The Effect of Social Capital on the Health of the Elderly with 60 or More years of Age in Mashhad Urban Districts

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1. Introduction

Aging of population is a process in which the elderly constitute a great proportion of the society. This phenomenon is one of the most important consequences of demography and age distribution in the twenty-first century which continues to exist and will definitely remain. (Kalantari, Mehdi, 2007)

In Iran, in the last two decades, the aging of population will dramatically increase due to the reduction in fertility and mortality level in infants and increase in the life expectancy. (Abbas Shavazi & Mohammad Jalal, 2001; Ahmadi, Vakil, Beheshti, Seyad Muhammad, 2007; Kusheshi, 1994)

On the other hand, there is evidence in other countries that show the link between the health condition and social capital. Social capital is considered a determining factor in health condition and quality. (Qafari, Gholam Reza & Naz Muhammad Ounagh, 2006; Majedi, Seyad Masoud & Lahsayi Zadeh, Abdul Ali, 2006).

Other studies (Kavachi et al, 2000; Douglas et al, 2006; Soleimani, Tahereh & Jamali, Mojdeh 2008) analyzed the effect of social capital on mental and social health. Thus, the purpose of this study is to investigate the effect of social capital on the physical and psychosocial health of the elderly with sixty or more years of age living in the city of Mashhad, the second metropolitan city in Iran, with the population of almost 2800000 people, and the elderly constituting 6.5 percent of its population (2011 Census).

2. Theoretical Framework

According to Preston’s theory, one of the recent consequences of epidemiological transition in the developing countries has occurred due to the increasing age of the population. The epidemiological status of these countries reflects the diseases and health conditions of the elderly instead of the infants. In particular, endogenous and chronic diseases and injuries from the accidents are the main causes of their deaths, which altogether draw the attention towards the health condition in senility.
On the other hand, identifying the social factors is crucial in showing that the elderly’s conditions need more attention in the general health policies and it can reduce the inequalities in health issues. (Iman, Muhammad Taghi et al, 2008)

Social capital is a broad term which consists of different aspects such as sociability, membership in social networks, trust, mutual relationships and social activities. Moro (1999) states that the core issue behind this concept seems to be how much the social capital is provided within people and how it is seen in family relations, social networks, social identity and social attachment. (Sharifian Sani, Maryam, 2001)

The theoretical grounds for social capital are different but we can find many of these definitions in the works of Pierre Bourdieu (1986), James Colman (1988) and Robert Putnam (1993). Meanwhile, little study has been conducted for demonstrating the relationship between the social capital and health conditions (Hombres et al, 2007) and this issue has not well depicted whether social capital is the result of good health or not. Is good health condition the result of social capital? (Kawachi, 2007). Another issue recently mentioned in the literature (Vinstra, 2000; Kandu et al 2007; Debrand & Sirwan, 2008) is the evaluation of this issue as whether or not social capital has a protective effect on the health condition of all classes in the population. Given that the elderly have more time to participate in social activities due to the free time in retirement (Christopher, 2005) or less family limitations (Bowlen et al, 2003), we can conclude that social capital has a determining effect on the health conditions in senility.

3. Methodology

The research type is survey and the sampling technique is stratified random. The sample size is 570 people and the assessment tool is the Standard Health Questionnaire SF36. To collect the statistical data, interview was used. The social capital construct is based on the theories of Putnum and Coleman. In assessing the validity of the constructs of the questionnaire, content validity and factor analysis were used. Moreover, confirming the internal reliability of the questionnaire was done by Cronbach’s Alpha. The analysis of the data was conducted by statistical methods (Single variable tests, multiple regression, structural equation and path analysis) with the use of SPSS and EQS softwares.

4. Findings

The results of the research show that the health condition of the elderly in Mashhad is at the average level but the health condition of men is better than that of women. Higher education, having a spouse and a good economic condition all contribute to a better health condition. Increase in social isolation and age has negative relationship with health condition. Social capital, as the most effective factor, explained 20 percent of direct and indirect changes in health condition of the elderly and in general the variables of this study have illustrated 37 percent of such health changes. Also, the direct effect of demographical variables has been more than other variables.

5. Discussion and Conclusion

As a factor in the success of social welfare and social health, social capital has attracted the attention of Bourdieu (1986), James Coleman (1988) and Robert Putnum (1993); the current study demonstrates that social capital can explain 20 percent of the discrepancy in health condition of the elderly by means of direct social support, social contribution and development
in the quality and quantity of relationships. Generally, it can be mentioned that social capital more than the economic capital explains the health condition of the elderly in this study. Also, according to the results of the present study, apart from the direct effect that social capital has on the health condition of the elderly, it can act as a mediating variable on the inequalities of health condition and that it confirms Campbell’s viewpoint that it can be a buffer against the social and economic misfortunes and reduces the effects of economic loss.

Keywords: Health, Senility, The elderly, Social capital, Mashhad

References (in Persian)

**References (in English)**


