

The relationship between Seleh-ye Rahem and Health Status of the Elderly in the City of Qom, 2012

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Abstract

Background and Objectives: Sele-ye Rahem is a social behaviour that promotes social spirit, improves life expectancy and physical and mental health. Seleh-ye Rahem means maintaining supporting and friendly relationships with one's physical arham (family members and relatives) and spiritual arham (consisting of the Prophet, the infallible Imams, religious scholars and Imam's descendants or Sadat). The aim of this study was to determine the relationship between Seleh-ye Rahem and health status of the elderly.

Methods: In this descriptive- correlational study 300 elderly were selected with cluster- random sampling from the city of Qom in 2012. Self-designed physical and spiritual Seleh-ye Rahem and health status of the elderly questionnaire were used. Data was analyzed using SPSS version 18, descriptive statistics, and multiple stepwise regression and Pearson tests.

Results: The overall health status of older people has a significant relationship with Seleh-ye Rahem with family members ($r=0.328$) and Prophet and infallible Imams ($r= 0.323$, $P<0.05$), but there is no significant relationship between their health status and Seleh-ye Rahem with kinsfolk, friends, religious scholar and Imams descendants (Sadat). Multiple regression test showed that 41.7% of the elderly health status change was related to their life condition, age, Seleh-ye Rahem with family members, Seleh-ye Rahem with the Prophet and the infallible Imams and their economic condition ($P<0.001$).

Conclusion: The elderly that receiving more support from Seleh-ye Rahem with family members and the Prophet and the infallible Imams had better health status. Nurses can have a role in improving health of the elderly through supporting and reinforcing familial and social relationships. There is room for studies that would identify and address the underlying reasons people are forgetting about Seleh-ye Rahem and it plays important role in different aspects of one's life especially health.

Keywords: sele-ye rahem; health status; elderly.

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Introduction

Senility is a natural physiologic phenomenon with irreversible health problems and reduction of functional capacity (1). According to the United Nation organization prediction, the elderly population will increase from 10.5% in 2007 to 21. 8% in

2050 (2). According to population and housing census in 2006 about 5.2% of Iran population consisted of 65 years old and older and this rate was 5.7% in 2011 (3). It is expected that the rate of the elderly population reaches 12% in 1404 and to a third of the population in 2050(4). WHO asserts that health is an important component of active aging (5) and

successful aging includes aging without disabilities, with physical and mental health and active participation in social activities (6, 7). Preservation and improvement of health status during old age period not only prevent chronic diseases but also help the elderly to have a feeling of independence and the willingness to participate in social and familial activities (8). The elderly who suffer from diseases and performance defects are dependent on others for handling and performing their daily tasks (9).

Having supportive people around whom the older people can rely on in time of need can probably decrease their stress level (10). There are many factors that affect the health of the elderly including the components of economic, cultural, social, physiological, and behavioral factors, personality, physical environment, and health (11). Moreover, social and cultural factors such as religion, social relationships and social support have significant impact on the quality of life and health status of older people (9).

The elderly get more support through Seleh-ye Rahem and communication with people from different cultural backgrounds. Various studies show that social support has strong effects on physical and mental health and health-related quality of life (5). Seleh-ye Rahem is a social behavior that reduces stress, anxiety and pain, and boosts mood. It improves physical and mental health, increases human emotions and causes longer life expectancy. In general, Seleh-ye Rahem improves health in all aspects of life (12). In Seleh-ye Rahem the essential component is kindness and friendship. Sharifodini names some of the instances of Seleh-ye Rahem in his book such as verbal charity like saying hello, praying, having sympathy, having compassion and giving guidance when one is asked for his/her advice, practical charity like visiting friends and family, expression of love in different ways, respecting and empathizing with people in their grief and joy, spiritual charity like wishing people worldly and heavenly blessings and financial charity which means helping people financially (13).

1. In Islam each person's Arham is divided into two categories of physical and spiritual. Physical arhamis about maintaining relationship with family members, relatives and people of the same tribe and spiritual arham is about maintaining relationship with the Prophet (Peace be upon him and his family), their fallible Imams, spiritual scholars and Sadat (Imams 'descendants') (13). Because of the wide range of kinship relationships on the one hand and people's inability to maintain seleyarham with all of them on the other, Quran (14) names a sequence of relatives according to their priority as follows:

2. father and mother (parents),

3. brothers and sisters

4. relative such as aunts, uncles, cousins, etc

5. in-laws (bride, groom, the bride's family, etc)

Chalise et al's study showed that people receiving more social support have better overall health, better physical health, less depression, and greater life satisfaction (15). The result of Okamoto et al.'s study showed that there was a positive linear relationship between social support and health among men while there was no significant relationship between receiving social support and health status of woman (16). Golden and colleagues' study showed that within a family there was no relationship between social support and depression, anxiety, distress, physical disabilities, mild cognitive impairment, quality of life, happiness and value of life (6). Lai and colleagues found that the growth and reinforcement of social bonds were predictors of successful aging among Chinese elderly (17). Extensive researches have been performed in Europe about the relationship between social relations and elderly health status but the information is still uncoordinated and incoherent (18). In Iran the elderly have a high privilege among their family (19). However because social values are changing and being replaced with new ones, the quality of interpersonal relationships and family relations are consequently changing and the elderly status in families and society is becoming more and more vulnerable (20). Since public health and official support for the

elderly is inadequate in Iran as a developing country due to systemic deficiencies, providing the informal support for people of age becomes even more important. The aim of this study was to determine the relationship between Seleh-ye Rahem in its two aspect of physical and spiritual (examples of social support network) with the elderly health.

Methods

This was a correlational – descriptive study. The participants consisted of the elderly living in Qom city. The size of the sample regarding the objectives of the study and use of the following formula and parameters was calculated to be 300 peoples.

$$\alpha=0.05 \text{ , } \beta=0.1 \text{ , } Z_{1-\beta}=1.28 \text{ , } c=0.244 \text{ , } (22) \text{ , } r=0.22$$

$$N = \left[\frac{Z_{\alpha} + Z_{\beta}}{C} \right]^2 + 3 \quad C = 0.5 \times \ln \left[\frac{(1+r)}{(1-r)} \right]$$

In this study 300 elderly from Qom city in 2012 were selected through systemic – cluster sampling. To gather data a demographic questionnaire about quality of life consisting of 15 items along with a questionnaire about Seleh-ye Rahem was used. 15-D instrument is a general, multi-dimensional, standard, and self-reporting questionnaire for evaluation of life quality that is related to health (health related quality of life or HRQoL). This questionnaire surveys vision, hearing, respiratory system, sleep, dental health, speech, excretory status, self-care, mental function, discomfort and signs of illness, depression, distress and sex activity in the elderly. Each domain is categorized in five levels in which '1' indicates 'no problem' and '0' indicates "maximum problem". 15-D total score was obtained by calculating the mean total score of all the domains. The score range of health-related quality of life or the overall score for each domain was between 0 and 1. The higher the score, the better the quality of life associated with health of the elderly.

The Seleh-ye Rahem's questionnaire consists of two subscales including physical and spiritual Arham. Because there is no standard questionnaire about Seleh-ye Rahem, physical Seleh-ye Rahem questionnaire was designed

using available questionnaires about social support and social networks. But due to the lack of questionnaires and research on spiritual Seleh-ye Rahem, a questionnaire was designed using religious texts like *Social Analysis of Seleye-rahem* (13), *Mafatiholhayat* (14), and *Merajossadat* (21) .

When investigating the subscale of physical Arham, the participants were first asked about the people who they could count on for support (family members, relatives, colleagues, friends and neighbors). Then the frequency of their communication and their communication methods were evaluated by 10 questions for each of the four instances of Arham already mentioned (financial, spiritual verbal and practical charities). The questionnaire was filled twice; once about family members and once about relatives, friends, neighbors and coworkers or any other important people in one's life. The questions were graded by Likert 5-choice scale and the score range was between 40-0.

The subscale of spiritual Arham in the questionnaire was consisting of nine questions which was once completed regarding the Prophet and the infallible Imams and once about Righteous peoples, scholar and Sadats (Imams' descendants). The Score range for each supportive source was between 0-36. In order to homogenize the range of scores in all the four domains of physical and spiritual Seleh-ye Rahem , the score of Seleh-ye Rahem with the Prophet and the infallible Imams, scholars and Sadats was considered 40 in proportion with other score ranges. The overall score for Seleh-ye Rahem was obtained from both physical and spiritual scores.

After translating the health status questionnaire and creating the Seleh-ye Rahem questionnaire, the content validity of the questionnaire was evaluated by consulting ten professors. The reliability of the questionnaire was assessed by the use of Alpha Cronbach's internal consistency method after the questionnaire was answered by 20 of the participants. Cronbach's alpha coefficient of Seleh-ye Rahem questionnaire and health status questionnaire were 86% and %92 respectively. After the research project

received official approval from university of Qom, the researcher randomly selected five streets from each four districts of the city and participants were randomly selected from these 20 areas (data was obtained from municipalities). 15 eligible people were randomly selected from parks, mosques, and elderly housing from each of these areas. Selection criteria included being older than 65, having awareness of time, place and people, ability to communicate with the questionnaire and speaking Farsi. At first the researcher explained the method of the study to the participants and after gathering their letters of consent, completed the questionnaires through face to face interview. The participants were assured that the information would remain confidential and their names anonymous. The collected data was then analyzed by the use of SPSS software version 18.

Results

Most of the male participants (59.7%) had mean age (standard deviation) of 40.72(\pm 9.91) and had an average socioeconomic status. About half of them (49%) lived with their wives. About a quarter (23%) of them did not have any chronic diseases and 50.7% of them had at least one chronic disease (Table 1). The overall life quality mean score and standard deviation that related to their health was 0.83 \pm 0.12. The domains of exhilaration and hilarity and depression were weaker than other domains and the domains of speaking and mental status were better than others (diagram 1). The highest Seleh-ye Rahem means score was related to the Prophet, the infallible Imams and then family members (Table 2). The results showed that 42% of them were visited or telephoned by their grandchildren every day and 25% of them every week. 23% of the elderly visited or kept in touch with their friends and families every day, 21.7% did so every week and 21% of them every month. Most of these relationships were the face to face type. 26% of the participants had relationship with the Prophet and the infallible Imams through places of pilgrimage. 39.7% of the participants believed that having relationship with scholars and Sadats is

considered as a kind of Seleh-ye Rahem and 21% of them had relationship with them every month. Pearson test showed a significant relationship between Seleh-ye Rahem with family members, the Prophet, the infallible Imams and health status ($p < 0.05$). Seleh-ye Rahem with friends, scholars and Sadats did not have any relationship with life quality that related to elderly health status and its different aspects ($p > 0.05$). (Table 3)

Analysis of multiple stepwise regression showed that 41.7% of the elderly health status change was related to age, Seleh-ye Rahem with family member, the Prophet and the infallible Imams and social status. (Table 4)

Table 1 (personal characteristics of the elderly)

Personal characteristic	Abundance	percent
Sex		
Male	179	59.7
Female	121	40.3
Age (year)		
Lower of 70 years of age	141	47
70-75	41	13.7
75-80	57	19
80-85	26	8.7
85-90	21	7
>90	14	4.7
Mean \pm Standard deviation	72.40 \pm 9.91	
Social status		
Good	64	21.3
Moderate	144	48
Weak	92	30.7
Who they livewith?		
With wives	147	49
With children	43	14.3
Lonely	45	15
Nursing home	50	15.3
Wives and children	11	5
Brother & sister & kinfolk	4	1.3
Number of Chronic diseases		
Without chronic disease	69	23
One chronic disease	152	50.7
Two chronic diseases	55	18.3
Three to five chronic diseases	24	8

Diagram 1 (The mean of elderly life quality)

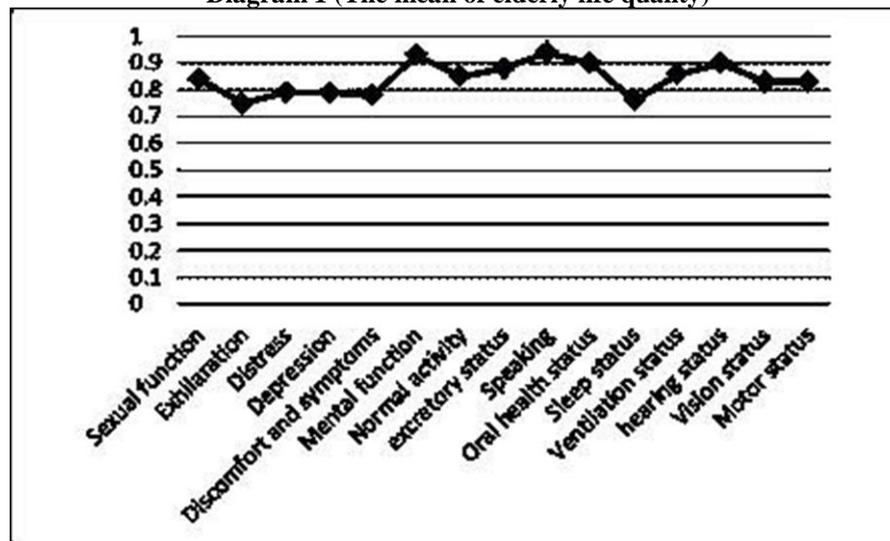


Table 2 (The mean and standard deviation of different aspects of Seleh-ye Rahem)

Seleh-ye Rahem	Mean	Standard deviation
Seleh-ye Rahem with family	30.47	9.25
Seleh-ye Rahem with kinfolk/friends	16.63	11.49
Seleh-ye Rahem with theProphet &the infallible Imams	32	6.84
Seleh-ye Rahem with scholars & Sadat	12.35	10.28

Table 3 (The rate of relationship between aspects of elderly health status and physical and spiritual Seleh-ye Rahem)(Pearson test)

Seleh-ye Rahem Health status	Seleh-ye Rahem with family	Seleh-ye Rahem with The Prophet & the Imamss
Motor status	0.157=r	0.244=r
Vision status	0.197=r	-
hearing status	0.14=r	-
Ventilation status	0.154=r	-
Sleep status	0.219=r	0.251=r
Oral health status	0.181=r	0.259=r
Speaking	0.164=r	-
excretory status	0.155=r	0.143=r
Normal activity	0.163=r	0.139=r
Mental function	0.173=r	0.178=r
Discomfort and symptoms	0.170=r	-
Depression	0.201=r	0.135=r
Distress	0.308=r	0.234=r
Exhilaration	0.330=r	0.252=r
Sexual function	0.249=r	0.242=r
15D total score	0.328=r	0.323=r

Were R is listed It means $P < 0.05$

Were R is not listed it means $P > 0.05$

Table 4 (Analysis of multiple stepwise health status regression (dependent variable) with aspects of SeleyeRahem and demographic characteristics)

variables	R ²	R ² adj	F	P
1	0.165	0.162	55.92	0.001 < P
2	0.251	0.245	47.31	0.001 < P
3	0.318	0.310	43.74	0.001 < P
4	0.359	0.350	39.33	0.001 < P
5	0.417	0.404	33.24	0.001 < P

- 1- Who they livewith?
- 2- Who they livewith? / age
- 3- Who they livewith? / age / Seleh-ye Rahem with family members
- 4- Who they livewith? / age / Seleh-ye Rahem with family members / Seleh-ye Rahem with the Prophet and the infallible Imams
- 5- Who they live with? / age / Seleh-ye Rahem with family members / Seleh-ye Rahem with the Prophet and infallible Imams / economic status

Discussion

In this study the overall life quality score that related to elderly health status was high (0.83). In Albuquerdy et al.'s study the results showed that the mean score of elderly life quality was 60 (the range of scores was 0-100) and most of the elderly considered their quality of life to be high (23). It is probable that the difference between the mean scores was due to different tools, cultural and social differences among the elderly. Survey of different domains of elderly health status showed that physical health status of the elderly was better than their psychological health. Over all exhilaration, depression and distress aspects were weaker than other aspects but speaking and mental status were in better conditions. In Sajadi's and Alipoor's studies, physical health status of the elderly was better than their psychological status (for example, depression and anxiety) (24, 25). Psychological disorders like depression, anxiety, memory loss, sleep pattern, loneliness and social isolation are common problems with people older than 65 years of age and are affecting 10-15% of the elderly (26). According to Mortazavi's study more than 50% of the elderly are affected by psychological disorders and this can be increased by some conditions like being single, living alone, illiteracy and lack of social activities (27). But in Tajvar et al.'s study, psychological health status of the elderly was better than their physical condition (19, 28). This difference may be due to the use of different tools and cultural and religious differences in self evaluation of health status. Another cause would be that more than 60.7% of the elderly that participated in this study were in the age range of 60 to 74 years of age.

The results of the current study showed that the score of *Seleh-ye Rahem* with the Prophet and the infallible Imams was better than other domains and the perceived support of *Seleh-ye Rahem* with scholars and Sadat was weaker than other domains. 39.7% of the participants expressed that having relationship with scholars and Sadat could not be considered as *Seleh-ye Rahem*. However, according to Quran, the Prophet and the infallible Imams are our religious fathers and religious scholars

come after them. Therefore it is the believers' duty and obligation to respect and follow them and prefer them to physical *arham* (17).

Krause's study showed that most Mexican-American elderly believed in the positive effects of invocation and having close relationship with the saints on health (29). This however is fading as modern man is becoming more preoccupied with his hectic life. What is more, people are not fully aware of the emphasis Islam has put on the positive effects of spiritual *seleye-rahem*.

In the present study *Seleh-ye Rahem* with family members had the highest mean score after *Seleh-ye Rahem* with the Prophet and the infallible Imams. The main source of support for the elderly are family members especially those who they live with. Family relationship, religion and spirituality are main sources of support for the elderly (30). Families are almost always considered the primary source of protection and care for the elderly and even when the elderly are in extreme need and unable to reciprocate, their families maintain their support and protection (31).

The finding of this study showed that there is a positive relationship between *Seleh-ye Rahem* with family members and health status. Interacting with people, having intimate relationships through *Seleh-ye Rahem* and enjoying social support decrease stress and anxiety. Researchers showed that people who have meaningful relationships with others have lower risk for cardiovascular disease (12).

Bolger et al. showed that receiving emotional support is beneficial although it may seem impalpable. Some times giving support may be a sign of disability of the care recipients and as a result decreases their self-confidence and health status (32). Zunzunegui et al stated that getting social support and belonging to a social network are associated with recovery of serious diseases (30). Uchino et al. found that receiving social support has a positive relationship with functions of the immune, endocrine and cardiovascular systems (16). In Golden et al.'s study, the familial domain of social support did not have any noticeable positive effect on depression, anxiety, physical disability, mild cognitive recognition, and life

quality. Golden et al.'s study showed that selected relationships and social intercommunity as the main components of social network caused improvement of life quality during old age period (6). Researchers have also found that insufficiency or lack of social support is an important risk factor for depression (33).

The results of the present study showed that there was a positive relationship between Seleh-ye Rahem with the Prophet and the infallible Imams and health status of the elderly. Intercommunity of the elderly in religious and spiritual activities can result in alleviation of physical and psychological diseases and improvement of life quality (34). Mexican elderly believe that frequent praying and seeking God's help and belief in God's will and control in life lead to more optimism and overall health (29). People who receive spiritual support from their own religious groups or communities and participate in regular religious gatherings probably have more tolerance and respond more efficiently to difficult situations. These relationships are affected by culture and race. Comparatively, black elderly participate in religious activities more frequently than white elderly (35). The multiple regression test results showed that 41.7 % of the elderly health status change was related to who they lived with and then to age, Seleh-ye Rahem with family members, Seleh-ye Rahem with the Prophet and the infallible Imams and economic status. Experimental observations have shown that spiritual activities are important factors in improving psychological health and regular religious activities can significantly lessen distresses and agitation (37).

Conclusion

The elderly maintain more regular Seleh-ye Rahem with the Prophet and the infallible Imams than their families and this has positive effects on their health status. Seleh-ye Rahem with friends and family member's especially religious scholar and Sadat were weak and did not have any significant relationship with their health status. According to religious texts and articles that emphasize the positive effects of

physical and spiritual Seleh-ye Rahem on health status, it is important that nurses evaluate social support network regularly and reinforce their patients' social and familial relationships and help them form strong relationships with family members and friends. Awareness of the structure of social support networks for the elderly is required for improving their overall health and wellness, keeping their cognitive and physical abilities, and in general, improving their life quality.

Limitations of the study:

1. The participants were selected from the elderly met in the parks, mosques and nursing homes and those who were hospitalized in their homes could not take part in this study.
2. Data was collected in the form of self-report.
3. There was no standard questionnaire about physical and spiritual Seleh-ye Rahem.

Suggestion for future studies:

There is a room for performing a qualitative study investigating causes of weakness in maintaining Seleh-ye Rahem with friends, family members, neighbours, religious scholar and Sadat.

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