Healthy Ageing: A Comparative Analysis of Health Promoting Lifestyle among Elderly Males and Females in Shiraz

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1- Introduction
Worldwide growth of ageing population has increased debate on healthy ageing in both academic research and day to day discourse. Likewise, due to the change in the population age structure in Iran, research on healthy ageing has developed. According to the main and determinant role of gender on health promotion lifestyle, the aim of this article is to analyze the effect of gender on health promotion lifestyle among older adults.

2- Theoretical Framework
Three main approaches employed in the research on health promotion lifestyle among older adults include: healthy life style models that are used for all age ranges, theories and models of healthy ageing, and the extensive models and theories of healthy behaviors and health promotion lifestyle. In this study we utilized the third approach and adopted the Pender’s (2006) Health Promotion Model (HPM) to explain the health promotion of the elderly as it comprehensively shows the relation between individuals and their environment. Healthy lifestyle is an individual choice made within the social context and structural limitations such as gender and socio economic status. The effect of gender on the health related behaviors among older adults is well documented (Budesa, Erin, & Lauren, 2008; Nolen-Hoeksema, 2006; Ostlinetal, 2006; Segal, Demos, & Kronenfeld, 2003; Von Bothmer & Fridlund, 2005). Males and females engage differently in health related risky behaviors. Men pay less attention to health promotion behaviors than women (Patel, 2005; Moore, 2010). The literature Also shows although women report diseases more often than men, they live longer (Chiello & Hutchison, 2010). This article shows the effect of gender differences in socio-economic status, self-efficacy, and health status on health promotion lifestyle.

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3- Methodology
The data was collected in 2011 through random sampling survey using a structured questionnaire in the city of Shiraz, Iran. There were 86,444 people aged 60 and older in 2011. The sample size of this study was 400 older adults (aged 60+). The participants were chosen by proportional stratified-sampling method. Data were gathered through face-to-face interviews. According to the aim of this study, gender was the independent variable and health promotion lifestyle was the dependent variable. The effect of gender on health promotion lifestyle was estimated with and without controlling for the socio-economic variables including age, marital status, occupational status, educational levels, household income and life arrangement, self-reported health status, and self-efficacy. Multi Classification Analysis (MCA) was adopted to examine the effect of gender on health promotion lifestyle with controlling for the effect of other variables.

4- Results
Results showed significant differences between males and females regarding socio-demographic characteristics. Married men were more likely to be living with their spouse compared to women. This means the rate of widowed women who lived alone was higher than men. The differences may be explained by different patterns of remarriage between men and women which were more common among men. The literacy rate was higher among older men than older women. Among the sampled men, half were employed. This figure was only one percent for women. Women were in the lower level of physical and mental health. Men had a significantly higher average score in some items of self-efficacy such as ability to solve health problems and using any means like money and time for their health promotion.

Binary analysis indicated significant gender differences in the four out of six subscales of health-promoting lifestyle. The results showed that females had higher scores of health responsibility and interpersonal relations than their counterparts, while males had higher scores of physical activity and stress management than females. However, there was no significant difference in the two subscales of nutrition and spiritual growth between the genders. The overall health-promoting lifestyle score was higher for men. MCA showed that health promoting lifestyle scores were significantly associated with gender. When controlling for socio-economic variables (such as age, education, occupation, income, living arrangement, self-efficacy, and so on), the mean score of health promoting lifestyle was higher for females.

5- Conclusion
In conclusion, apart from the biological differences between women and men, inequalities in socio-economic conditions also cause different and unfair
consequent health-related behaviors among older men and women. In other words, socio-economic variables can moderate the effect of gender on health promotion life style. Policy makers should be concerned about grounded variables such as gender and socio-economic status which affect the main determinants of health promotion of lifestyles such as self-efficacy. Therefore, welfare policies focused on equal health promotion for men and women should emphasize equal opportunity and economic resources (especially those related to education and careers) and also consider specific needs and different behaviors of men and women.

**Keywords**: Gender, Health promoting lifestyle, Self-efficacy, Multiple classification analysis, Older adults

**References**