

## The Comparative Study of the Support needs of the Urban and Rural Elderly in the City of Gonabad in 2014

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### ABSTRACT

This research had done to determine and comparison of the underlying support needs in urban and rural elderly in 3139 was done. The questionnaires were collected after informed consent was interviewed, then the software (ver22) SPSS, were analyzed. Among 430 elderly urban and rural 6/42 Male 4/46% female, mean age  $72/7 \pm 22/74$  and 1/65% illiterate in urban population and 57% of men and 6/53% female with an average age of  $99 / 7 \pm 23/75$  and 7/80% of the rural population were illiterate. The need for health services in urban 3/19% compared with the villagers 5/5% of the needs of education in urban 6/78% compared with the villagers 5/48, the access to transportation in urban samples 8/19% compared to the rural sample 7/27%, the financial ability to buy meat protein urban group 2/17 15.9% compared with rural elders, there are places in the recreational needs for leisure in the city 1 / 65% in the rural group 4/95 and material support in the urban average of 60/35% in rural and 17/32% respectively. The study in the field of urban elderly support health care, personal care, nutrition, housing, recreational and materially better than rural elderly. But educational support in the area of rural society was in a better condition. Also safety and emotional support, structural, functional subset of social support are significant differences were observed. So with regard to vulnerable seniors in rural than urban elderly due regard to the needs of this population seems necessary.

**Key words:** Support needs, the elderly, town, village.

### INTRODUCTION

The process of the elderly population increasing and its effects on the social, economic and health resources dimensions need serious studies to provide a comprehensive and effective plan to deal with this subject. This plan requires a thorough understanding of the needs and the situation of the elderly<sup>1</sup> Health and social problems of the elderly require a wide range of services over a long period. Failure to recognize the unmet needs can create critical conditions for the elderly<sup>2</sup>.

The rapid elderly population growth on the one hand and the effects of aging on the socioeconomic conditions has made aging a social problem in most communities<sup>3</sup>. Aging population is one of the greatest human

achievements and also one of the world's fundamental problems. Entering the 21st century, this phenomenon has increased the social, economic, health and medical needs of all countries because the elderly are at the risk of many diseases and disabilities<sup>4</sup>.

As the statistics related to the urban and rural elderly population show, the elderly proportion in rural areas is more than in urban areas, while the life expectancy is less in rural areas than in urban areas. Also, the income below the poverty line, low wages, poor occupational conditions, lack of health facilities are more common in rural areas while the urban elderly have more favorable economic and health status<sup>5</sup>. Also, the rural elderly have higher rates of heart disease, cancer, deaths from injury, diabetes and depression compared to

the urban elderly<sup>6</sup> in many urban and rural communities, the younger members of the family away from their families and there is the weakening of neighborhood networks. As a result, some limited-income elderly people are at the risk of poverty and the more subtle forms of limitation due to the transport or mobility problems, poor services or the lack of access to information<sup>7</sup>.

Support needs are the available evidence related to social, psychological and physical factors and the barriers and empowerments in access to supportive information and financial resources for the elderly<sup>8</sup>. Social support is effective in a long and healthy life. Several studies have shown the effect of social support on the elderly health and their satisfaction of life independent of other factors such as social class and high-risk behaviors. Social supports enable the elderly to be able to deal with everyday problems and crises<sup>9</sup>. The elderly need to be in contact with others until they ask for help when needed and have a desirable social support<sup>10</sup>.

In addition, these demographic trends show the important social changes and increased health care needs and the restriction of the available resources will be seen increasingly. Despite the increasing amount of evidence that support these changes in demographic trends, too little information was available on the quality of life and the participation of the elderly<sup>11</sup>. Although most old people are still in contact with their families, but these support institutions have the responsibility of meeting the needs of the elderly. To meet these needs, the support needs of the elderly should be identified.

Given the changing population pyramid in the City of Gonabad, the increase of the rural elderly population and the lack of research studies in the field of the support needs of the urban and rural elderly in this study, it was attempted to determine the compare the support needs of the urban and rural elderly. The researcher hopes that the results of this study could be a step towards a better understanding of the identification of the support needs of the urban and rural elderly to meet these needs and could be used by health officials and planners and the executive organizations.

Based on the above issues, this study compared the support needs of the urban and rural elderly in the City of Gonabad in 2014 and answered the questions below.

1. What are the needs and differences of health care support between the urban and rural elderly in the City of Gonabad?
2. What are the needs and differences of educational support between the urban and rural elderly in the City of Gonabad?
3. What are the needs and differences of transport support between the urban and rural elderly in the City of Gonabad?
4. What are the needs and differences of personal care support between the urban and rural elderly in the City of Gonabad?
5. What are the needs and differences of nutritional support between the urban and rural elderly in the City of Gonabad?
6. What are the needs and differences of safety support between the urban and rural elderly in the City of Gonabad?
7. What are the needs and differences of housing support between the urban and rural elderly in the City of Gonabad?
8. What are the needs and differences of moral support between the urban and rural elderly in the City of Gonabad?
9. What are the needs and differences of recreational support between the urban and rural elderly in the City of Gonabad?
10. What are the needs and differences of social support between the urban and rural elderly in the City of Gonabad?

## METHOD AND MATERIALS

### The research is descriptive-analytical

#### Research population

In this study, all the urban elderly aged over 65 in the City of Gonabad equivalent to 3314 individuals as 6/6% of the total population of the city and the rural elderly equivalent to 4467 individuals as 13/64% of the total population of the city formed the study population. (Department of Health, Gonabad University of Medical Sciences, 2013).

**Sample and sampling method**

The research sample is the subset of the population including the urban and rural elderly under the coverage of urban and rural health centers. The samples were selected by random cluster sampling method and the research was conducted on them. Sampling method in this study is a multi-stage random cluster sampling. In cluster sampling, a sampling framework was developed which included all the urban and rural health centers and then a number of the mentioned centers which covered the elderly were selected randomly. After referring to the selected centers by draw and providing the list of the people over 65 years, the research samples were randomly selected by giving a code to each person.

**Research Tools**

For data collection in this study, a researcher made demographic questionnaire was used that included 12 questions regarding the age, gender, location, education level, marital status, number of children, monthly income, receiving subsidies, job income, insurance status and the family and 15 questions regarding the health care support, 6 questions about educational support, 9 questions about transport support, 14 questions

about personal care support, 8 questions about nutritional support, 6 questions about safety support, 7 questions about housing support, 7 questions about moral support and 9 questions about recreational support. This questionnaire is a self-report tool which measures the social-functional, structural, emotional, financial supports and the total loss. In addition to the above items, this questionnaire provides us with the descriptive data about the support relationships and communications which have been lost by the person for various reasons (during the last year) though which we can understand the changes in the support system of the person<sup>12</sup>. In this study, the support needs include social support, health care support, educational support, transport support, personal care support, housing support, nutritional support, safety support, and recreational support and spiritual support.

**Validity and reliability of the questionnaire**

In this study, the content validity and face validity were used to determine the scientific validity of data collection tools. The questionnaire was prepared by using several questionnaires and studying several authentic papers and reference books about aging. Then the above was assessed by ten professors of nursing in terms of content validity and face validity and after the necessary changes according to the suggestions, the data collection tool was provided. The content validity shows that to what extent the questions and assignments represent the total set or specific area of content which is often based on professional judgments and experiences<sup>13</sup>.

The reliability shows the fixed results in the re-use of a test with a variable measurement method to obtain the similar results with the same tool.

**Table 1: Cronbach's alpha coefficient**

Cronbach's alpha coefficients	
<b>Recreational</b>	0/663
<b>spiritual</b>	0/838
<b>housing</b>	0/745
<b>safety</b>	0/765
<b>nutritional</b>	0/818
<b>personal</b>	0/785
<b>transport</b>	0/774
<b>educational</b>	0/895
<b>Health care</b>	0/764

**Table 2: Absolute and relative frequency distribution of research units by gender in both rural and urban populations**

Percent	total		village		city	
	number	number	number	percent	number	gender
100/0	195	57/4	112	42/6	83	male
100/0	235	53/6	126	46/4	109	female
100/0	430	55/3	238	44/7	192	total

Reliability and validity of Norbak questionnaire were examined by Jalilian and colleagues in Iran. The reliability coefficient of this tool was obtained by internal consistency method as 0/844 to 0/973 ( $P < 0/001$ ) and the validity of the instrument was reported by concurrent criterion validity as 0/222 to 0/624 ( $P < 0/001$ ) (14).

Cronbach's alpha coefficients for health care, educational, transport, personal, nutritional, safety, housing, spiritual and recreational parts were respectively as: 0/764, 0/895, 0/774, 0/785, 0/818, 0/769, 0/745, 0/838, and 0/663.

#### Data analysis method

Data analysis was performed using SPSS software version 22. Because the data was not normal, chi-square test was used for the comparison of in the 2 groups of urban and rural elderly.

## RESULTS

#### Demographic characteristics

Based on the table above, among the 430 elderly in the sample, 195 subjects (45.3%) were male and 235 subjects (54.7%) were female. Chi-

Table 3:

P value	df	$\chi^2 =$	variable
$P < 0/001$	2	$\chi^2 = 61/32$	health support needs
$p > 0/005$	2	$\chi^2 = 49/041$	educational support needs
$p > 0/05$	2	$\chi^2 = 7/439$	transport support needs
$p > 0/05$	2	$\chi^2 = 9/995$	personal care support needs
$p > 0/05$	2	$\chi^2 = 8/716$	nutritional support needs
$p > 0/05$	2	$\chi^2 = 8/716$	safety support needs
$p > 0/05$	2	$\chi^2 = 35/995$	housing support needs
$p > 0/05$	1	$\chi^2 = 4/689$	spiritual support needs
$p > 0/05$	2	$\chi^2 = 190/321$	recreational support needs
$p > 0/05$	2	$\chi^2 = 65/801$	social support needs

square test  $2 \div (p > 0/05, df = 1 \text{ } \chi^2 = 0/629)$  showed no significant differences in gender distribution between urban and rural groups.

- The above table shows the results of health care support in the urban and rural elderly and the comparison between them. Chi-square test  $2 \div (p < 0/001, df = 2 \text{ } \chi^2 = 61/32)$  showed that the amount of meeting the elderly needs in rural health centers was more than urban health centers.
- The above table shows the results of educational support in the urban and rural elderly and the comparison between them. Chi-square test  $2 \div (p > 0/05, df = 2 \text{ } \chi^2 = 49/041)$  showed that holding the personal care training classes in rural health centers was more than urban health centers.
- The above table shows the results of transport support in the urban and rural elderly and the comparison between them.

Chi-square test  $2 \div (p > 0/05, df = 2 \text{ } \chi^2 = 4/970)$  showed no significant difference between the two groups in terms of the access to public transport. Chi-square test  $2 \div (p > 0/05, df = 2 \text{ } \chi^2 = 7/439)$  showed that the ability to commute by public transport in the urban elderly was higher than the rural elderly.

- The above table shows the results of personal care support in the urban and rural elderly and the comparison between them. The urban elderly need 3/7% and the rural elderly need 9/3% help in the field of oral hygiene, doing nail and shaving their face and hair. Chi-square test  $2 \div (p > 0/05, df = 2 \text{ } \chi^2 = 9/995)$  showed that the amount of sleep and rest of the rural group were more than the urban elderly.
- The above table shows the results of nutritional support in the urban and rural elderly and the comparison between them. Chi-square test  $2 \div (p > 0/05, df = 2 \text{ } \chi^2 = 8/716)$

- showed that the urban elderly access to healthy and quality food was more than the rural elderly.
6. The above table shows the results of safety support in the urban and rural elderly and the comparison between them. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 2$ ,  $\chi^2 = 35/995$ ) showed that the rails or fences near stairs or the movement paths of the urban elderly were more than the rural elderly. In response to the question of "did you experience falling during the past year?" 19/9% of the urban elderly answered "yes" and 80/1% answered "no" and 24/0% of the rural elderly answered "yes" and 76/0% answered "no". (Note that each person could select more than one option).
  7. The above table shows the results of housing support in the urban and rural elderly and the comparison between them. In response to the question of the housing status, 91/6% the urban elderly had personal housing, 1/6% had leased housing, and 6/8% had relative-owned housing and 95/3% of the rural elderly had personal housing, 0/8% had leased housing, and 3/8% had relative-owned housing. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 1$ ,  $\chi^2 = 4/689$ ) showed that the urban elderly had a better status in terms of the access to bathroom and toilet than the rural elderly. In response to the question of "do you have the ability to pay for the probable home repairs?" 42/7% of the urban elderly and 45/15 of the rural elderly expressed their inability.
  8. The above table shows the results of spiritual support in the urban and rural elderly and the comparison between them. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 2$ ,  $\chi^2 = 13/943$ ) showed that the urban elderly had more ability in participating the religious and Quran recitation sessions than the rural elderly. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 2$ ,  $\chi^2 = 8/349$ ) showed that the rural elderly had more pilgrim camps dependent on organizations and institutions than the urban elderly.
  9. Table 2 shows the results of recreational support in the urban and rural elderly and the comparison between them. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 2$ ,  $\chi^2 = 190/3321$ ) showed that the urban elderly had a better access to recreational areas such as parks than the rural elderly. Celebrations and events have been held with the peers to spend the leisure time.
  10. Table 2 shows the results of the recreational support in the urban and rural elderly and the comparison between them. Chi-square test  $\chi^2$  ( $p > 0/05$ ,  $df = 2$ ,  $\chi^2 = 65/801$ ) showed that the urban elderly had better facilities for the use of facilities for the use of facilities than the rural elderly.

## DISCUSSION

In order to achieve the first objective of the study, determining and comparing the needs of health care support in the urban and rural elderly show that the health care support in rural areas was lower than in the urban elderly. The study of Motlagh<sup>15</sup> showed that 57 percent of the elderly need to use dentures, 7/8% of them need hearing aids and 39% need eyeglasses which are somewhat consistent with the present study. In the study of Lowry<sup>16</sup> in China, the rural elderly had a less access to health care compared to the urban elderly and the results are consistent with the present study.

In order to achieve the second objective of the study, determining and comparing the needs of educational support in the urban and rural elderly show that the rural elderly received additional training, however due to the increase of the elderly and the prevalence of chronic diseases in them it is essential to train them in the listed areas. Since 89/6% of the urban elderly had no training classes on proper nutrition, exercise, activity, and the lack of smoking but the rural elderly received 24/9% and 36/3% of the above mentioned trainings. Feleaa et al<sup>17</sup> with a study entitled "the educational outcomes of the rehabilitation of the elderly with diabetes" found that the Psychotherapeutic strategies such as education, sport and diet will improve the diabetes and the patient's motivation, will prevent the disease complications and also will improve the quality of life<sup>18</sup>.

In order to achieve the third objective of the study, determining and comparing the needs of transport support in the urban and rural elderly show that the lack of access by public transport such as taxis and buses to key destinations such as hospitals, health centers, banks and shopping centers was mentioned as 19/8% for the urban elderly and 27/7% for the rural elderly. As the ability to use the public transport, 65/8% of the urban elderly and 52/8% of the rural elderly have been able to use the public transport.

This finding is consistent with the study of Motlagh<sup>15</sup> that was carried out on 1350 elderly in Iran and showed that 62/9% were able to use the public transport and 14/2% were not be able to use the public transport and the results are somewhat consistent with the present study. The public transport was also coordinated with the physical status of the urban elderly and 77/85 of the rural elderly have mentioned the suitable public transport. As the transport cost, 39.65% of the urban elderly have expressed that they are economical, and also 89.5% of them mentioned that there was no discount for them. The results of the study by Averill et al<sup>6</sup> that was performed in a village in New Mexico, America showed that the rural elderly are faced with the serious problems of transport and the lack of access to medical, health care and social services<sup>6</sup>. Also most of the rural elderly were not able to drive and had more limited transport than the urban elderly, thus a planning must be carried out to suit the needs of the elderly on public transport to increase the social performance of this class.

In order to achieve the fourth objective of the study, determining and comparing the needs of personal care support in the urban and rural elderly show that the urban elderly need 3/7% and the rural elderly need 9/3% help in the field of oral hygiene, doing nail and shaving their face and hair. As buying and providing food supplies, 61.3% and 62% of the urban elderly and 64/3% and 59/75 of the rural elderly were able to carry out the above items which is consistent with the results of the study of Motlagh<sup>15</sup> that 69/8% were able to obtain their supplies. As sleeping and taking rest, 70/7% of the urban elderly and 79/7% of the rural elderly stated that their sleep was enough and the results show

that the amount of sleep in the rural elderly is more than the urban elderly. This study shows that among 192 urban elderly, 94.7% and 87/9% had access to the phone.

In order to achieve the fifth objective of the study, determining and comparing the needs of nutritional support in the urban and rural elderly show that the access to healthy food and facilities for cooking in the urban elderly was more than the rural elderly but there was no significant differences between the two groups in terms of cooking. In the study of Alizadeh et al<sup>19</sup> which was carried out in Australia by choosing 302 Iranian elderly aged 65 years and more it was concluded that 76/8% of the elderly were capable of preparing and cooking food, while 16/9% were semi-independent and needed help.

In order to achieve the sixth objective of the study, determining and comparing the needs of safety support in the urban and rural elderly show that the urban elderly felt safer than the rural elderly. As the presence of smoke alarms, 97/9% and 96/2% of the urban and rural samples stated the lack of smoke alarms. As falling, 19/9% of the urban elderly stated falling during last year and 73/7% had no balance, 28/9% had poor eyesight, 13/2% mentioned the lack of doorknob, 23/7% mentioned sliding, and 2/6% stated the lack of enough light for the reasons of falling. 24/0% of the rural elderly mentioned the experience of falling while among them 71/4% had no balance, 23/2% had poor eyesight, 3/6% (n=2) mentioned the lack of doorknob, 16/1% (n=9) mentioned sliding, and 16/1% (n=9) stated the lack of enough light for the reasons of falling. In the study of Bucsueta al<sup>20</sup>, 39% of the female elderly and 31% of the male elderly mentioned the experience of falling that led to the physical damages and functional limitations which is somewhat consistent with that the present study.

The results of a study showed that a variety of diseases such as diabetes, lung, hearing and heart problems, and surgery were the main causes of falling for the urban elderly. Mainly 35 to 40 percent of people over 65 years fall during each year. The prevalence of falling is more in the elderly aged more than 80 years is 50 percent. Falling of the elderly may indicate the poor health and

reduced performance and is associated with many complications<sup>21</sup>.

In order to achieve the seventh objective of the study, determining and comparing the needs of housing support in the urban and rural elderly show that there was no significant difference between the 2 groups. Respectively, 98/4% and 98/4% of the urban and rural elderly stated that their houses were located in a secure environment. The security of the neighborhood encourages the elderly to take care of their health through exercise and walking<sup>22</sup> as the bathroom and toilet, respectively 9/4% and 16/5% of the urban and rural groups mentioned the lack of bathrooms and toilets. As the ability to pay for home repairs, 42/7% of the urban elderly and 45/1% of the rural elderly mentioned the inability to pay for the house costs.

In order to achieve the eighth objective of the study, determining and comparing the needs of spiritual support in the urban and rural elderly show that the rural elderly had more facilities of participating in the Friday Prayers than the urban elderly. 13/5% of the urban elderly and 27/2% of the rural elderly were not able to participate in religious and Quran recitation meetings. As the presence of facilities for participating in Friday Prayers, Tavassol prayer, Komeil prayer, and going to mosques respectively 50/0%, 28/6%, 30/2%, 24/5% and in the rural elderly respectively 61/3%, 40/8%, 41/8% and 36/1% mentioned the lack of facilities at the above meetings. Also, the urban elderly had more ability to pay their pilgrimage costs than the rural elderly but the rural elderly mentioned more pilgrim camps dependent on organizations and institutions than the urban elderly. In the study of Baba Nejad et al<sup>23</sup> that was carried out in Ilam province, 30 percent of women and 70% of men referred to the mosque and pilgrimage centers and 27/7% of women and 72/3% of men participated in religious and Quran recitation meetings and the number of men was significantly more than women. In this study, a lower percentage of the urban and rural elderly have participated in the above meetings, but in our study the sex difference was not mentioned.

In order to achieve the ninth objective of the study, determining and comparing the needs of

recreational support in the urban and rural elderly show that the access to recreational areas such as parks for the urban elderly was 80/2% and for the rural elderly was 13/9%. Also, 65/1% of the urban elderly and 95/4% of the rural elderly have stated that there are no places for spending their leisure time such as libraries and cultural centers. Also, the access to cinema and the use of the mass media and the Internet were more in the urban elderly. The results of the present study indicate that the urban elderly have a greater access to recreational facilities and the needs of the rural elderly has been overlooked in this area. In the study of Sewo Sampaio et al<sup>24</sup> the lack of recreational facilities can be seen in rural areas which are consistent with our study.

In order to achieve the tenth objective of the study, determining and comparing the needs of social support in the urban and rural elderly show that there is a significant difference between them.

Also, the sub-findings showed that based on the results of emotional support for the urban elderly was in the range of 8 to 209 points with the mean of  $74/72 \pm 35/02$  and for the rural elderly was in the range of 0 to 196 points with the mean of  $72/99 \pm 31/27$  and no significant difference was observed between in the urban and rural elderly in terms of emotional support.

Financial support for the urban elderly was in the range of 0 to 83 points with the mean of  $35/60 \pm 17/13$  and for the rural elderly was in the range of 0 to 80 points with the mean of  $32/17 \pm 14/82$ . Financial support of the urban elderly was significantly higher than the rural elderly. The higher financial support of the urban elderly in this study is because most of them were retired and had more income.

Structural support for the urban elderly was in the range of 10 to 531 points with the mean of  $62/66 \pm 43/23$  and for the rural elderly was in the range of 0 to 152 points with the mean of  $58/62 \pm 23/59$  and no significant difference was observed between in the urban and rural elderly in terms of structural support.

Functional support for the urban elderly was in the range of 15 to 263 points with the mean of  $110/32 \pm 50/47$  and for the rural elderly was in the range of 0 to 274 points with the mean of  $105/16 \pm 44/35$  and no significant difference was observed between in the urban and rural elderly in terms of functional support. In the study of Sewo Sampaio et al (24) that was conducted in China, the rural elderly had less social support which is somewhat consistent with our study.

### CONCLUSION

The results of the present study show that the urban elderly had a better status in terms of health care, personal care, nutritional, housing, spiritual, and financial supports than the rural elderly.

But in the area of educational support, the rural community had a better status. Also, there was no significant difference in terms of safety and emotional support, structural and functional supports which are the subsets of social support. The creation of recreational facilities according to the needs of the elderly is necessary. Increasing levels of education, especially in the rural elderly is essential to increase social interaction and promote the use of social networks and also prevent the social isolation. Therefore, with regard to vulnerability of the rural elderly than the urban elderly, it is necessary to pay attention to the needs of this group. Also, paying attention to health issues and the availability of health facilities is one of the priorities that should be considered further in the elderly.

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