International Journal of Social Sciences (IJSS) Vol.6. No.3, 2016

A Sociological Explanation of Active Aging with Emphasizing on Social Capital in Isfahan City

Batool Aminjafari¹

Department of Sociology, Central Tehran Branch, Islamic Azad University, Faculty Member of Islamic Azad University, Khomeini Branch, Isfahan, Iran

Hossein Aghajani²

Department of Sociology, Central Tehran Branch, Islamic Azad University, Tehran, Iran Ali Hashemianfar³

Department of Social Sciences, University of Isfahan, Iran

Received 21 March 2016 Revised 14 April 2016 Accepted 17 May 2016

Abstract: This article is aimed to explain sociologically active aging with emphasizing the social capital in Esfahan. The present research is a survey and in terms of purpose is a practical type of cross-sectional study. The population is all elderly over 60 years in Esfahan in 2015. The sample size is selected by using Cochran Formula to 384 subjects and a quota sampling method is done by focusing the gender, residential area and livelihood status. A searched-made questionnaire is used to collect data and the face validity and construct validity are applied to validate validity and the reliability is determined by Cronbach's alpha. In order to analyze the data, the descriptive and inferential statistics are used by utilizing SPSS and Amos Graphics Software. Results of research show indicate that there is a statistical meaningful relationship between social, economic, cultural capital and active aging. Also the results of structural equation modeling indicate that most comparative indices of model are higher than 0.90, i.e. the model is going away from an independence and approaching to a saturated model based on the defined criteria for them. Therefore, basic attention to increase the social capital in society is essential, especially among the elderly to achieve active aging along with maximizing the health, safety and participation of elderly.

Keywords: Active aging, social capital, economic capital, cultural capital, Esfahan city.

Introduction

Nowadays, in developing societies, besides improving medicine knowledge, controlling infectious diseases, decreasing the death of infants, decreasing level of fertility, economic, political and social and welfare changes, improving the technology, and nutrition, life expectancy and elderly population have increased. At early twentieth century, the life expectancy since birth is 48 year all over the world and only 4 percent from people had over 60 year age (khaldi, 2003: 55). Given the estimation and announcement of World Health Organization, it is predicted that by 2020, the life expectancy will reach 77 years and population over 65 years will be 20% of all population throughout the world and 70 percent of this population will live in the developing countries (Khazaei, 2002: 363). On basis of Census Center of Iran in 2006, almost three countries had over 60 year age population and are considered to be the elderly (Statistical Center of Iran, 2007). It seems that this figure by 2050 will cross 20 percent. The United Nations have predicted at a report about elder population in Iran that in the distance between the years 2006 to 2026, 10 years will add to mean age of population of our country (Alipour et al., 2009: 148).

According to increasing quickly the number of elderly, the issue of health, health care and supplying their comfort and welfare find a new and expanded aspect in the community every day. What the

_

¹ Email: b aminjafari@yahoo.com

² Email: a_marsa1333@yahoo.com (Corresponding Author)

³ Email: seyedalihashemianfar@yahoo.com

current knowledge attends is not only last lifetime, but also how to spend additional life years of a person with the peace and physical and mental health. Therefore, it is very important and if these conditions are not provided, scientific developments will be risky and useless for supplying longer life (Rabiei et al., 2012: 302).

Problem Statement

Aging the population will be one of the major demographic trends during the 21st century. It will be expected in the future that all countries will face with the phenomenon of population aging, although the timing may vary in different countries. Of course, in countries where people have been exposed to fertility status earlier than other countries, they will encounter the reproductive consequences at a low level (Mehryar et al, 2008). The results of predicting the population by the United Nations with a scenario of moderate growth indicate that by 2050 about 70 percent of the population will be in the age group of 15 to 65, 17.3 percent in the age group over 65 years, and the rest (17.9 percent) in the age group below 15 years. Mean age of population will increase about 40.2 years. The survey has found that in 2006 an overall indicator of population aging is about 20.7. And it means that in 2006 for every 100 people under age 15 about 21 people will be over age 65 that the number by 2050 will reach 102 people in 65 years and over per 100 persons under 15 years. Therefore, our country's aging population will be approximately doubled by 2050 (Motia Haghshenas, 2010).

Along with the growing trend of aging population, there are issues and challenges for the population. Including these issues it can be declining trend of cohesion between the older generation and the younger, so that communication and interaction between these two classes are fading day by day. On the other hand, the participation of the elderly as a social stratum of rich experience is declining at the community level and the active participation of older people in society has declined. Due to the aging population and created changes in making a family towards nucleating, gradually the elderly are threatened by the difficulties in social, economic and psychological fields. These issues cause the elderly feel less security and affect their quality of life.

Active aging will be defined as: "the process to maximize the health, participation and security of the elderly in order to empower their lives". The policies of active aging should be applied for all individuals and population groups and action plan is based on three pillars: health, participation, security (WHO, 2002). In order to have a weighty and pleasurable old age many factors such as social welfare, family life, help people attention, security, cooperation and links with the community, etc. are effective on forming the kind of life of elderly and their feelings to life. One of the important components in this regard is to benefit the elderly in particular and society in general. Here, social capital is including the use of relationships, links and partnerships of people with other institutions, organizations and government that lead to improve the relationships, quality of life and active elderly. Now the increase of elderly people in society is in need of strategies and appropriate measures in the light of it the elderly have a high quality of life and be not only seen as a problem but seen as a window of opportunity. Aging and quality of life in modern societies as a social problem require the specific planning and scientific research programs. The first step of planning is to review the theoretical and scientific knowledge and the research shows that there is a gap related to the successful aging, in particular to available sociological explanations and this issue has been medically studied further. Given the importance of active aging and its relationship with social capital, this study discusses the sociological active aging with emphasizing social capital. In other words, main question is that what is the relation of enjoying the active aging and social capital?

Research Objectives

The main purpose is a sociological explanation of active aging with emphasizing social capital in Esfahan.Partial objectives of the research are including:

- 1. Investigation of the relationship between social capital and active aging
- 2. Investigation of the relationship between cultural capital and active aging
- 3. Investigation of the relationship between economic capital and active aging

4. Presentation of the guidelines for improving the quality of life of the elderly in Esfahan

Research Background

Previous studies have shown that although several Fazeli, studies have been done on aging, they are medical and demographical approach and the shortage of social and sociological explanations are very tangible. For example, George et al., (2008) studied the survey factors associated with quality of life of the elderly in Nigeria (Aghanouri et al., 2011: 22). Ezatolah Samaram and Mehrnaz Amin Aghaei (2006)" studied the social policies for the elderly in Japan and Sweden as a model for seniors in Iran", (Guallar Castillon 2004 by quoted Farhadi et al., 2013) investigated the relationship of social factors, lifestyle, social networks, chronic diseases and the use of services in hygienic cares and quality of life among old women in Spain. Nader Motia Haghshenas (2010) studied the sociological aspects of aging population and the challenges of active aging. Sadeghi and Khadem (2013) discovered the aspects of life in elderly women and a deep understanding of how to deal with the social subjects of the modernity consequences.

Theoretical Approaches

Elaine Cumming and William Henry in 1961 especially analyzed the effects of aging that are known as the theory of "disengagement, lack of commitment and social separation". Regarding this theory the society and elder man have limited at relation with together in many mutual relations. Thus unavoidable death forces a man to leave an important part of social roles (Alikhani, 2002: 11). Keeping active theory and activity theory are opposed to the idea of disengagement and are expressed by Hug Hurst. He believed that "activity increases the health in aging". Satisfactory life in old age is a method of providing active life in old age. (Ameri et al., 2001: 9). Regarding the activity theory, the successful aging life requires discovering new roles or generating new equipment to keep the old roles (Mishara & Riedel, 1992: 73). Activity theory claims that the elderly who stay active match the conditions effectively. Fans conclude that the elderly as same as middle- aged intend to make the social relations (Shiani & Zare, 2012: 49). Theory of "exchange" is stated as a third theory against both previous theories that people for activities in the community should be rewarded and the seniors for withdrawing from their social activities should benefit from rewards such care hygienic, retirement wage, social insurance, social care and empowerment programs and so on. Gurbrium, regarding the theory of social environment, believed that the behavior of aging era depends on some biological and social conditions. Indeed, the environment where the elderly live in involves not only social context with their norms, but also material and occupational obstacles. According to this view, three important factors impact on the activity of elderly: health, financial situation and social support (Mohseni Tabrizi ·2000).

Access to a variety of formal and informal networks, health care, proper economic situation, social support and providing mutual participative situations with family members and community assist the elderly to be more independently in the community and thereby have a better quality of life. Atchley proposed the continuous aging theory to explain why older adults are able to feel strongly and steadily against themselves and emphasized that people who have an active role, participating in the development of individual structures (Settersten & Angell, 2015: 28). This theory combines the major components of three theories. Atchley believed that latest level of life follows previous levels. Social positions can reagent kind of lack continuity, but the compatibility and lifestyle basically have been obtained through styles, habits and interests of at all the lifetime (Shiani & Zare, 2012: 49). Theory of "admission" is presented by Larry and Bamsar (2002) in this regard. According to this theory, the elderly can be considered a stratum of society that needs to have the social relationships with others and to be admitted (Shiani and Zare, 2013: 27). The relational dimension of social capital helps the elderly remain independent members in the community and maintain social relationships with others. To fix their needs and avoid them from isolation and rejection cause the greater mental and physical health, security and participation and ultimately a more dynamic aging.

Riley, Kan and Foner believed that in spite of the medical advances and life expectancy of the elderly, institutions and social structures are trying to help people on the brink of active ageing by the potential

future solutions (khaldi, 2003: 69). It means that the elderly with the structure and social networks will reach more dynamics and it represents a structural dimension of social capital with active aging.

According to Bourdieu, the operating position in the social space depends on the size and amount of capital (economic capital, social capital and cultural capital) of an old person; i.e. the further the personal capital is, the higher position they have in social space and it affects the behavior and lifestyle of people (Ghasemi et al., 2008: 187). In his opinion, active ageing is extensively concerned to the concept of well-being, social relations, community involvement, socio-economic basis and cultural capital in the form of education. The theory of Nahapit and Ghoshal (1998) on the dimensions of social capital is including: the structural dimension such as structural dimension like structural links, activities and how to organize teamwork in the community, communicative dimension like interactions and communication of the members within a group and outside group and cognitive dimension like knowledge-based confidence, attitudes and commitments that are also closely linked to having high social capital in all aspects of active ageing.

Theoretical Framework

The theoretical framework of the research constitutes theories of social capital of Ghoshal and Nahapit, cultural, economic and social capital of Pierre Bourdieu, social environment of Gurbrium, admission of Larry and Bamser.

Theoretical Model of Research

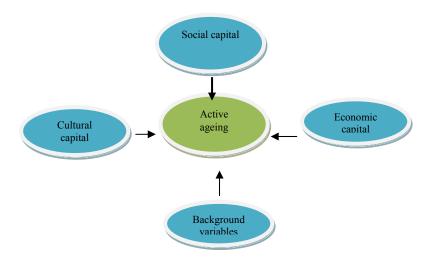


Figure (1): Theoretical model of research

The theoretical model that comes out of the theoretical framework is a tool for planning and also showing the relationships between variables about this subject.

Research Hypotheses

- There is a relationship between social capital of the respondents and enjoying active aging.
- There is a relationship between economic capital of the respondents and enjoying active aging.
- There is a relationship between cultural capital of the respondents and enjoying active aging.

Theoretical and Practical Definition of Dependent and Independent Variables Social Capital (Independent Variable)

Theoretical Definition: the World Bank and the Institute for Economic Cooperation and Development consider the social capital to be the networks with similar characteristics, values and is facilitator of the cooperation among the groups. They connect the social capital to the institutions, relationships, and norms that shape the quality and quantity of social interactions (World Bank, 1999). Nahapit & Ghoshal have expressed the following dimensions for social capital:

- 1. Structural aspect is including structural links, activities and how to organize teamwork in the community.
- 2. Communicative aspect refers the interactions of members within a group and outside of the group. The following landmarks such as trust and reciprocity are considerable.
- 3. Cognitive aspects is including the confidence, attitudes and commitments in a group based on the recognition that uses a common language to provide a common vision of goals and values for network members (Ghoshal & Nahapit, 1998).

Practical Definition: In this study, social capital (cognitive) are examined by some elements like feeling to be valued in society, satisfaction of past life, helping others, helping local groups, a sense of security, trusting people, communicating strangers, being in safe living environment.

Social Capital (Communicative): It is examined by some elements like helping from friends, neighbors, meeting and visiting them, communicating the friends by telephone, participating in local associations, membership in local clubs, verbal communication with others, having a dinner or lunch with friends and relatives and acquaintances outside the residence.

Social Capital (Structural): It is examined by some elements like buying from the shop for the friends and acquaintances, learning to solve the problems, helping the sick neighbors, managing the club and local institutions, participating in the institutions, providing emergency services, participating in local service delivery institutions, having the freedom of speech on the problems of location, living with strangers with mix of different cultures in a neighborhood and enjoying different lifestyle.

Cultural Capital

Theoretical Definition: For Bourdieu, cultural capital is "a form of knowledge, skills, training, and benefits that every individual is entitled and allows him to gain a higher status in the society" (Rouhani, 2007: 14). He considers the education as an expression of cultural capital but tends to cultural objects and cultural products to a person's cultural capital (Fazeli, 2003: 37). Based on the theoretical studies, the concept is embodied in the three categories of cultural capital. Visualized capital cultural is a type of internal wealth and a non-separated part of indivisibility from man that is connected to a person who visualizes in it. Cultural capital is said to all cultural objects and goods and the level of their application. Institutionalized cultural capital with institutionalizing regulation obtained through the types of academic documents promotes a social effective basis (Ebrahimi & Ziapour, 2012: 132).

Practical Definition: In this study, after visualized aspect of cultural capital through indexes such as interesting artistic activities like music, calligraphy painting and sports. Visualized aspect is measured by the application components such as books, paintings and hardware like computer, the internet, camera and so forth. Institutional aspect is measured by indexes such as academic documents and education level.

Economic Capital

Theoretical Definition: In Bourdieu's view, the economic capital is followed by material wealth such as money income, other financial resources, assets and financial rights (Stones, 2008: 335).

Practical Definition: To measure the economic capital, the revenue, local value of residential place and non-residential properties values are used.

Having Active aging (Dependent Variable)

Theoretical Definition: having active aging is a process of optimizing the opportunities for health, participation and security in order to enhance the quality of life of people who go towards the ageing (World Health Organization, 2002). This concept gives people the opportunity to realize their potential and have their physical and mental health in accordance with the wishes and capabilities to contribute in the society. In fact, the elderly in terms of this concept can be useful for others (family and

community) and help them and in this view the independence of the elderly is always taken into consideration.

Practical definition: The variable of active aging is at a distance of indices like using cultural spaces by the elderly (the cultural center, cinema, library, etc.), doing artistic activities (playing music, calligraphy, painting, etc.), doing leisure activities such as going to with components of leisure (parks, gardens, etc.), going to the sports facilities (gyms, sports clubs, etc.), going to shopping centers (markets, malls, stores, etc.), using feeding places (coffee shops, restaurants, cafés, etc.) and going to the various parties and events by using the Likert Scale assessed by the questionnaire.

Research Methodology

The present research in terms of controlling research conditions is a survey and in terms of aim is a practical type of cross-sectional study. Furthermore, this research is an explanatory one to explain the data in addition to describe them. The population is consisted of all seniors over 60 years in Esfahan in 2015. According to the last census conducted by Population and Housing Organization in Esfahan (2011), the population of our city is to 184,186 people (99,055 women and 92,131 men). In order to determine the sample size of study the Cochran Formula is used. Since the total number of the population due to its larger sample size will have little effect on population size, a formula is used that the sample size (N) is not involved in. Therefore, the formula

$$n = \frac{z^2 . pq}{d^2}$$

is used (Rafipour, 1981). The sample population with a confidence level of 95% and accuracy of estimating at d=0.05 and p=0.5 and q=0.5 is 384 people in the study. Sampling method is a quota focused on the gender and residential area and the living conditions because the population is divided into different groups and then among the divided groups the units are selected, but the final choice is not done randomly (Duas, 1997). Data collection is done by the researcher-made questionnaire and the validity of research tool is assessed by visiting the expert professors of sociology and construct validity is done by mining inventory of theories, theoretical frameworks and analytical model. Reliability of research questionnaire is assessed by using Cronbach's alpha and an alpha value of all variables over than 0.7 is desirable. For the analysis of research data, the Pearson correlation coefficient is used to explain the relationship between the variables and in order to explain each variable together, finally the multiple regression and structural equation model are used to apply the path analysis.

Research Findings

1) Descriptive Findings

In this study, 384 elderly are studied in terms of having social capital, 26.3%, 43.5% and 30.2% had high, middle and low social capital, respectively and the average percentage of social capital is 2.99. In the view of having the economic capital, 75.3%, 18.2% and 6.5% had high, middle and low assets, respectively and the average percentage of having economic capital is 3.99 of a five-degree spectrum. In terms of having cultural capital, 38.8, 37.2 and 23.9% had high, middle and low cultural capital and the average of having the cultural capital is 2.20 of a five-degree spectrum. Thus it is lower than middle level and social and economic capital. In terms of active aging about 26.9, 52.6 and 21.3% had high, middle and low capacity, respectively and the average of having active aging is 3.03 of a five-degree spectrum.

2) Analytical Findings

Table (1): Pearson correlation coefficient between independent variables (social, economic, cultural capital) and dependent variable (active aging)

dependent fundate (dett. e dg.113)						
Row	Independent variable	Dependent variable	Correlation coefficient	Significance level		
1	Social Capital	Having active aging	0.411	0.000		
2	Economic Capital	Having active aging	0.117	0.022		
3	Cultural Capital	Having active aging	0.450	0.000		

Results of testing hypotheses indicate that all independent variables have statistically a significant relationship with the dependent variable. Regarding the results the Pearson correlation coefficient between social capital, the economic capital and cultural capital and having active aging are 41, 11, 45%, respectively and this impact is significant at the level of 0.000. Although the relationship between economic capital and active aging is relatively poor and positive, to 95% of the confidence level, it can be said that the null hypothesis is rejected and the alternative hypothesis is confirmed. Thus it is acceptable that increasing social, economic and cultural capital would enhance the active aging.

In regard to the relationship between social capital and having active aging, Larry and Bamsar (2002) presented the theory of "admission" in this regard. According to this theory, the elderly can be considered a stratum of society members that needs to have social relationships with others and to be admitted (Shiani and Zare, 2013:27). Social capital in terms of its relationship to help seniors remained independent in the community as a member and to maintain social relationships with others. It helps to their needs and to avoid their isolation and rejection and causes the mental and physical health, security and greater participation and ultimately enjoying more active elderly.

In regard to explain the relationship between economic capital and active elderly, John Corvette stated that community-based services included a wide range of services and would be outside of the institutional networks provided to help the welfare and independence of the elderly in different ways (Halter et al., 2009). Also in these programs, the services are done at the places where people work and live or educate. These services have high quality that save the cost and prevent from outbreak diseases and promote and recover the health and well-being of individuals over the life (Norouzi, 2006: 68). Seniors with access to these services may have higher quality of life. Green, Ondrich and Leditka also at analysis of systems based on society got to the conclusion that through these applications may acquire a neutral budget if these programs will be exact, useful and targeted (Meng, 2003: 353-370). This accessibility can lead to increase the health, safety and participation of older people, eventually having active aging.

In regard to explain the relationship between cultural capital and having active aging, Ashley believed that the last step of life is a sequence of the previous levels. Social positions could represent a lack of continuity, but compatibility and lifestyle basically through styles, habits and tastes that are acquired at all life (Shiani and Zare, 2012: 49). According to Ashley, habits, tastes and lifestyles of the elderly in their lifetime have affected their old position and this is same concept that Bourdieu called it as cultural capital. Hence it can be said that there is a relationship between cultural capital and having the active elderly.

Investigation the Relationship of between the Dependent Variable and Independent Variables by Regression

Regression relation is investigated to determine the relationship between independent variables and dependent variable. The determination coefficients suggested how much of the dependent variable's changes are explained by the independent variables. The regression equation can be written by helping of beta coefficients. The standardized beta coefficients are effective on determining the relative contribution of each variable on the dependent variable. Beta coefficient of each independent variable that is higher means that it has larger share in relative variability.

Table (2): Summary Model

14010 (2)1 2111111111.	y 1.10 wet		
Coefficient of determining Square	Correlation coefficient		
0.284	0.533		

According to the table above, the multiple correlation coefficient of regression model is equal to 0.533. The level of the determination coefficient is 0.284. It means that the level of 0.284 of dependent variable' change is explained by the independent variables. In other words, 28.4% of changes in active elderly are affected by the social capital and the rest about 0.70% is determined by other factors.

Table (3): Analysis of Variance (ANOVA)

Significance level	F Value
0.000	50.280

According to the table above, it can be seen that the significant level of 0.000 is less than 0.05, thus test the null hypothesis is rejected and therefore to 95% of confidence level the fitted model is a good model and linear regression.

Table (4): Regression Coefficient

	Beta coefficient	Standardized beta coefficient	Significance level
Social capital	0.275	0.288	0.000
Cultural capital	0.838	0.355	0.000
Economic capital	0.678	0.049	0.263

According to the above table, it can be seen that the significant level of two independent variables of social capital and cultural capital is less than 0.05, thus they enter the regression models and variable significant level of the economic capital is not less than 0.05, therefore, it does not enter regression model.

Structural Equation Modeling by Using AMOS Graphics

The following model is to test the structural validity of measuring instrument and Goodness of fit test by Amos software with having the related data to variables taken from the hypotheses (Ghasemi, 2005:73). It tests the structural validity of independent variables of social, cultural and economic capital and the dependent variable of active aging and the structure of its Goodness of fit test. In the measurement section as the model suggests, the most reagents of latent variables are relatively good on loading them once the variables that are low loading get out the equation. The structure of the model also suggests that social capital variables with the level of 0.19 explain the most of variance in the rate of enjoying active aging. Model parameters, theoretical Goodness of fit test theories is expressed by observational data structure and construct validity of the measurement instrument. Most of model indices also show the higher levels of 0.90 which means the ability of model moving away from a model of independence and approaching to a saturated model based on the defined criteria for them.

Since the indices of GFI= 0.918, AGFI =0. 856 and CFI = 0. 894 are close to one, it shows fit most standard model and RMSEA=0.088 shows remaining weak performance of the model.

Table (5): The results of Amos application's output

DF	P	Chi-square	GFI	AGFI	RMSEA	CFI	Cmin / DF
60	0.000	238.378	0.918	0.856	0.088	0.894	3.973

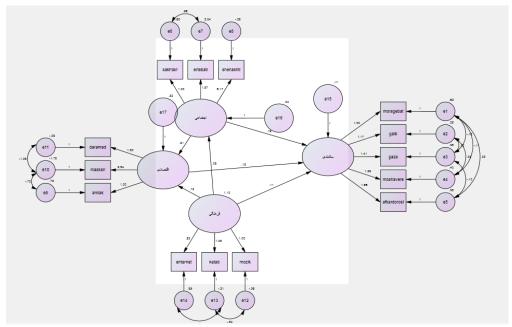


Figure (2): Model of structural equation modeling by using Amos graphics

Conclusion

Finally, the population aging has been created due to decreasing fertility, mortality and increases the life expectancy from the outputs of development. Due to the fact that the aging process is natural and universal if necessary mechanisms do not for dealing with it, many negative consequences will occur in terms of economic, social and health aspects. In other words, the active aging is related to the high quality of life and including three dimensions of physical and mental health, social and personal security, and participation. A large number of elements is affected in order to achieve the active aging among all social, cultural and economic factors have a main role in this regard. A major part of the development is achieved through strengthening and focusing efficient and comprehensive social security system and rescuing the valuable asset institution from the bankruptcy. Also the increase of the elderly and changes in the cultures, habits and way of life show the necessity of intervention by Parliament, the government with aspects of protecting social legislation to make a safe environment for the active aging. In this regard, the Parliament by enacting the protective laws in different aspects of social and financial aspects and the government by planning and executing the planned government support laws such as safe environments for the elderly, such as boarding houses for the elderly with necessary standards and promoting the elderly specialty arisen regarding social, cultural service units such as geriatrics, nursing, mental health, geriatric social workers and training to the families and individuals including learning how to communicate and maintain the elderly in families, involving them in society, informing them from the risk and intervention tools, encouraging the families to adhere to a culture of respect for the elderly and observing the instructions and advices in this regard prevent problems of the elderly.

Suggestions

According to the results of the study, the following proposals will be presented:

A. Applied research proposals: The results of this study indicate that seniors would have more cultural capital gain from the active aging. Therefore, lifestyle modification, production of reconcilable technology with the elderly, the use of community resources for improving cognitive impairment and genetic and environmental damage, educating and promoting the principles of active aging of all ages with the aim of eliminating misconceptions associated with aging, raising education and awareness are recommended. According to verify the relationship between social capital and active aging, communication and more participation of older people in the family and society, reducing the generation gap, participating in forums

- and social networks and bringing some management responsibility in private and semi-public centers and using their experience and capabilities are proposed. Since increasing also the economic capital in enjoying more active aging is approved, the planning to improve the economic status in life by them and the types of services are required to the government support, pensions in the elderly era, providing the jobs and housing tailored to the age, condition and implement of insurance legislation and support are suggested.
- B. Suggestions for further researchers: This study analyzed survey data collected by questionnaire technique, the future researchers can follow the methods and other techniques such as interviews, case study and a longitudinal study of this phenomenon for social use. Since many variables influence each other and analysis faces to the problems, also the two sexes, male and female attitudes, interests and values are gender specific. It is suggested that future studies have been done by on one of these two sexes. The present study has been done in Esfahan. In order to achieve a broader perspective, complementary studies can be done in other cities or in the country and the results of the study are compared.

References

- 1. Aghanouri, A. (2011). Investigation of quality of life in elderly patients covered by health centers of Markazi Province in 2010. Iranian Journal of Ageing, Vol.6, No.22.
- 2. Alikhani, V. (2002). Aging from different perspectives. Tehran: Parents and Educators Association Press.
- 3. Alipour, F. (2009). The role of social support on quality of life and social well-being of the elderly. Research journal of social welfare, Vol. 9, No. 33.
- 4. Ameri, F., G. and others. (2001). Definitions and theories of aging. Hayat Journal, Vol. 7, No. 3 and 4 (14)
- 5. Duas, E. (1997). Scrolling at social researches. Translated by Hooshang Nayebi.
- 6. Ebrahami, G. & Ziapour, A. (2011). Investigation of sociological impact of cultural capital on the body management (experimental study of the youth of Gilan Gharb). Journal of Applied Sociology, Vol.26, No.1.
- 7. Farhadi, A. (2013). Effect of healthy lifestyle education program on quality of life in rural
- 8. Fazeli, M. (2003). Consumption and lifestyle. Sobh-e Sadegh Publication, Qom.
- 9. Ghasemi, V. (2005). Educational pamphlet of quantitative research methods in the social sciences.
- 10. Ghoshal, S. & Nahapit. (1998). Social capital and value creation. The role of intra-firm networks. Management Journal
- 11. Halter J.B., Ouslander J.G., Tinetti M.E., Studenski S., High K.P., Asthana, S. (2009). Hazzard's geriatric medicine and gerontology, Sixth edition, McGraw-Hill Press
- 12. Http://www.worldbank.org. (1999).
- 13. Khaldi, A. (2003). A sociologist at the aged. Tehran: Faculty of welfare science and rehabilitation
- 14. Khazaei, K. (2002). Psychology of aging and the role of social support from their study on aging issues in Iran and across world. Tehran: Ketab Ashena Press
- 15. Mehryar, A. H. (2007). Specialized meeting aging of the population in Iran: political dialogue on the elderly. Iranian Sociological Studies, Islamic Azad University, Central Tehran, Vol.1, No.2.
- 16. Meng, Ying Ying., Schwab, Timothy C., kwan- Mon, Lenug. (2003). Home and community-based alternative to nursing homes, Journal of Aging and Health, 353-370.
- 17. Mishara, B., L. and Riedel, R., C. (1992). Adult Psychology. Translated by Hamza Akbar Ganji and colleagues. Tehran: Etela'at Press.
- 18. Mohseni Tabrizi, A. (2000). The status of the elderly in Iran, Journal of Social Security, 2nd edition, IV, Tehran: National Library of Social Security.

- 19. Motia Haghshenas, N. (2010). Sociological dimensions of aging population and active aging in Iran. Iranian Sociological Studies, Islamic Azad University Central Tehran Branch, Vol.1, No. 2.
- 20. Norouzi, K. (2006). Design and evaluation of community-based care models for the elderly. PhD thesis, Faculty of Medicine, University of Tabrait Modares.
- 21. Qasemi, Vahid and others. (2008). Structural and capital determinants of health-oriented lifestyle, Iranian Journal of Social Issues, Vol. XVI, No. 63.
- 22. Rabiei, L. (2012). Evaluation of the impact of the intervention based on the empowerment of the elderly based on the model of family-based research. Journal of Health System, No.2.
- 23. Rafipour, F. (1981). Exploration and thoughts as an introduction on ways of recognition comprehensive society and researches, company shares release. Tehran, Iran.
- 24. Rouhani, H. (2009). Introduction to the theory of cultural capital. A quarterly of culture strategy, Vol. 18, No.53.
- 25. Sadeghi, S. & Khadem, M. (2013). Narration of elderly women. Magazine of demographics.
- 26. Samaram, E. & Amin Aghaei, M. (2006). Social policies for the elderly in Japan and Sweden as a model for the seniors in Iran. Iranian Journal of Ageing, Vol.1, No.2.
- 27. Settersten, R. and Angell, Zh. (2015). Sociologist of the elderly. Translated by Mojtaba Amiri and Shahrzad Nayeri. Tehran: Tehran University Press.
- 28. Shiani, M., Zare, H. (2009). Investigation of Efficacy of community programs on mental well-being. Iranian Journal of Ageing, Vol.8, No.29.
- 29. Shiani, M., Zare, H. (2012). Evaluation of the impact of community-based rehabilitation program in the amount of quality life of Elderly: A Study Control Case. Journal Bio Morality, Vol.2, No.5.
- 30. Statistical Center of Iran. (2007). General results of census in 2006.
- 31. Stones, R. (2008). Great thinkers of Sociology. Translated by Mehrdad Mirdamadi. Tehran: Publication Center, Vol.5
- 32. World Health Organization (2002). Translated by Hamid Tavakoli Ghouchani, Mohammad Reza Armat, (2004). Mashhad University of Medical Sciences and Health.