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Studying the Factors Affecting Social Participation in Older Women

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ABSTRACT

The issue of social participation has an important role in social health promotion consisting a variety of individual and collective actions to determine the destiny of society and themselves and effecting on decision-making processes regarding public affairs. Accordingly, this study aimed to study the factors related to the rate of social participation in older women.

This is a cross-sectional study which after taking informed consent is conducted on 50 women retired from Fatemieh Hospital of Hamadan in census manner in 2015. Data collection tool included a questionnaire of demographic characteristics and factors related to social participation. Data were analyzed using SPSS version 21, descriptive statistics, chi-square test, pair t-test and one way analysis of variance. In this study, the significant level was considered less than 0.05. experience and duration of

social participation had significant relation with each other by overall assessment of factors related to p anticipation. 54% had participated in health promotion programs in their living areas. There was a significant relation between the rate of social participation in health promotion and variable of time ($p=0.013$) and participation experience ($p=0.005$). women retired from Fatemeh Hospital of Hamadan had an appropriate attitude in social participation for health promotion. However, for further increase of social participation, there should be training and facilitating through providing suitable facilities such as confidence-building, awareness of ways to communicate with administrators and welcoming of administrators from suggestions of people.

KEYWORDS: *Social Participation, Health Promotion, Women, Effective Factors*

INTRODUCTION

Partnership is the basis of human life and fundamental human rights. Human beings are conscious and should be aware and self-directed; on the other hand, they are social beings and born in society; they live there and learn the life skills along with others and gain power [1]. The development of any country depends on active and effective participation of its' people more than anything else [2]. The participation phenomenon in terms of cooperation is the first social behavior of human (3). In fact, participation is targeted and voluntary action which is done through desire and need to improve life. In other words, participation can be defined as the process of participating in decisions affecting personal life and living place in the society [4,5]. Social participation issue has been much considered in recent years which consists of a variety of social and individual actions in order to determine the destiny of society and themselves and effect on decision-making processes regarding public affairs. It is so that almost all strategies related to development consider participation as a key element, especially that it is one of the pillars of sustainable human development [6]. The idea of social participation in the field of health was proposed for the first time in the 1970s. This concept was approved by the World Health Organization in Alma-Ata conference in 1978 and was considered as the footstone of achieving health for humans until 2000 [1]. The World Health Organization believes that participation in health is a kind of cooperation by which people voluntarily or by encourages accept to cooperate with health-related interventions and gain interests by providing labor or other required resources. Participation is also a means of empowerment through which people learn responsibility, recognition and working to solve their health participation issues and try to develop their community [7]. Social participation is one of important components for improving health and sustainable development of societies. The most important outcomes of social participation are gaining social benefits and promoting health and welfare [8]. Within the process of participation in health, the opportunity of health knowledge distribution is created in the society and it could be possible to acquire inherent skills and mastery in social health affairs [9-11]. New approach of primary health care focuses on improving social participation to promote health. However, the programs of health improvement have been facing with fundamental problems due to the lack of sufficient knowledge from the nature of social participation concept and lack of theoretical and operational definition. Achieving equity in health is due to develop the culture of participation. This requires identification and consideration of appropriate contexts, required conditions and facilities in terms of facilitating factors and barriers related to participation [10,12]. Social participation in health is

equal to the term of public participation, social participation and intervention in the society and is applied as an alternative in contexts [7]. Today, social participation has been formed as an essential part of health and development programs in the society [13]. Two dimensions can be considered for improving the health of society; activities that require direct intervention of the government and strategies that require direct activities of people. We need to establish the power of correct management and decision-making in all people of the society to achieve the improvement of an individual and society health. In other words, as long as people cannot identify and control the factors affecting health, it will be unattainable to supply and promote health to its' general conception. People's participation in their own health is one of important issues which should be improved and encouraged along with governmental action and development sections of the country [14]. Even in stable condition of the society, women and girls are among the most vulnerable groups. This group includes half of the population of a society [15]. There should be more programs in order to maintain and improve the health of this group more than before and benefit from social participation of this group to expedite this trend. In this regard, the present study has tried to determine the factors affecting social participation in health promotion programs of older women in staffs retired from Fatemeh Hospital.

METHODS

This analytical-cross sectional study, after obtaining informed consent, was conducted by census method on 50 workers retired from Fatemeh Hospital of Hamadan in 2015. Data collection tools included the following:

Demographic questionnaire

This questionnaire included age, marital status, employment status, history of social participation, rate of social participation, duration of social participation, individual leisure time.

Questionnaire of factors related to social participation in health promotion in older women

These questions included the factors that facilitate or hinder the social participation. The questions were designed in form of a 4-scale Likert from very low, low, high, and very high. Validity and reliability of the questionnaire has been calculated previously in another study [16] using internal consistency method with Cronbach's alpha coefficient at the level of 0.786. All statistical analysis was performed at a significance level of 0.05. Data obtained from this study were analyzed using the software SPSS v21.

RESULTS

Most participants in the study were at age range of 55-65 years old, high school graduate and married. 54% had a history of participation in moderate level (30%) and duration of 1-6 months (22%) and leisure time of people was reported often 1-3 hours during the day (52%) (Table 1).

Table-1: Demographic specifications of participants of the study

Variable	Level of variable	Frequency	
		Number	Percent
Age	55-65	49	98
	>65	1	2
	Total	50	100
Educational level	Illiterate	1	2
	Primary and secondary	7	14
	Diploma	28	56
	Academic	14	28
	Total	50	100
Marital status	Single	9	18
	Married	41	82
	Total	51	100
Job status	Retired	47	94
	Government employment after retirement	3	6
	Non-governmental employment after retirement	0	0
	Total	50	100
Social participation experience	Yes	27	54
	No	23	46
	Total	50	100
Social participation rate	Low	9	18
	Moderate	15	30
	High	3	6
	Total	27	54
	Without experience	23	46
Duration of social participation (in month)	< 1 month	4	8
	1-6 months	11	22
	7-12 months	4	8
	> 12 months	8	16
	Total	27	54
	Without experience	23	46
Leisure in day (hour)	< 1 hour	7	14
	1-3 hours	26	52
	4-6 hours	10	20
	> 7 hours	7	14
	Total	50	100

Table 2 indicates the mean and standard deviation related to the assessment of the study participants in terms of expressions and questions regarding factors related to social participation in health promotion. The expressions (how much do you feel responsible for improving living conditions in your neighborhood and solving the problems of your living place?) such as removing blockages, constructing lighting lamps, recycling and collecting garbage, rupture of passages pipe, asphalt and introducing thugs, how much have you undertaken the responsibility of the affairs related to improve the health of your neighborhood until now? (the mentioned cases), and how much do you know your city officials? (municipality, governor, city council) with score range of 1-4 had respectively the highest 3.12 ± 0.781 and the lowest 1.74 ± 0.728 and 1.74 ± 0.921 mean and standards deviation among mentioned questions.

Table-2: The mean and standard deviation of participants' assessment of factors related to social participation in health promotion programs

Expressions	Mean	SD
how much do you feel responsible for improving living conditions in your neighborhood and solving the problems of your living place? (such removing blockages, constructing lighting lamps, recycling and collecting garbage, rupture of passages pipe, asphalt and introducing thugs)	<u>3.12</u>	0.718
How much do you try to solve the problems related to the health of elderly?	2.66	0.823
How much do you know about the ways to cooperate with neighbors or local organizations to solve health problems in your neighborhood?	1.84	0.791
How much have you undertaken the responsibility of making your neighborhood healthier (what was mentioned) so far?	<u>1.74</u>	0.828
How much do you agree with this statement: in the current condition, people are directly responsible for improving the health status of their city.	2.88	1.062
How much do you know the officials of your city's organizations (mayor, governor, city council)?	<u>1.74</u>	0.921
How much do you believe in usefulness of people participation and teamwork in improving the living conditions in your city?	2.94	0.766
How much emphasis and attention is there in your family to the participation of family members for improving living conditions?	2.82	0.849
In your opinion, in today's schools, how much students are taught about partnership and working together?	2.06	0.866
In your opinion, how much radio, television and newspapers inform and advertise to engage people for participation in health promotion?	2.58	0.927
How much your religious beliefs encourage you to participate in improving the society's condition?	2.78	0.864
How much do you know about people's cooperation for solving the problems of the city and improving living conditions?	2.12	0.798
How much are you aware about the ways to communicate with the city officials who work for the health promotion of the society?	1.76	0.823
In your opinion, how much urban organizations (municipalities and governors) have provided environment and facilities for people participation in health promotion of their city (such as suggestion box, responsive phone	2.04	0.879

numbers, comments records, ...)?		
In your opinion, how much organizations of your city focus on training people to participate in health promotion of the society?	1.94	0.866
In your opinion, how much urban organizations such as municipality and governor and city council work coordinate and consistent to accomplish health development programs?	1.80	0.782
How much time it takes that urban organizations (municipality, governor, city council, health centers) respond to the citizens' demands for improving health condition of the society?	1.76	0.893

The findings showed that the duration of participation in other social activities by participants ($p=0.013$) and history of participation ($p=0.005$) with total assessment of factors related to participation in health promotion had significant relation with each other. People with previous social participation and more previous participation duration showed more mean in assessment of participation factors.

Of 50 participants in the study, 27 individuals (54%) had participated in health promotion programs that 33.3% of them reported their participation in health promotion at low level, 55.6% at moderate level and 11.1% of total participants were at high level of participation. There was a significant relation between the rate of participation in health promotion and participation duration in other social activities by participants ($p=0.013$) and history of participation ($p=0.005$) (Table 3).

Table-3: Comparison of the average of total assessment of participants in the study of related factors with participating in health promotion based on individual variables

Individual variables	Variable level	Statistic	Significance level
Age	50-65	T=0.469	0.641
	> 65		
Educational level	Illiterate	F=0.545	0.654
	Primary and secondary		
	Diploma		
	Academic		
Marital status	Single	T= 0.814	0.420
	Married		
Job status	Retired	T= 626	0.534
	Government employment after retirement		
	Non-governmental employment after retirement		
Social participation experience	Yes	T= 1.283	0.005
	No		
Social participation rate	Low	F=0.355	0.705
	Moderate		

	High		
Duration of social participation (in month)	< 1 month	F=0.387	0.013
	1-6 months		
	7-12 months		
	> 12 months		
Leisure in day (hour)	< 1 hour	F= 0.257	0.856
	1-3 hours		
	4-6 hours		
	> 7 hours		

DISCUSSION

Gaotri believes that social participation is a social, public, integrated, multiplied, multi-dimensional and multi-cultural process which aims to push all people to play a role in all stages of development. Generally, social participation is active and organized participation of people and social groups in social, political, cultural, and economic affairs [17]. Participation can be considered as the rate of involving members of a social system in processes of decision-making, inciting sensitivity of people in understanding and ability to respond to development plans in various aspects or it is a process in regard with productivity of decision-making power and causes of growth and fundamental ability of human being [18]. Participation is the basis of human life and fundamental human rights. Human beings are conscious and should be aware and self-directed. On the other hand, humans are social creatures and born in the society, live there and learn life skills beside others and gain power [1]. The present study aimed to evaluate the factors related to the rate of social participation in older women in 2015. In this study, the relation of existence and duration of social participation in past with assessment rate of factors related to social participation and participation rate by women retired from Fatemeh Hospital is approved which results will be described. Along with the purpose of number one focusing on “ determining factors related to the rate of social participation in older women according to age, sex, educational level, marital status, employment status, social participation experience, rate of social participation, duration of social participation, leisure”, the results of statistical analysis showed that existence and duration of social participation in the past is in relation with assessment rate of factors related to social participation and participation rate of women retired from Fatemeh Hospital. Social participation is achieved through people having positive attitude and committed to social development by people power. Social participation aims to raise awareness and sense of cooperation and culture of interpersonal communication through training people. People with a positive history and more previous participation rate are those who have more desirable look to the factors affecting participation in health promotion and they have more participation. In a study, it was shown that there is a significant relation between the type of view and viewpoint of citizens to the social levels and social participation [19]. Social participation of people can provide strategies such as the study of political and social knowledge improvement in various forms by enhancing wisdom and thoughtfulness. Therefore, governmental institutions by positive view and building their capacity can help these strategies in the field of social participation. Social participation is achieved via the establishment of participation knowledge among people [20]. In a study, the factors related to the lack of social participation for health promotion were classified as individual and

environmental; individual factors included demographic factors such as family income, educational level, having free time and family size and environmental factors included school environment, work, family and friends. These factors had close relation with health promotion [8]. In table (2-3), the expressions (how much do you feel responsible for improving living conditions in your neighborhood and solving the problems of your living place?) such as removing blockages, constructing lighting lamps, recycling and collecting garbage, rupture of passages pipe, asphalt and introducing thugs, how much have you undertaken the responsibility of the affairs related to improve the health of your neighborhood until now? (the mentioned cases), and how much do you know your city officials? (Municipality, governor, city council) had respectively the highest and lowest mean and standard deviation among mentioned questions. Evaluation of participant's assessment from factors related to social participation in health promotion showed that participants evaluate themselves as responsible individuals with proper attitude to social participation and decentralization of government. It was shown in a study that 41.8% of Tehran people believe that social participation is not useful in solving problems at all, 60.8% of them believed that social participation and participating in social activities don't affect the results which is not consistent with the results of the present study [19]. High self-efficacy raises the social participation of people [8]. The research participants didn't know the officials of organizations much and had little trust in these officials. This is while, one of factors affecting the increase of social participation and health promotion is the existence of a strong relation of people with governmental institutions and mutual trust of people and officials and social support. Words of officials should be so that to be understandable for citizens and frequent meetings should be held between the two sides. Officials should act as a facilitator and show their personal commitment to the society and provide the field of people participation and empower them so that people can discover their potentials and take steps to solve the problems of the society [19]. In a study, it was shown that the trust rate of female students to the abstract systems of the society and social trust are the most effective factors on the rate of their social participation. By going beyond the trust rate from the family range to the social institutions in local and urban territory, the participation rate will be increased along with the increase of social trust rate [21]. Huntington and Nelson believe that the most important factors affecting social and political participation are the political elite attitude toward participation, encouraging people to participate in social and political activities using resources and facilities from the officials, collective awareness, and social cohesion [22]. Lahijanian in a study showed that local capacities and potentials effect on social participation of citizens and mayors and councils should provide required capacities [23]. The studies showed that the social relations and people participation will be raised by increasing the social trust among people and consequently, achieving welfare and research facilities will be increased and mental and physical health of people will be raised [24]. Findings of the present study had no relation with assessment of factors related to participation and participation rate and individual specifications such as age, marital status, education, and leisure time of people in day. One of the reasons of these unpredictable relations is a complex network of related factors that requires broader studies [25]. Also, Safiri *et al.* in a study showed that there is not a significant statistical relation between marital status, age, educational level, and participation rate which is consistent with the results of this study [21]. In a study, married and older people had higher social participation, but conflicting results were obtained in other studies which need further studies and larger sample sizes [23]. One advantage of this study can be evaluation of factors related to

social participation and health promotion and its' relation with demographic specifications. Of limitations of this study was limiting this study in female population and impossibility of comparing it with male population and small sample size.

CONCLUSION

People retired from Fatemieh Hospital of Hamadan have a proper attitude for social participation in health promotion. However, to increase social participation, they need to be trained and facilitated through providing suitable facilities such as confidence-building, awareness of ways to communicate with authorities and welcoming of people suggestions by officials.

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