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Original Article

Social Well-being within Aged Citizens in Ahwaz City, Iran

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A B S T R A C T

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Introduction: Declining social participation and reduced engagement in communal activities among Khuzistani citizens are specifically more evident among the elderly than other age groups. The aim of this study was to investigate the social well-being within Aged People in Ahwaz city.

Methods: Via cross-sectional study in 2016, data were collected during interview with 382 samples (195 male and 187 female) 60 years old and above in accordance to cluster-multistage sampling method and the sample size were estimated by Cochran Formula as a whole. Data collection instrument was the version of 33 items of the Social Well-being Scale of Keyes. Data were analyzed by SPSS in descriptive statistics, F-test & geographical information system. Sampling method was cluster-ratio based on municipal zones, ethnicity, and gender.

Results: Total scores of Scale of Social Well-being (Mean = 61.42, SD = 14.92) show the average rank of loneliness among participants (between 59.35 and 64.20). Arabs (Mean = 59.35, SD = 14.95) have a lower social well-being rank than other ethnic groups. The comparison of the social well-being by gender and ethnic characteristics illustrates that the variables have significant differences within the aged as well ($N = 382$, $\rho \leq 0.05$).Regarding financial support and economic status of aged samples, those older persons who did not receive any financial support, had better rank of social well-being than aged who were supported (Mean = 64.89, SD = 16.22).

Conclusion: According to the results of the study, aged minority ethnic group women faced inequalities regarding social well-being in Ahwaz City, Iran.

Keywords: Aged, Female, Male, Social Well-being.

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Introduction

According to annual reports of Khuzistan Statistic & Census Centre (KSCC) and Iran Statistic & Census Centre (ISCC) (2007), declining social participation (SP) and reduced engagement in communal activities among Khuzistani citizens from 1997 to 2007 are specifically more evident among the elderly than other age groups(1, 2).

Mousavi refers to some issues e.g. engaging in civic sections, SP, and trust, voluntary actions in social networks, and reciprocal norms and values. The significant national study on distribution of micro items of social capital (SC) to the cities of Iran (i.e. Ahwaz city) indicated some problematic consequences. Regarding civic engagement (CE), SP, trust, networking, the 30 provinces of Iran are divided into three groups, and marginalized provinces in ethnic and minority groups such as Khuzistan have had the least degree in these concepts (3, 4).

The necessity of paying attention to special groups in past research has been accepted in various studies especially on social issues of well-being, but gender, and religious-ethnic minorities have been practically

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neglected(5, 6). Klasen referred to the gender related variable as 'missed women' and nominated it as cognitive and scientific gap in post-research on well-being (2). The most relevant researches to this study were on the aged settled in nursing homes of Ahwaz city. Accordingly, social variables i.e. social trust, life satisfaction, social-economic independency, social relations and communications, social belonging, civic participation, and intermediate role of the aged in familial connection are reduced especially among female clients and these variables refer to informal parts of CE, objective well-being and social well-being (SWB) (7).

Additionally, Adams, et al. reviewed 42 original papers published between 1995 and 2009 regarding central concepts of well-being and engaging of older adults. They indicated that the evidence suggests there are positive effects of informal social context, productive activity, intellectual and cultural activity, and physical activity, but that these effects depend in part on individual characteristics, especially gender(8). It should be noted though that the research did not mention the minorities' situation and well-being in the social vision and its connection to the civic engagement of older people.

They have focused the context of their studies on masculine-dominant-related groups and abandoned the special groups (aged, gender, ethnic), which have even been excepted among indicators and domains of psychological well-being, quality of life (QoL), SC, SP, etc. These works have not identified the issues and relationship of variables, especially social phenomena, through one integrated and main variable. For example, medical and caring, welfare and sanitary discussions were concentrated only on re-authorizing the latest law for the National Aged Council in 2004 in the Iranian parliament. Even the reasons responsible for this situation faced by Iranian citizens in general and the aged in particular have not been discussed.

There are some questions raised in relation to these problems. Since the problems pertain to a vision of SWB, it may be asked how elderly life generally is, which social factors have the most effect on these reductions, or whether gender-related variable and unequal distribution of social resources have a major effect and/or whether the multi-ethnic structure of Khuzistan society and Ahwaz city can be responsible as well. Ignorance of these issues on SWB of aged life needs to be elaborated.

Earlier researches have just dealt marginally with this important proposition, and they have unified vision on one point. The societal problems which are connected with the individual-personal aspect of the elderly, could definitely affect the psycho-medical and mental health situation of the aged. The neglect of a social-comprehensive vision of the problem has been elaborated in literature. Comprehensive and social regard to address these issues is the present need. The CE and its eight indicators in two parts, governmental-communal, SWB and its five domains could demonstrate this condition and reinforce social policies and decision-making for older persons.

On the other hand, Iran and the community of study -Khuzistan province and Ahwaz city is a multi-ethnic society, where the resources of community and society should be distributed in a justified and equal manner to all its members. Every study and its policies should attend to this issue and special groups particularly in cases involving CE and SWB. Elderly, women, and ethnic groups, and the situation of social problems and enhancing well-being in their lives are the areas that require further discussion and elaboration.

This study looks forward to understanding the reasons for such neglected interest in the areas and shares the vision for policy making at micro level for aged citizens of Ahwaz city. An attempt will be made to investigate the variables such as CE and background concepts that affect SWB based on the work of Keyes and Shapiro in a gerontological view toward ensuring better health and acceptable end life, well-constructing personal life in the successful and active aging, and enhancing the situation for the aged in the future.

In recent years, well-being has motivated a vast range of studies from the domain of philosophy to the ambit of science. There has been a basis of research on the role of well-being in the quality of citizens' experiences of their everyday life. This has permitted a rethinking of the factors that both affect and represent well-being.

In addition, it is important that people feel a sense of relationship to other citizens. In addition to individually and internally determined essentials, people's social experiences (the degree to which they are sympathetic in relationships and show a sense of connection with others) form a crucial viewpoint of well-being(9). Profitably thinking, well-being is at its best as a dynamic process that gives people a sense of how their lives are going through the interaction within their circumstances, status, functions, activities, social, and psychological resources. In this relation, the United Kingdom Government Foresight Project in 2008 emphasized the basic thinking in order to identify well-being(9).

Due to this vibrant nature, top ranges of well-being mean that we are more skilled to cope with difficult circumstances, to innovate and constructively relate with other people and the world around us. An implemented vision of well-being is the social view. SWB is defined as our feelings, senses, functions, and status of life from a societal viewpoint. Thus, the SWB has another part of individual life and is more complete than either subjective or objective view. In this study definition and approach employed in his recent works will be the cornerstone of the term (10-11).

Keyes' health model has defined SWB as a reflection of someone's judgment on his/her experiences in community(10). He mentions five main factors of SWB, combined to enhance the function of the individual in social life as a neighbor, co-worker, or citizen. The five dimensions of SWB which indicated by Keyes (1998 & 2004) are as following: Social Acceptance, Social Actualization, Social

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Coherence, Social Contribution, and Social Integration(10, 11).

The aim of this study was to answer to this question Does Ahwaz City Is a Neighborliness Community for Aged People? SWB in the Later Life.

Methods

Procedure and sampling

In this cross sectional study participants were seniors who resided in eight municipal zones of Ahwaz city. 382 seniors were sampled from 51594 older persons; 195 males (51.05%) and 187 females (48.95%); Out of 420 aged people, 382 completed the survey, with an overall response rate of 83% older than 65 years. The data were collected during interview with the samples that 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 was 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. According to Saadat (2007), 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 Cochrane 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.

Measure

Ethnic groups, gender groups, health situation, living alone, marital status, age, time of marriage, taking pension, kind of settled zone, family members, literacy were the main demographic characteristics which have been collected from the community of study.

The five dimensions of SWB (Social Integration, Social Acceptance, Social Contribution, Social Actualization, and Social Coherence) are assessed by the long version of 33 items of the SWB Scale of Keyes (1998) (10). This scale is believed to be better than its short version of 15 items via confirmatory factor analysis. The research shows that there is significant relationship between Keyes' Scale (long version) with questionnaires and scales such as Generativity, Life Satisfaction, Happiness, Civil Engagement, Pro-social Behavior (10, 11).

According to Keyes and Shapiro (2004), this kind of well-being is related to demographic items and characteristics such as SES, age, literacy, gender, marital status, and health situation(11). Keyes (1998) has used American samples for factorial validating of Scale of SWB in 15 Items (score 15-75). The scale in the short version is necessary when the time, kind, and personality of samples are very important. These issues had been ingratiated by Keyes in his samples as aged, inmates, managers, patients and addicted teenagers and youths, but the dimension of Scale of SWB has been diminished to four sections except for the dimension of social coherence(10).

Keyes' items in the short scale cannot be generalized to other cultural backgrounds. Therefore, when Joshanloo and Ghaedi first noticed this issue, they conducted the Iranian Version of SWB Scales based on Keyes' 33 and 15 Items (1998) so as to adjust the scale to Eastern and Iranian culture by Exploratory and Confirmatory factor analysis(12).

According to Joshanloo and Ghaedi as shown in Table 1, Keyes' SWB Scale with long and short versions is less adjusted and validated to Iranian samples and, they used the short version with 18 Items based on the five dimensions of Keyes' Long Scale with $\alpha = 0.81(\rho = 0.000, df = 454)$ (12).

Table 1 indicates the findings of fit index techniques for adjusting of three versions of Scale of SWB among Iranian citizens and in this study.

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. Also, written and verbal consent of aged samples was obtained before participating the study.

Data analysis

The data were analyzed with $p \leq 0.05$ using SPSS and applied χ^2, SD, mean differences, Fit indexes, and geographical information system (GIS).

Results

An implemented vision of well-being is the social view. SWB is defined as our feelings, senses, functions, and status of life from a societal viewpoint. Thus, the SWB has another part of individual life and is more complete than either subjective or objective views. Keyes' health model has defined SWB as a reflection of someone's judgment on his/her experiences in the community (10, 11). He mentions five basic domains of SWB, which, when combined together enhance the function of individuals in social life as a neighbor, co-worker, and/or citizen (10, 13, 14).

Table 2 shows the frequency distribution of SWB of the aged samples. Total score of SWB is ranked between 18 and 126. The lower score means the participant has low degree in SWB, but the average rank is 56. According to findings as shown in Table 2,

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total scores of SWB (Mean = 61.42, SD = 14.924) show the average rank of loneliness among elder samples (between 59.35 and 64.20). Arabs (Mean = 59.35, SD = 14.959) have a lower SWB rank than other ethnic groups.

Arabs believe that their relationships with others are lower than other ethnic groups and they communicate, interact and socialize less than other people. It can be concluded that they have more problems making friends. Modern urban culture of Persia may shape these results, but it needs more details. The differences between gender groups were not more significant than other ethnic groups.

The comparison of the SWB by gender and ethnic characteristics illustrates that the variables have significant differences within the aged as well (N = 382, $\rho \leq 0.05$). There are no diverting approaches between aged men and women at first glance, albeit the men's scores have more kurtosis.

Even though, the men have higher scores in some ranks than women, the SWB is more pervasive among female seniors. According to Table 3, top ranked sub-items of background and major variables regarding total score of SWB were estimated among aged samples (N = 382). The elderly of 71-80 years of age have the highest rank of SWB among other age groups (Mean = 70.09, SD = 12.853). Moreover, other top ranked sub-items were contained i.e. aged who have no chronic condition (Mean = 69.94, SD = 13.843), diabetes patients (Mean = 63.65, SD = 13.676), aged who have between two and five chronic conditions per year (Mean = 64.43, SD = 13.075), seniors who do not smoke (Mean = 64.80, SD = 15.317), aged who smoke between 11 and 20 sticks per day (Mean = 59.87, SD = 13.774), aged who sleep about 10 hours per 24-hours (Mean = 72.90, SD = 15.419), elderly who rate their GH as poor and have admitted, "My health significantly limits what I can do" (Mean = 68.46, SD = 14.976), alone aged (Mean = 62.43, SD = 16.067), elder samples who live with other/s (Mean = 71.07, SD= 10.874), aged who live alone between for one to two years (Mean = 71.22, SD = 14.799). Additionally, with respect to marital status, separated seniors (Mean = 65.62, SD = 10.564), aged who were married for between 11 and 20 years (Mean = 65.37, SD = 16.288), elder persons who live in family with less than five members (Mean= 62.64, SD= 62.64), and graduated seniors (Mean = 71.86, SD = 7.936).

Regarding financial support and economic status of aged samples, those older persons who did not receive any financial support, had better rank of SWB than aged who were supported (Mean = 64.89, SD = 16.226). Ranking of the other sub items of major and background variables was as elders supported by public money (Mean = 60.20, SD = 13.635), seniors who were supported ≥ 8000000 IR Rials per month (Mean = 65.00, SD = .000), and elderly who settled in the municipal zone N0. 5 (Mean = 68.21, SD = 14.302) as well. Concerning major variables of the study (CE, AiP, and r-UCLA-LS), seniors who admitted that they had had the least rank in the loneliness scale received the highest rank of SBW as Mean = 71.14, SD = 2.002. In addition, the elders who had high civic engagement in their community and among neighbors had Mean = 72.35, SD = 15.668, and in the ranking of Aging in Place, those aged persons who claimed to be living in unsuitable communities and among unsuitable neighbors and with poorly constructed facilities for aged, were top ranked groups (Mean = 64.14, SD = 14.963).

Table 1. Details of fit index techniques for adjusting the three versions of SSWB for Iranian samples

Models	χ^2	Df	p	χ^2/df	GFI	AGFI	RMSEA	IFI	CFI
Keyes' SWS 33 items/5 dimensions	2640.39	485	0.000	5.65	0.73	0.69	0.10	0.87	0.87
SWS for Iranians adjusted to 18 items/5 dimensions	303.29	125	0.000	2.42	0.93	0.91	0.05	0.95	0.95
Keyes' SWS with 4 dimensions	447.48	164	0.000	2.72	0.91	0.88	0.06	0.93	0.93

Adapted from Joshanloo and Ghaedi; 2009.
GFI = goodness of fit index, CFI= comparative fit index, IFI = incremental fit index, AGFI = adjusted goodness of fit index, RMSEA = root means square error of approximation

Table 2. Frequency Distribution and comparison of SSWB by gender and ethnic among aged samples (N = 382, $p \leq 0.05$) [a]

Categories		SSWB				Total	SD	Median	Mean	χ^2/p
		The Least	Less	Moderate	High					
Ethnic	Persian	1	35	74	5	115	14.708	64.67	64.20	27.1/.000[b]
	Arab	2	72	60	5	139	14.959	53.25	59.35	
	Lor	1	59	62	6	1 8	14.801	56.67	61.16	
Gender	Male	3	80	105	7	1 5	13.921	57.44	61.39	35.8/.001
	Female	1	86	91	9	187	15.940	55.80	61.44	
	Total	4	166	196	16	382	14.924	56.64	61.42	

a. the scores between 18 and 126. b. comparison of SBW by gender and ethnic indicate to difference between them.

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Table 3. Top ranked sub-items of major variables regarding SSWB among aged samples (N = 382)

Categories	Top Ranked Sub-Item	Mean	SD
Age	71-80 years old	70.09	12.853
Having chronic diseases	No	69.94	13.843
Kind of chronic condition	Diabetes	63.65	13.676
Length of chronic condition per year	2-5 years	64.43	13.075
Smoking	No	64.80	15.317
Length of smoking per year	11-20 years	59.87	13.774
Length of sleeping per hour	10 hours	72.90	15.419
Rating health overall	Poor – My health significantly limits what I can do.	68.46	14.976
Living alone	Yes	62.43	16.067
Familial relation of someone who live with	Other/s	71.07	10.874
Length of living alone	1-2 years	71.22	14.799
Marital status	Separated	65.62	10.564
Length of married time	11-20 years	65.37	16.288
Family members	≤ 5 persons	62.64	62.64
Educational status	Graduated	71.86	7.936
Receiving financial support	No	64.89	16.226
Section of financial support	Public	60.20	13.635
Range of financial support	≥ 8000000 IR Rials [a]	65.00	.000
Municipal zone [b]	Zone N0. 5	68.21	14.302
Ranking of r-UCLA Loneliness Scale	The Least	71.14	2.002
Ranking of Civic Engagement Scale	High	72.35	15.668
Ranking of Aging in Place	Less	64.14	14.963

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 = 28.8% (zone 4, 5, & 8), middle class = 49.2% (zone 1, 6, & 7), wealthy and developed= 22% (zone 2 & 3) zone regarding income of citizens and urban facilities based on Provincial Report of KSCC (2011).

Table 4. Frequency distribution of SSWB's domains upon background variables among aged samples (N = 382)

Categories			SAcp	SAct	SCoh	SCon	SInt	χ^2/p
Total		Mean	16.09	15.25	16.46	7.27	7.13	25.2/ .003
		SD	9.726	4.019	5.958	2.591	2.498	
Gender	Female	Mean	17.28	14.79	16.04	7.34	6.64	43.3/<0.001
		SD	10.588	3.875	6.289	2.279	2.567	
	Male	Mean	14.94	15.69	16.86	7.22	7.61	
		SD	8.695	4.116	5.608	2.864	2.340	
Age	60-70 years old	Mean	14.24	15.51	15.63	7.01	6.92	12.6/<0.001
		SD	9.498	3.867	5.985	2.529	2.471	
	71-80 years old	Mean	21.74	15.14	18.95	8.09	7.45	
		SD	9.089	4.257	5.392	2.423	2.447	
	≥ 81	Mean	17.68	13.57	17.27	7.51	8.00	
		SD	7.832	4.285	5.440	3.033	2.603	
Having chronic condition	Yes	Mean	21.06	15.26	19.56	7.43	7.56	16.2/<0.001
		SD	9.069	4.117	6.517	2.596	2.488	
	No	Mean	14.35	15.24	15.37	7.22	6.98	
		SD	9.354	3.992	5.352	2.592	2.489	
Living Lonely	Yes	Mean	19.34	12.50	18.26	7.24	7.15	12.1/<0.001
		SD	9.382	4.689	6.550	2.604	2.461	
	No	Mean	15.73	15.55	16.26	7.24	7.15	
		SD	9.710	3.827	5.865	2.604	2.461	
.Marital status	Divorced	Mean	25.60	8.80	14.60	7.80	7.20	32.9/<0.001
		SD	.548	1.643	7.092	3.493	3.347	
	Widowed	Mean	13.57	15.08	15.35	7.08	6.77	
		SD	10.100	4.468	6.533	2.511	2.739	
	Separated	Mean	16.83	18.17	18.67	7.50	7.00	
		SD	9.600	3.061	3.882	2.345	2.000	
	Married	Mean	17.24	15.45	16.90	7.32	7.24	
		SD	9.354	3.692	5.618	2.671	2.379	
	Never married	Mean	24.67	9.67	16.00	8.00	5.67	
		SD	12.702	6.351	4.359	.000	2.517	

SAcp=Social Acceptance, SAct= Social Actualization, SCoh= Social Coherence, SCon= Social Contribution, SInt= Social Integration

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Table 5. Frequency distribution of SSWB's domains upon background variables among aged samples (N = 382)

Categories			SAcp	SAct	SCoh	SCon	SInt	χ^2/p
Educational status	No formal school	Mean	18.78	14.66	19.34	8.48	7.43	31.1/<0.001
		SD	8.974	4.143	5.437	2.592	2.362	
	Only reading	Mean	16.39	15.35	15.52	7.22	6.77	
		SD	10.586	4.146	5.530	2.524	2.640	
	Primary	Mean	13.27	15.67	15.15	6.33	7.27	
		SD	8.736	3.672	5.747	2.335	2.308	
	Middle school	Mean	12.21	15.89	13.89	5.89	6.84	
		SD	8.223	4.446	5.206	1.997	2.834	
	High school	Mean	15.05	15.40	16.30	6.15	7.65	
		SD	9.052	3.831	8.560	1.785	2.277	
	Graduated	Mean	18.30	14.10	21.00	9.50	8.80	
		SD	5.293	2.807	3.091	2.321	1.549	
Receiving financial support	No	Mean	17.91	14.96	17.49	7.47	7.63	23.9/ 0.004
		SD	9.863	3.799	6.136	2.375	2.201	
	Yes	Mean	14.88	15.44	15.77	7.14	6.80	
		SD	9.465	4.156	5.748	2.722	2.629	
The range of financial support upon urban poverty ratio, IR Rials [a]	≤ 990000	Mean	14.21	15.63	15.47	7.04	6.64	12.4/<0.001
		SD	8.378	4.143	5.064	2.914	2.833	
	1000000 - 4500000	Mean	15.85	15.10	15.99	7.34	7.01	
		SD	10.880	4.176	6.476	2.438	2.399	
	4510000 - 7990000	Mean	15.25	16.00	18.25	6.75	7.25	
		SD	11.273	4.690	8.413	2.605	1.165	
	≥ 8000000	Mean	19.00	14.00	18.00	7.00	7.00	
		SD	.	.	.	.	.	
Major ethnic groups	Persian	Mean	17.99	14.31	18.01	8.23	7.11	13.5/<0.001
		SD	9.490	4.088	5.620	2.640	2.581	
	Arab	Mean	15.00	16.07	14.88	6.60	7.45	
		SD	10.429	4.161	5.460	2.567	2.546	
	Lor	Mean	15.55	15.20	16.77	7.14	6.80	
		SD	8.938	3.622	6.383	2.320	2.339	
Smoking	No	Mean	18.37	14.55	17.90	7.61	6.99	38.1/<0.001
		SD	9.755	3.753	6.029	2.474	2.583	
	Yes	Mean	11.81	16.56	13.77	6.65	7.40	
		SD	8.125	4.182	4.792	2.700	2.316	

SAcp=Social Acceptance, SAct= Social Actualization, SCoh= Social Coherence, SCon= Social Contribution, SInt= Social Integration

Regional Distribution of SWB Measure upon Economy Classification of Zones

According to figure 1, distribution of SWB's means values were estimated upon economic classification of municipal zones in Ahwaz city. The figure illustrates that the economic status of aged samples could enhance the SWB. Interestingly, aged people who inhabit at both wealthy and poor regions significantly have had values more than SWB mean. The region seven, middle class dwellers has the least value of SWB.

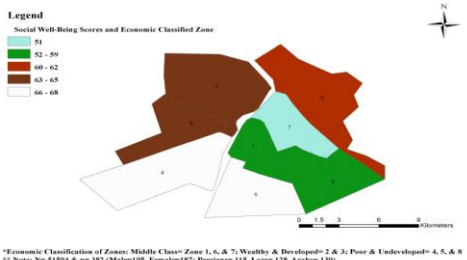


Figure 1. Regional Distribution of SWB Measure upon Economic Classification of Zones

Regarding SWB of aged people, the measure of SWB is to some extent more than mean value (M = 61.42), and this measure is lower among Arabs (59.35) and women (55.80). Also, the significant coefficients indicate that there is a difference among gender and ethnic groups in this respect. Men and Persians emerge with the highest levels of SWB among the aged in the study. The interpreted measures of SWB show that the following indicators have had the highest rank in this concept i.e. aged samples in the age range of 71-80 years, those with no chronic conditions and smoking behavior, aged who sleep around 10 hours per 24/h, widowed elderly, aged who live in a family with more than five members, educated older adults, those supported with more than US$ 419.72 per month, aged residing in the five municipal zones, those aged samples who receive higher measures in the scale of CE and lower values in the scale of AiP and UCLA-Loneliness.

Discussion

The finding of the study and the results of GLM methods strongly advocate that gender and ethnic has

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moderated SWB with the highest Eta square value (η2 = .402 and .382 respectively). This situation has been neglected in the majority of research regarding activity and aging in social gerontology, as Calasanti (2004, 2005), Kaplan (2007), Batturworth et al. (2006), Faramarzi (2008), the current supplementary issue of AJPH (Vol. 102, 2012), and finally Betts-Adams et al. (2011) have illustrated in the literature review on gerontology (Betts-Adams et al., 2011) (8). It also supports the objective of the research that emphasizes the ethnic and gender-related issues while the findings indicate the inequalities and injustice faced by aged women and minority ethnic group in relation to the demographic in Ahwaz City, Iran.

Accordingly and in the gender-related matter, "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" (16). This was used as the foundation for notions of gender justice by social scientists as unequal, unfair, ineffective, and inefficient gender inequality in health, why it exists, and how we can change it. The final report to the WHO Commission on Social Determinants of Health indicates that the justifications of gender inequality are concentrated to enable gender equality in health (16). Elwer et al. (2012) have indicated that "individualism and gender difference in the workplace level plays an important part in the justification of gender inequalities, and that individual solutions might have negative structural consequences for health" (17).

Conclusion

The review of the literature for this study reveals the following key points: (1) Cultural factors have not been adequately addressed by existing theories of the aging process; (2) There is great diversity within as well as between gender and ethnic groups in SWB; (3) There is a great need for more research; (4) There is a need to acknowledge how little seniors actually know about their situation in society regarding SWB; (5) The field of aging among the minority offers many opportunities for research for career advancement in the social and health sciences.

Study limitations

There is the absence of data access bank of elderly especially regarding the study's issues. The local and national report of demographic data (18-19) regarding Aged people are incomplete especially in the some operational indicators of well-being and social participation, absence of independent groups and NGOs, which support aged people regarding the basic variables of the study specifically in the minority areas. The most important limitation lies in the fact that there were more issues regarding ethnicity as confidentiality and social security. The current investigation was limited also by the non-availability of some confidential data about the aged community. Initially there was a distrust of the interviewers of the study as reported in the pilot study. The problem was solved with the use of local interviewers, especially Arabs and Lors in their peripheral areas.

Conflict of interest

The authors declare that they have no competing interests.

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Authors' contribution

MH and JO have contributed to the design, performed the interviews, and collection of data. AA has analyzed the data, revised the content & first draft. All authors approve the final manuscript as well.

Authors' Note

The opinions expressed by the authors contributing to this article do not necessarily reflect the official position of the SUMS & Ahwaz Municipality Organization and/or the institutions with which the authors are affiliated.

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