



Original Article

Aging in Place within Elderly People in the Southwest Iran

Laleh Fani Saberi¹, Abdolrahim Asadollahi^{2*}, Alihosein Hoseinzadeh³, Nobaya Ahmad⁴

¹Department of Health, School of Nursing, Mazandaran University of Medical Sciences, Sari, Iran

²Department of Health and Social Work, University of Applied Sciences and Technology, Tehran, Iran

³Department of Social Sciences, School of Economic, Shahid Chamran University of Ahwaz, Ahwaz, Iran

⁴Inst. of Gerontology, University of Putra Malaysia, Serdang, Malaysia

ABSTRACT

Article history

Received 21 Sep 2015

Accepted 22 Nov 2015

Introduction: Iran and its aged society are facing some issues that significantly impact the current social structures in Iran. It will continue to do so on their growing as elderly with negative impacts on communal relations and unjust distribution of resources based on a gender basis that will affect the aging in place (AiP). The study aims to investigate the AiP within aged people and modifying role of the gender variables within it.

Methods: This study describes the current AiP of the aged people in Ahwaz city in the southwest Iran from a gender perspective. The population available for the study was citizens 60 years of age and older (N=51594) in Ahwaz city. Sampling method was cluster-ratio based on municipal zones, ethnicity, and gender with sample size 382 (195 male and 187 female). The data were analysed by descriptive statistics, F-test and geographical information system.

Results: Economically poor situation of the aged samples especially aged women, and their health status was moderated by low quality of nutrition and high prevalence of chronic conditions. For example, Arabs, Persian and Lor received low mean scores of 59.41, (SD = 7.332), 58.09 (SD = 11.963), and 57.02, (SD = 7.963) respectively in the health status. AiP characteristics are poor and discrimination was especially significantly prominent among elderly females. Multiple regression were found to modify AiP at the first step. The Generalized Linear Model revealed that gender-ethnic discrimination directly affected AiP and high prevalent amongst elderly minority females.

Conclusion: The current urban environment, in the southwest Iran, seems is unable to meet healthy needs of aged people. It needs to adjust upon gender and other relevant characteristics to monitor equality of outcomes for aged and minorities. The future research needs to focus on effect of ethnicity and gender-related issues on AiP, especially in developing countries like Iran.

Keywords: Ahwaz City, Elderly, Aging in Place, Geographical Information System, Gender Issues

Citation: Fani Saberi L, Asadollahi A, Hoseinzadeh A, Ahmad N. Aging in place within elderly people in the southwest Iran. *Elderly Health Journal*. 2015; 1(2): 75-83.

Introduction

The aging in place (AiP) is defined how much environment and community are well-constructed for the aged, and how the place is adapted to aged-related issues. It implies growing old in the environment and community with the least or without problems (1, 2). Some issues pertinent to the term AiP include demographic inventory, e.g. housing, transportation or mobility, neighbours, safety area and security,

problems 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 aged (2). The last census in 2007, resulted in a total population for Ahwaz city of 969843 inhabitants, 51594 of which were sixty years and older (male: 26294 and female: 25345). In the national and provincial report on population and

* **Corresponding Author:** Department of Health & Social Work, University of Applied Sciences and Technology, Tehran, Iran. **Tel:** +989122498890, **Email address:** a.asadollahi@hotmail.co.uk

census, there is no data for ethnic and religious groups upon social-political issues, as claimed Islamic Republic of Iran (3). The study was aimed to measure the AiP upon gender-based issues among aged citizens of Ahwaz city.

Methods

Procedure

Participants of the study were seniors who resided in eight municipal zones of Ahwaz city. 382 seniors were sampled from 51594 older persons; 195 males and 187 females; birth date ranged from 1915 to 1952. The data were collected during interview with the samples who had come to welfare and rehabilitation centers across the Ahwaz city from May to September 2014. The sampling was in accordance with cluster-multistage sampling method and the sample size were estimated by Cochran Formula as a whole. For each cluster the percentage was generated by gender, ethnicity, and municipal zones. The ethnic groups of Khuzistan province were estimated according to Navvah's survey on ethnic minorities of Arabs in 2004. Navvah measured the Khuzis' * 46 percent of total population though he did not provide the percent of the other ethnic minority group, the Lors (4). According to 2007 reports of Khuzistan Statistics Census Centre and Iran Statistics Census Centre, the sample size is wholly counted 382 seniors upon Cochran formula (5-9). This is also the case with cluster-multistage sampling for municipal zones upon three ethnic groups of Persian, Lor, and Arab in the province.

Instrumentation

The variable of AiP was evaluated by the scale of aging in place (SAiP). The SAiP is an instrument to measure and evaluate the environment and the community of aging (see annex). It has items that include information about housing, transportation or mobility, neighborhood, safety and security, troubles in the environment and place (noise, parking, litter, boundaries, pets, bullying, anti-social behaviours, differentiations in culture and lifestyle, and so on), and public and administrative services for the aged. Sum score of this instrument is used as AiP and will be between 21 and 105 scores; hence 21 means growing aged in the environment and community with the most problems in neighbour and environment. The seniors with this score acclaims that he/she is growing as an older citizen with the slightest life styles. Also, it is reliably well conducted by Cronbach's alpha ($\alpha = 0.84$).

Additionally, the respondents' demographic profiles included age, gender, ethnicity (Arab, Lor, and Persian), marital status (types and time of married), family members, health status (having

conditions and types, smoking and the time period), nutrition, living alone and the time period, educational status, economic status, pensioning, and municipal zones residing.

Data analysis

The data were analysed by descriptive statistics, F-test and geographical information system (GIS).

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. The study was approved by the Ethics Committee in Faculty of Medicine & Health Sciences at University of Putra Malaysia, Serdang DE, Malaysia, and registration number FMH-329b-031.

Results

One hundred and ninety-five persons (51%) were male. The mean age of the respondents was 69 years (65 ± 5). The respondents' demographic profiles included age, gender, ethnicity (Arab, Lor, and Persian), marital status (types and time of married), family members, health status (having conditions and types, smoking and the time period), nutrition, living alone and the time period, educational status, economic status, pensioning, and municipal zones residing. have been tabulated upon gender in the table 1. As table 1 illustrates, majority of senior told the AiP is less designed in Ahwaz city. The AiP has the highest correlation with gender ($r = .137$, $N = 382$, $p \leq 0.05$, two-tailed) followed by marital status ($r = -.11$, $N = 382$, $p \leq 0.05$, two-tailed). The correlation relationship of the length of married status, however, is not as significant as other demographic and basic variables ($r \leq .16$ and $p \leq 0.05$).

Distributions of health status variables among participants have been tabulated upon gender in the table 2.

Gender and ethnic groups have nearly the same attitudes to how environment and the community are well-constructed for the aged samples. Distributions of AiP among participants have been tabulated upon two basic variables of gender and ethnic in the table 3. As the table 3 demonstrates, gender and ethnic groups have nearly the same attitudes to how environment and the community are well-constructed for the aged. Comparing median score for the AiP, the ethnic groups, Arabs, Persian and Lor received low mean scores of 59.41 (SD = 7.332), 58.09 (SD = 11.963), and 57.02 (SD = 7.963) respectively.

* Khuzi and/or Khozi= a person who comes from Khuzistan land, like Paki from Pakistan.

Table 1. Frequency distribution and comparison of seniors' demographic and background profiles by gender (N = 382, p ≤ 0.05.)

| Categories | Categories | N | % | Male | Female | χ^2/p |
|--|--------------------|------|------|------|--------|--------------|
| Gender | Male | 195 | 51.0 | - | - | - |
| | Female | 187 | 49.0 | - | - | - |
| Age (Mean= 68.9, SD=7.77) | 60-70 (young old) | 268 | 70.2 | 132 | 136 | 2.125/ 0.000 |
| | 71-80 (middle old) | 77 | 20.2 | 37 | 40 | |
| | ≥ 81 (old old) | 37 | 9.7 | 26 | 11 | |
| Ethnicity | Persian | 115 | 30.1 | 61 | 54 | 4.142/ 0.000 |
| | Arab | 139 | 36.4 | 74 | 65 | |
| | Lor | 128 | 33.5 | 60 | 68 | |
| Educational status | No formal school | 91 | 23.8 | 59 | 32 | 12.5/ 0.000 |
| | Only reading | 163 | 42.7 | 71 | 92 | |
| | Primary | 79 | 20.7 | 40 | 39 | |
| | Middle school | 19 | 5.0 | 12 | 7 | |
| | High school | 20 | 5.2 | 6 | 14 | |
| | Graduated | 10 | 2.6 | 7 | 3 | |
| Marital status | Divorced | 5 | 1.3 | 1 | 4 | 32.4/ 0.000 |
| | Widowed | 113 | 29.6 | 40 | 73 | |
| | Separated | 6 | 1.6 | 5 | 1 | |
| | Married | 241 | 63.1 | 135 | 106 | |
| | Never married | 3 | .8 | 2 | 1 | |
| | Living with other | 14 | 3.7 | 12 | 2 | |
| Length of married time (Mean= 29.3, SD= 3.27)[national range: Mean= 25.1 and SD= 3.1] | ≤ 10 year | 26 | 6.8 | 10 | 16 | 21.61/ 0.000 |
| | 11-20 year | 31 | 8.1 | 17 | 14 | |
| | 21-30 year | 139 | 36.4 | 72 | 67 | |
| | ≥ 31 year | 186 | 48.7 | 96 | 90 | |
| Family members (Mean= 5.7, SD=1.34) | ≤ 5 persons | 241 | 63.1 | 124 | 117 | 23.8/ 0.005 |
| | ≥ 6 persons | 141 | 36.9 | 71 | 70 | |
| Economic support and pensioning | Nothing | 152 | 39.8 | 73 | 79 | 21.3/ 0.000 |
| | Public | 208 | 54.5 | 108 | 100 | |
| | Private | 22 | 5.8 | 14 | 8 | |
| Range of Financial Support upon Urban Poverty Ratio ^a (Mean= 936439.79, SD=1.48) | Nothing | 152 | 39.8 | 73 | 79 | 23.5/ 0.000 |
| | ≤ 990000 | 135 | 35.3 | 81 | 54 | |
| | 1000000-4500000 | 86 | 22.5 | 36 | 50 | |
| | 4510000-7990000 | 8 | 2.1 | 4 | 4 | |
| | ≥ 8000000 | 1 | .3 | 1 | 0 | |
| Municipal Zones ^b | 1= Middle Class | 4190 | 15.9 | 2095 | 2095 | 34.01/ 0.059 |
| | 2= Developed | 1885 | 7.2 | 980 | 905 | |
| | 3= Developed | 3854 | 14.6 | 1968 | 1886 | |
| | 4= Undeveloped | 4515 | 17.2 | 2406 | 2109 | |
| | 5= Undeveloped | 1665 | 6.3 | 843 | 822 | |
| | 6= Middle Class | 4778 | 18.2 | 2467 | 2311 | |
| | 7= Middle Class | 3822 | 14.5 | 1984 | 1838 | |
| | 8= Undeveloped | 1612 | 6.1 | 866 | 746 | |

a. Based on Iranian Rials currency and 1 US\$= 19060 IR Rials in 2012.

b. They are economically divided into three parts i.e. poor and undeveloped = 29.6% (zone 4, 5, & 8), middle class= 48.6% (zone 1, 6, & 7), wealthy and developed= 21.8% (zone 2 & 3) regarding income of citizens and urban facilities based on Provincial Report of KSCC (2011).

Table 2. Frequency distribution and comparison of seniors' health status by gender (N=382, $p \leq 0.05$.)

| Items | Categories | N | % | Male | Female | χ^2/p |
|--|-------------------------|-----|------|------|--------|--------------|
| Length of having condition (Mean = 8.9, SD = 1.39) | Nothing | 91 | 23.8 | 46 | 45 | 32.1/ 0.000 |
| | ≤ 1 year | 10 | 2.6 | 7 | 3 | |
| | 2-5 year | 87 | 22.8 | 41 | 46 | |
| | 6-10 year | 138 | 36.1 | 60 | 78 | |
| | ≥11 year | 56 | 14.7 | 41 | 15 | |
| Kind of condition disorder | Nothing | 91 | 23.8 | 7 | 3 | 12.5/ 0.000 |
| | Osteoporosis | 63 | 16.5 | 32 | 31 | |
| | Heart Disease | 79 | 20.7 | 46 | 33 | |
| | Arthritis | 57 | 14.9 | 24 | 33 | |
| | Diabetes | 37 | 9.7 | 16 | 21 | |
| | Dysmetabolic Syndrome | 5 | 1.3 | 3 | 2 | |
| | Depression | 45 | 11.8 | 25 | 20 | |
| | Immunological Disorders | 5 | 1.3 | 3 | 2 | |
| Smoking, and the length (Mean = 18.2, SD = 1.108) | Nothing | 249 | 65.2 | 103 | 146 | 12.7/ 0.000 |
| | ≤ 10 years | 6 | 1.6 | 2 | 4 | |
| | 11-20 years | 54 | 14.1 | 33 | 21 | |
| | ≥ 21 years | 73 | 19.1 | 57 | 16 | |
| Length of sleeping per 24-houre (Mean = 7.83, SD = 1.376) | ≤ 6 | 62 | 16.2 | 32 | 30 | 24.9/ 0.000 |
| | 7 | 98 | 25.7 | 54 | 44 | |
| | 8 | 136 | 35.6 | 66 | 70 | |
| | 9 | 45 | 11.8 | 27 | 18 | |
| | 10 | 21 | 5.5 | 12 | 9 | |
| | 11 | 9 | 2.4 | 0 | 9 | |
| | ≥ 12 | 11 | 2.9 | 4 | 7 | |
| Length of living alone (Mean = 4.62, SD = .936) | I live with other. | 344 | 90.1 | 175 | 169 | 14.01/ 0.002 |
| | ≤ 1 year | 8 | 2.1 | 3 | 5 | |
| | 1-2 year | 5 | 1.3 | 3 | 2 | |
| | 3-5 year | 9 | 2.4 | 5 | 4 | |
| | ≥ 5 year | 16 | 4.2 | 9 | 7 | |
| Living with other/s | I live alone. | 38 | 9.9 | 20 | 18 | 23.8/ 0.000 |
| | My daughter | 57 | 14.9 | 17 | 40 | |
| | My son | 98 | 25.7 | 52 | 46 | |
| | My spouse | 182 | 47.6 | 101 | 81 | |
| | Other/s | 7 | 1.8 | 5 | 2 | |

Table 3. Frequency distribution and comparison of AiP by gender and ethnic among aged samples (N=382, p ≤ .05)

| Categories | | AiP | | | | Total | SD | Median | Mean ^a | χ^2/p |
|---------------|---------|-----------|---------|----------|--------|-------|--------|--------|-------------------|------------------------------|
| | | The Least | Less | Moderate | High | | | | | |
| | | N (%) | N (%) | N (%) | N (%) | | | | | |
| Ethnic | Persian | 10 (3) | 75 (20) | 28 (7) | 2 (.5) | 115 | 11.963 | 57.43 | 58.09 | 21.05/ 0.002 ^b |
| | Arab | 1 | 85 (22) | 53 (14) | 0 | 139 | 7.332 | 61.50 | 59.41 | |
| | Lor | 2 | 94 (25) | 31 (8) | 1 | 128 | 7.963 | 55.92 | 57.02 | |
| Gender | Male | 11 | 135 | 48 | 1 | 195 | 8.877 | 57.00 | 57.05 | 26.12/ 0.000 |
| | Female | 2 | 119 | 64 | 2 | 187 | 9.374 | 59.40 | 59.42 | |
| | Total | 13 | 254 | 112 | 3 | 382 | 9.189 | 58.43 | 58.21 | |

a. The scores between 21 and 105 and the median is 63.

b. comparison of AiP by gender and ethnic indicate to difference between them.

* The least means many problems with being aged in the neighbours.

Table 4: Seniors' attitudes regarding the problems in their neighbourhood/environment by gender and ethnic (N = 382, p ≤ .05)

| Problems | Values in items N0: 6 | | | | | | | | | | Mean ^a | SD | p |
|--|-----------------------|------|------|------|------------|------|------|------|-------------|------|-------------------|------|--------------------|
| | The Least | | Less | | Moderately | | High | | The Highest | | | | |
| | N | % | N | % | N | % | N | % | N | % | | | |
| Excessive Noise | 55 | 14.4 | 32 | 8.4 | 61 | 16.0 | 163 | 42.7 | 71 | 18.6 | 3.43 | 1.28 | 0.000 ^b |
| Poor Parking | 62 | 16.2 | 82 | 21.5 | 135 | 35.3 | 76 | 19.9 | 27 | 7.10 | 2.80 | 1.14 | 0.000 |
| Children's Ball Games Nuisance | 65 | 17.0 | 145 | 38.0 | 98 | 25.7 | 51 | 13.4 | 23 | 6.01 | 2.53 | 1.10 | 0.000 |
| Litter | 92 | 24.1 | 157 | 41.1 | 79 | 20.7 | 29 | 7.6 | 25 | 6.50 | 2.31 | 1.11 | 0.003 |
| Building and construction materials^c | 94 | 24.6 | 151 | 39.5 | 97 | 25.4 | 38 | 9.90 | 2 | .520 | 2.22 | .988 | 0.000 |
| Have Pets & Noisy Animals | 140 | 36.6 | 132 | 34.6 | 56 | 14.7 | 46 | 12.0 | 8 | 2.10 | 2.08 | 1.08 | 0.000 |
| Anti-Social Behaviour | 86 | 22.5 | 62 | 16.2 | 39 | 10.2 | 136 | 35.6 | 136 | 35.6 | 3.05 | 1.42 | 0.000 |
| Bullying | 94 | 24.6 | 61 | 16.0 | 33 | 8.60 | 134 | 35.1 | 60 | 15.7 | 3.01 | 1.45 | 0.001 |
| Lifestyle Differences | 62 | 16.2 | 95 | 24.9 | 145 | 38.0 | 67 | 17.5 | 13 | 3.40 | 2.67 | 1.05 | 0.000 |
| Cultural Differences | 57 | 14.9 | 74 | 19.4 | 74 | 19.4 | 137 | 35.9 | 40 | 10.5 | 3.08 | 1.25 | 0.000 |
| Breakdown in Communication | 74 | 19.4 | 133 | 34.8 | 135 | 35.3 | 33 | 8.60 | 7 | 1.80 | 2.39 | .954 | 0.000 |
| Verbal Abuse | 113 | 29.6 | 51 | 13.4 | 35 | 9.20 | 131 | 34.3 | 52 | 13.6 | 2.89 | 1.48 | 0.004 |

a. the scores between 1 and 5.

b. comparison of the problems by gender and ethnic indicating the differences of the variables

c. materials of under-construction buildings left in the neighbourhood and streets.

The figure 1 portrays the gender-related attitudes to AiP in pyramid graph. The comparison of the AiP by gender and ethnic characteristics illustrated that the variables have significant differences amongst the aged subjects as well (N=382, p ≤ 0.05). There were no diverting approaches between aged men and women but the men's scores are more kurtosis. Seniors' Attitudes Regarding the Problems in their Neighbourhood/Environment by Gender and Ethnic are shown in table 4. Sixty one percent (42.7% + 18.6%) of samples believed, the noise pollution is the most challenging problem for the aged (Mean = 3.43, SD = 1.28). Anti-social behavior devoted the highest rank to around 70% of participants followed by cultural differences. Comparison of the problem by gender and ethnic characteristics, also, illustrated that the variables have significant differences within the aged as well (N = 382, p ≤ 0.05).

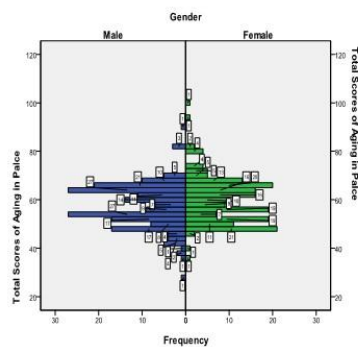


Figure 1. Gender pyramid graph on frequency distribution of SAiP

The box-plot of figure 2 shows AiP in relation to both variables of ethnic and gender. The AiP measures in the gender groups were constricted in middle of Y axis indicating median degree in the AiP. Persian males have received the least degree of means in the AiP. The degree of aged women is more than men. Generally, the degree and mean score of aged Arabs is more than other two ethnic groups however some Persian cases have the highest scores.

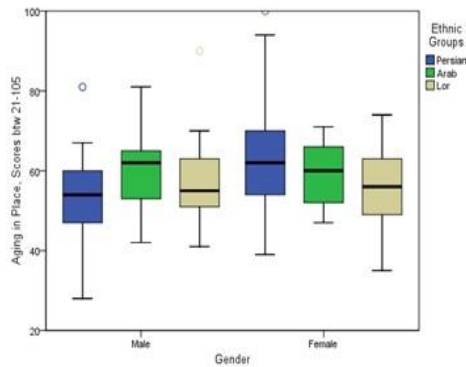


Figure 2. Box-Plot of AiP in relation to gender and ethnic

Using GIS, distribution of AiP’s mean values were estimated upon economic classification of municipal zones in Ahwaz city. The aged people who inhabit at central regions of city in commercial sections and markets significantly have had values in higher measures (Figure 3).

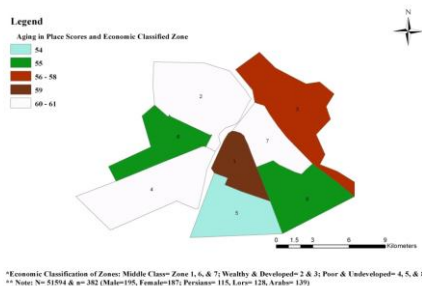


Figure 3. Zoning distribution of AiP measures upon economic classification of zones in Ahwaz city

Discussion

This study aimed to describe the current AiP of the aged people in Ahwaz city in the southwest Iran from a gender perspective. The recent Iranian reviews have indicated and approved these matters and endorsed the findings of the study and the gender and ethnic are going to be as core item of the latest literatures (4, 10-13). Gender and ethnic inequalities in the basic variables of the research were measured and shown (10-11).

Respondents were equally from one of three ethnic groups; 30.1% Persians, 36.4% Arabs, and 33.5% Lor.

The seniors were enquired, “If married, how long have you been married?” Approximately, half of them acclaimed they have been married more than 31 years (48.7%, Mean = 29.3, SD = 3.27) more than national average of marriage duration among Iranian couples (Mean = 25.1, SD = 3.1) (11, 12).

The majority of the samples lived with other/s (90.1%, Mean= 4.62, SD = .936) while only 9.9% of participant were living alone (table 2). Also, those lived alone for a long time, have claimed that they have been doing so for more than five years and this situation is more common with males than females. Living with spouse is the common kind of living with others (47.6%), followed by living with sons (25.7%) among males and in extended families of Khuzistan province. This could be due to the men financially supporting their aged parents (10). However, findings of researchers in the Far East indicate that daughters are as the most likely to care for older parents (11, 14).

Results of the study revealed that gender and ethnic groups have nearly the same attitudes to how environment and the community are well-constructed for the aged. Even though, Arabs’ scores are higher than other ethnics, but all ethnic groups believed the place is not appropriately adapted to aged-related issues and growing aged in the environment and community. Such the attitudes of gender groups are at the least difference. Overall, samples suppose their community and environment are not well-constructed to develop aging role and not suitable for aged person.

Seniors looked at AiP as less and weak designed for them to become an aged person. The next major step is awareness to what those issues are. According to results of Partners for Livable Communities (1) and Senior Resource for Aging in Place (2) projects in their recent reports, they classified twelve issues challenging for the aged in their place and environments. Most of samples believed, the noise pollution is the most challenging problem for the aged. Anti-social behavior devoted the highest rank followed by cultural differences, as the annoying problem for a bit fewer than half samples. It was predictable, from previous studies that different spheres made by diverse ethnic communities will result to dissimilar cultures and lifestyles (12, 13, 15-19). Even though, urban and modern lifestyles combine all types of groups, but it seems the essence of ethnic cultures have not been modified by the similar urban lifestyle (20-22). Aged samples acclaimed that building works and pets and noisy animals are the least troubles in their environment. Generally, the mean scores overture the AiP for the samples is as problem and becoming aged had and would not be a simple way for them.

The Persian males have received the least degree of means in the AiP while they receive the highest circumstances of public space and resources. The degree of aged women is more than men; however some samples’ rates are higher than mean line. In overall, these minority groups like Lor seniors have received the lowest scores. It means that discrimination in the resources of society were not

properly distributed, as the samples acclaim. Hezarjaribi and Morovati, Navvah and Taqavi-Nasab in their research on ethnical pathology in the southwest Iran, a research on Arab of Khuzistan have approved the findings of this study. They have indicated that the sense of relative deprivation especially in economic status have made the ethnic inequalities prominent among the minorities groups. The issue could be understandable in the vision of Internal Colonialism theory (4, 23).

The aged people who inhabit at central regions of city in commercial sections and markets significantly have had values in higher measures. Interestingly, the region seven, middle class dwellers has the highest value of AiP. It means that the dwellers in that region believe their environment and community were designed well to grow and become an aged person (1, 6, 22-27). Generally, places, environments, and communities in the suburb areas of Ahwaz city- have problematically some issues according to indicators if AiP.

Some literatures concerns to the gender belonging development areas, human capital, their participating, and civic interactions in economic, political, social opportunities as well (10, 12, 22-27). They refer to positive connection of gender equalities to the development and growth in all its ranges. Also, the equity was not made within all age ranges of women in Iranian society. Accordingly, Jartana and Blakely have demonstrated that “clear ethnic mortality gradients persist into old age (14), the mortality and well-being level of most groups was influenced by varying distribution of socio-economic factors”. They suggested, to reduce ethnic differences in old age mortality, inequalities as a result of socio-economic position should be reduced (28).

The gender has moderated AiP with the highest Eta square value ($\eta^2 = .402$ and $.382$ respectively) in the second place. This situation has been significantly under-treated and neglected in the majority of research regarding activity and aging in the social gerontology, as Calasanti (17-19), Kaplan (22), Afshari & Sheibani (21), Faramarzi (24), and finally Betts-Adams et al. (29) had illustrated within gerontological literature reviews. It also supports the objective of the research that emphasis on the gender-related issues and the findings that indicate to the inequalities and injustice situation of aged women related to the basic variables in Ahwaz city.

“Gender equality can be defined as the absence of discrimination in relation to opportunities, allocation of resources or benefits and access to services for women and men”. This was used as the foundation for notions of gender justice by social scientists as unequal, unfair, ineffective, and inefficient gender inequity in health, why it exists, and how we can change it. The final report to the World Health Organization Commission on Social Determinants of Health indicates that the justifications of gender inequality are concentrated to enable gender equality in health (30). Elwér et al. have indicated that “... individualism and gender difference on the workplace level plays an important part in the justification of

gender inequalities, and that individual solutions might have negative structural consequences for health” (31).

Conclusion

The urban designing environment and affordable urban places should be adjusted upon gender and other relevant characteristics to monitor equality of outcomes for aged and minorities. Regarding new phenomenon, Aging in Place, the 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.

Study limitation

Retrieving the aged-related data from the context and census reports was the main limitation of study regarding the minority groups.

Authors' contributions

LFS and NA have contributed to the design, performed the interviews, AH has written the draft and contributed to the design, interpretation of discussion, AA has revised the content, and approved the final manuscript as well.

Conflict of Interests

The authors declare that they have no competing interests.

Acknowledgements

The authors wish to be grateful to the editor, all colleagues, and the anonymous referees pro their advantageous comments.

References:

1. Partners for livable communities aging in pace: Technical assistance guide. 2007. Available from: [http://www.livable.org /services/technical-assistance](http://www.livable.org/services/technical-assistance). Accessed at 18 March 2014.
2. Senior resource for aging in place. Aging in place. Available from: <http://www.seniorresource.com/ageinpl.htm>. Accessed at 17 Dec 2014.
3. Asadollahi A, Ahmad N, Valizadeh S, Baratvand M. Social quality for aged people in Iran: towards developing theoretical scale. *Canadian Social Science*. 2011; 7(6): 162-76.
4. Navvah A, Qeisari Q, Taqavi-Nasab M. Ethnical pathology of Iran. *Iran Cultural Research*. 2012; 3(3): 47-69. [Persian]

5. Iranian Statistics & Census Centre. Iranian Family and Economic; an Annual Report. (Rep. No. 90/REP.43). Tehran: Iran Statistic & Census Centre; 2012.
6. Iranian Statistics & Census Centre. Iranian Family and Economic; an Annual Report. Tehran: Iran Statistic & Census Centre; 2011.
7. Iranian Statistics & Census Centre. Iranian Population and Economic; Annual Report. Tehran: Iran Statistic & Census Centre; 2007.
8. Iranian Statistics & Census Centre. National Census Report. Tehran: Iran Statistic & Census Centre; 2007.
9. Khuzistan Statistics & Census Centre. Local Census of Khuzistan Province on 2007. Ahwaz, Iran: Khuzistan Statistic & Census Centre; 2007.
10. Fanisaberi L, Hoseinzadeh A. An analysis of inequality of public sphere and health status of aging communities in Khuzistan province, Iran. *The Journal of Nutrition, Health & Aging*. 2013; 17(1): 378.
11. Asadollahi A. Social participation and general health of aged citizens in Khuzistan province (Iran): Literature, factors, and obstacles. *World Applied Science Journal*. 2011; 13(6): 1512-22
12. Ebadi J, Salehi M. The impact of female and male human capital inequality on life expectancy at birth. *Quarterly Journal of Research and Planning in Higher Education*. 2011; 16(2): 81-98. [Persian]
13. Padgett DK. Aging minority women; Gender, culture, and ethnicity: Current research about women and men. McGraw-Hill humanities, Social Sciences and World Language; 1999.
14. Jatrana S, Blakely T. Ethnic inequalities in mortality among the elderly in New Zealand. *Australian and New Zealand Journal of Public Health*. 2008; 32(5): 437-43.
15. Adams KB, Leibbrandt S, Moon H. A critical review of the literature on social and leisure activity and wellbeing in later life. *Aging and Society*. 2011; 31(4): 683-712.
16. Ebadi J, Salehi M. The impact of female and male human capital inequality on life expectancy at birth. *Quarterly Journal of Research and Planning in Higher Education*. 2011; 16(2): 81-98. [Persian]
17. Calasanti T. Ageism, gravity, and gender: experiences of aging bodies. *Generations: Academic Journal Article*. 2005; 29(3): 8-12.
18. Calasanti T. Feminist gerontology and old men. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*. 2004; 59(6): 305-14.
19. Calasanti T. New direction in feminist gerontology. *Journal of Aging Studies*. 2004; 18(1): 1-8.
20. Padgett DK. Aging minority women; gender, culture, and ethnicity: Current research about women and men. Mountain View, CA: Mayfield; 1999.
21. Afshari Z, Sheibani A. Gender inequality and economic development in Iran. *Journal of Economic Research*. 2004; 62(82): 151-74. [Persian]
22. Kaplan EA. Feminism, aging and changing, paradigms. *Surfaces*. 2007;7(110). Montreal, Quebec, Canada. Available from: <http://www.pum.umontreal.ca/revues/surfaces/pdf/vol7/kaplan.pdf>. Accessed at 22 Dec 2014.
23. Hezarjaribi J, Morovati N. Ethnic inequality and national security. *Political and International Scientific and Research Quarterly*. 2010; 2(4): 91-117. [Persian]
24. Faramarzi R, Hoseinzadeh A, Navvah A. Socio-economic situation of elderly at nursing home in Ahwaz county/Iran. [MA thesis in Sociology], Shahid Chamran University of Ahwaz; 2008. [Persian]
25. Zangi-Abadi A, Musavi M. Spatial analysis of gender inequality in Middle East region. *Geographical Journal of Environment*. 2010; 2(7): 39-55. [Persian]
26. Partowi B, Amini S, Goudarzi A. Gender inequality of economic growth in Iran. *Journal of Economic Modeling*. 2009; 3(9): 51-76. [Persian]
27. Moosavi M. Social participation as component of social capital. *Social Welfare Quarterly*. 2007; 6(23): 67-92. [Persian]
28. Kelty MF, Hoffman RR, Ory MG, Harden JT. Behavioral and sociocultural aspects of aging, ethnicity, and health. In Eisler RM & Hersen M. *Handbook of Gender, Culture, and Health*. Mahwah, NJ: Erlbaum 1999: 139-58.
29. Betts Adams K, Leibbrandt S, Moon H. A critical review of the literature on social and leisure activity and well-being in later life. *Ageing and Society*. 2011: 683-712.
30. World Health Organization. Mainstreaming gender equity in health; the need to move forward, Madrid statement. Geneva: WHO Press; 2006. Available from: <http://www.msssi.gob.es/ciudadanos/proteccionSalud/mujeres/docs/DeclaracionMadridIngles.pdf>. Accessed at 21 March 2014.
31. Elwér S, Alex L, Hammarström A. Gender (in) equality among employees in elder care: implications for health. *International Journal for Equity in Health*. 2012; 11: 1.

Annex:

| The Scale of Aging in Place | |
|--|-----------|
| <p>Dear Madam/Sir, Please read the following statements and mark the choice that is the best descriptions of your situation.</p> | |
| <p>1) Regarding Housing, how is the construction of home/adult centre where you reside?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>2) Regarding Housing, how is the facilities of home/adult centre where you reside?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>3) Regarding Transportation/Mobility, how is the public transportation to and from your home/ adult centres?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>4) In rating of neighbourhood safety, how safe is your neighbourhood?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>5) In rating of neighbourhood safety, how welcoming is your neighbourhood?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>6) Are any of following problems making trouble in your neighbourhood by youths or others? (Please mark the No. that is the best descriptions, e.g. ① is the least and ⑤ the highest.)</p> | |
| Noise | ① ② ③ ④ ⑤ |
| Parking | ① ② ③ ④ ⑤ |
| Children's ball games | ① ② ③ ④ ⑤ |
| Litter | ① ② ③ ④ ⑤ |
| Building Works | ① ② ③ ④ ⑤ |
| Pets | ① ② ③ ④ ⑤ |
| Anti-social behavior | ① ② ③ ④ ⑤ |
| Bullying | ① ② ③ ④ ⑤ |
| Lifestyle differences | ① ② ③ ④ ⑤ |
| Cultural differences | ① ② ③ ④ ⑤ |
| Breakdown in communication | ① ② ③ ④ ⑤ |
| Verbal abuse | ① ② ③ ④ ⑤ |
| <p>7) How is aging-related services in your neighbour?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>8) How are aging-related services in your community?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>9) Generally, in your opinion, is the neighbour well-designed to promote development and growing old well?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> | |
| <p>10) Generally in your opinion, is the community well-designed to promote development and growing old well?</p> <p style="text-align: center;">Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/></p> <p style="text-align: right;">Total scores of question 22-31:</p> | |
| <p>11) What is the municipal zone of aged where is resided now?</p> <p style="text-align: center;">Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/></p> | |
| <p>© Copyright: 2014 by A. Asadollahi, with permission</p> | |