gender, and lower socioeconomic status decrease the chance of achieving successful aging; it has a significant relationship in terms of age and economic status with the present study and is contrary to the results of the study in terms of gender.

On the basis of the scores obtained from the general health questionnaire and the data analysis, 54% of the elderly in the City of Zahedan were successful and 46% were unsuccessful. Hank in 2011 in a study aimed at estimating the prevalence and comparing the successful aging in 14 European countries (Austria, Belgium, Denmark, France, Greece, Germany, Italy, The Netherlands, Spain, Sweden and Poland) and Israel and the role of structural factors (age, gender, education, economic status and social status) in the successful aging according to Ro Vakan Model. The results showed that the likelihood of successful aging is significantly reduced with the increase of age. Its likelihood for women is less than men and the higher levels of education and social welfare such as the personal house increase the chances of successful aging. The average prevalence of successful aging among the European elderly was estimated 8/5%. Among 11 European countries and Israel, Denmark, Sweden and The Netherlands has the highest rate

Table 6: The status of the research units in terms of employment and general health factors

Employment	**Employed**		**Retired**		**Employed after retirement**		**Housekeeper**	
General Health Components	**N**	**P**	**N**	**P**	**N**	**P**	**N**	**P**
Physical Functioning	%)2056	16(44%)	45(45%)	55(55%	23(72%	(28%)9	54%)118	(46%)99
Anxiety And Sleep Disorders	(42%)15	(58%)21	(60%)60	(40%)40	(66%)21	(34%)11	(40%)86	(60%)131
Social Dysfunction	9(%25)	(75%)27	(33%)33	(67%)67	(81%)26	(19%)6	(29%)82	(71%)153
Mdd	(86%)31	(14%)5	(79%)79	(21%)21	(91%)29	(8%)3	(74%)160	(26%)57

of successful aging as 21/1%, 17% and 17% and Spain and Poland with 3/1% and 1/6% had the lowest rate of successful aging.

Based on the scores obtained from the general health questionnaire and data analysis, 54% of the elderly in the City of Zahedan were successful and 46% were unsuccessful. Results showed that the most common physical problems and limitations are allocated to vulnerable people. In other words, the illiterate and unemployed women and elderly without income and dependent on others (financially) and the elderly who are divorced or living alone are faced with many general health problems. Also with the increase of age, decrease of education, living alone, unemployment and having no income, and the limitation and dependency of physical functioning will be added. Due to the increasing trend of the elderly population, paying attention to health, decrease of disabilities and the improvement of the quality of life is essential and highlights the need for considering this vulnerable group.

The results showed that physical functioning and ability to perform the daily activities had a significant relationship with most of the social and economic variables. Therefore, the efforts to deal with health problems of the elderly should be limited more to the socio-economic differences and this is an important strategy for reducing these differences and delaying the disruption to health, disability and mortality. To reduce the differences in the health status of the elderly, the differences in social and economic issues should be reduced.

Also, the data analysis showed that the mental health of the elderly is associated with their higher age, gender, marital status and education. Gender, housing and employment status showed a significant relationship with anxiety, sleep disorder and depression. Also, since many diseases and aging problems are caused by unhealthy life styles, the basis of health in these dimensions should be established with using the appropriate way of improving the quality of life from the earliest stages of life and provide the fields of participation in family and community s well as providing a supportive environment in all aspects in order to achieve the successful and healthy aging. As a result, we can say that the results of this study are similar to the problems of the elderly reported by the other parts of the country in terms of diversity; therefore, it is necessary to provide ongoing training and appropriate instructions in maintaining and improving the health of this age group.

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