

Supportive needs of urban and rural elders.

Vahab Karamivand^{1*}, Farideh Bastani², Hamid Haghani³

¹Master Student of School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

²Department of geriatric Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

³Department of Biostatistics, School of Public Health, Iran University of Medical Sciences, Tehran, Iran

Abstract

Objective: Today, in most urban and rural communities, younger members of the family are moving away from their families and undermining neighboring networks, resulting in some elderly people, being subject to deprivation due to transportation problems, health services And poorly educated or lack of access to information. That is they need more support, the purpose of this study was to compare the support needs of urban and rural elders who referred to health centers in Kermanshah in 2016.

Method: This research was descriptive-comparative Study. 384 elderly (192 urban elderly and 192 rural) were selected by random cluster sampling method from health centers of Kermanshah. Two Part questionnaires including demographic and support needs were used for data collection. To analyze the data, t-test and Chi-square was used.

Results: The results study, showed that urban elders had more spiritual needs than the rural elderly ($P<0.02$). Also, the results showed that the difference between health care needs, educational, recreation and transportation ($p<0.01$). There is a significant relationship between the support needs in rural and urban elders people who have more needs for urban elderly people. But in the case of nutritional needs and the need for personal care housing and safety, there was no significant difference between rural and urban elderly.

Conclusion: According to the findings, developing educational programs for urban elders will be effective in meeting their spiritual needs. On the other hand, creating recreational facilities, meeting health needs and increasing the level of literacy especially is essential for increasing social interactions to prevent social isolation.

Keywords: Supportive needs, Urban , Rural elderly.

Accepted on June 06, 2018

Introduction

According to the general census of population and housing in 1390, the population of the elderly has nearly quadrupled between 1345 and 1390 (while the population aged 60 years and older has doubled in the West), which grew between 2011 -2006 is estimated at 3.9%. Particularly in urban areas, the number of elderly people has risen from around 600,000 in 2006 to around 4.4 million in 2011. In other words, over a period of 45 years, the urban elderly population has been around 4.7 times. During the same period, the number of seniors of rural areas with a slower growth rate than urban areas ranged from about one million people in 1345 to about 1.8 million in 1390, indicating an increase of 1.7 times [1]. This difference in the growth track can also have different needs.

So that the hope of living in rural areas is less than urban areas, as well as lower income poverty, low wages, poor working conditions, lack of health facilities in rural areas, traditional trusts, some of the elderly with limited income, poverty and more delicate forms of deprivation Due to transportation or mobility problems, poor services or lack of access to information [2].

While urban elders have a more favorable economic and health status and have a better economic, social, health and welfare

status, this may reflect less urban elderly needs than rural elderly [3]. Elderly people experience a higher rate of heart disease, cancer, mortality due to diabetes, and diabetes due to special circumstances and possibly lack of compliance with health and non-compliance with supportive needs compared to urban elderly people. This proportion of the difference between urban aging population and rural population naturally creates different needs, which require different services, for example, in terms of leisure activities in rural areas, lack of facilities [4].

In general in Iran, rural elderly people are mostly more deprived than urban elderly in terms of availability of healthcare services, income, education, housing and transportation and this issue has not been emphasized independently for various provinces of Iran.

In some studies, it has been mentioned that 18.5% of rural elderly people have serious problem with transportation to have access to medical, social and personal needs and have to go longer distance from their urban counterparts to have access to medical services. Moreover, in rural areas, safe and reliable transportation is required to give services to rural elderly like a mobile unit to have access to required resources [5].

The elderly people should have access to healthcare and social

services with regard to increased expenses of transportation to prevent their social isolation [6]. Although the experts and social workers have met this problem more and less with their presence in health houses in rural areas, the condition is not provided at the cities and hence, referral of the elderly people at the cities to healthcare services and getting services is significantly less than rural areas and this can make urban elderly more vulnerable than rural elderly people. Hence, it could be observed that urban or rural area of living of the elderly has its special advantages and disadvantages and because of the differences, it is essential to conduct study in field of comparing supportive care needs of rural and urban elderly, so that increased medical expenses, unavailability of health centers and transport services can be the main obstacles for rural elderly and can disappoint them from continuing living compared to urban elderly [7].

Nowadays, in majority of rural and urban communities, younger members of family are going far from their families and weakness of neighborhood networks is also being increased. As a result, some elderly people with low income, especially rural people, are exposed to the risk of poverty and more elegant forms of deprivation because of transport problems, weak services or unavailability of information [8]. Although majority of elderly people are today in relation with their families, the supportive institutes are responsible for meeting their needs and the requirement to meet these needs is identification of supportive care needs of this class [9]. In a study conducted in 7 European countries (Germany, Greece, Lithuania, Portugal, Spain and Sweden), it has been found that need to social support and meeting social needs can have significant effect of improving health problems of the elderly. Those elderly people living with their spouse and family have high level of social support and less suffer from distress, depression and physical complaints; although people with lower social support are mentally abused more than others and low social support can be along with lower economic status and misbehavior of the elderly [10].

In another work [4] conducted in Japan, it was found that rural elderly have less opportunity to have social interactions to get social supports and to preserve social functions and this can lead to low mental health. Moreover, social and emotional support can help reducing consequences of stressful events and fighting diseases, risk factors and effects of social isolation.

In another study conducted by Bastani et al. [12] under the title of "gender differences in ageing; social networks and supports among 96 elderly of both genders in Tehran", it was found that the elderly women get more and various supports from their network members compared to men. The elderly men and women also act differently in field of providing social supports. Another result of the study was that the frequency variables of contact and the intimacy, along with gender and their marital status, can affect social support exchange. The elderly people with face-to-face contact and more intimacy with network members exchange more supports with the network members. The elderly people living in senior home have mentioned the reason for their residence in the senior home to have no one to live with and to get care, death of their spouse and marriage of their children. The similarities of the said study with the present study include elderly population, statistical method and

questionnaire for data collection. In the said study, questionnaire is used for purpose of data collection same as the present study. Moreover, the similarity of age range of population and data analysis statistical method (independent t-test) are similar to this study. However, the difference between the study and the present research is that the study has been focused only on the urban elderly population and has not considered rural elderly people. More importantly, the topic and variable of the study has not been exactly focused on supportive care needs of the elderly.

According to the results obtained from many studies, recognition of nutrition needs and educational and nutritional supports is important in urban and rural elderly people [4,9,12], which have made the study to compare nutritional needs, in addition to other needs, in urban and rural elderly people. Another dimension of elderly supportive needs can be healthcare and medical dimension. The elderly people, due to their special physiologic conditions and suffering from various chronic diseases, need more attention than other age groups in this field. With regard to relevant studies in Iran and European countries to investigate the health services in the elderly population, the results show that Iranian elderly people suffer from many problems compared to their European peers in terms of health and medical needs. Hence, to meet their health and medical needs in urban and rural areas, their needs should be identified at the first and the holistic cares and required supports should be provided for rural and urban elderly people [13].

As it was mentioned, in the relevant studies, majority of variables of social, economic and nutritional supports are studied in the elderly population and other needs such as healthcare, daily personal care, housing, safety, education, transport, spiritual and recreational needs affecting life of the elderly and their health are neglected. Although lots of studies have been conducted in Iran on ageing and its complications, no study was found in field of comparing supportive care needs of rural and urban elderly people. According to high population of urban and rural elderly and increased growing population of the elderly over the years in Iran, they more specialized needs like healthcare, medical and food needs are increased. Clearly, the analysis of needs can be an essential introduction to determine the required services of the society, identification of priorities and optimal use of budget [1]. Hence, for the said reasons, studies similar to the present study are required on supportive care needs of the elderly, identifying their needs and their problems. Moreover, the results obtained from this study can cause a cognition, which is useful not only for the elderly, but also for their families and caregivers and for whole society in terms of purposeful presentation of supportive care needs in line with identified supportive needs of the. It is hope that comparing supportive care needs in field of health, education, caregiving, transport, food, safety, spiritual needs, housing, recreational needs and social needs of urban and rural elderly people of Kermanshah, an effective step can be taken towards providing healthcare priorities and adequate planning for the elderly. Therefore, this study has been conducted with the objective of comparing supportive care needs of urban and rural elderly people in Kermanshah City in 2016.

Methodology

This study is descriptive-comparative with aiming at comparing the supportive needs of urban and rural elderly people of Kermanshah in 2016. Sample size in this study was equal to 192 urban elderly and 192 rural elderly people from the male and female elderly people under coverage of urban and rural healthcare centers. Chi-square test was used to measure the difference between the two groups.

Sampling method in this study is stratified random cluster sampling. To this end, to determine the healthcare centers for sampling, the city of Kermanshah was divided to 5 zones of North, South, Central, East and West zones and a center was selected randomly from each zone. Then, with equal proportion of each center (40 people from each center including 20 female and 20 male elderly, the city of Kermanshah had 25 healthcare centers and 5 centers were selected randomly from 5 different districts and 40 people from each center were also selected as sample size. Moreover, City of Kermanshah has 27 villages distributed in 5 districts. From these villages, 5 villages were selected randomly and the elderly people with health record in this village were selected as sample.

For purpose of data collection, demographic questionnaire containing 12 items associated with age, gender, living place, education level, marital status, number of children, monthly income, job, insurance and staying with which family member was used.

Supportive needs questionnaire

The questionnaire contains 81 items and 9 components including 15 yes/no items to 8-option items related to healthcare supports, 6 (yes=1/no=0) and 3-option (always=2, sometimes=1 and never=0) items on educational support, 9 yes/no and 3-option (always, sometimes and never) items on transport supports; 14 ye/no and 3-option items on personal care support; 8 3-option items (always, sometimes and never) on nutritional support; 6 yes/no, 3-option and 6-option items on safety care support; 7 yes/no and 3-option (always, sometimes and never) and 3-option (rental, personal and relativeness) on housing support; 7 3-option (always, sometimes and never) items on spiritual support and 9 yes/no, 3-option (always, sometimes and never) items on recreational supports. Scoring in this questionnaire was as follows: overall value of each dimension shows the support gained in that field. As a result, high score in these dimensions means less need to support and lower value means more health support needs, educational, personal care, nutritional, transport, spiritual and recreational needs. To determine academic validity of the supportive care need scale, content and face validity was used. To this end, the supportive care need scale was analyzed by 10 professors in elderly nursing fields in terms of content and face validity and the validity of the instrument was reported in range 0.222 to 0.624 ($p < 0.001$) using concurrent validity method [13]. As the validity of supportive care need questionnaire is analyzed carefully on rural and urban elderly people and is in consistence with the sample of this study, in terms of validity of the scale, it has been used as a valid instrument for data collection in this study.

Reliability of the questionnaire was tested. Cronbach's alpha coefficient was obtained for health centers, education, transport, personal support, nutrition, safety, housing, spiritual and recreational needs respectively to 0.764, 0.895, 0.774, 0.785, 0.818, 0.769, 0.745, 0.838 and 0.663 [13]. As reliability of the questionnaire was carefully tested on urban and rural elderly samples and is in consistence with the sample of this study, it was used as a reliable data collection instrument in this study.

For purpose of data analysis, SPSS-22 was used to estimate descriptive and inferential indices. In this study, for purpose of data analysis, descriptive statistics (frequency distribution tables, frequency, percent, mean value, SD and linear and numerical diagrams) and inferential statistics (chi-squared and independent t-test) were firstly used. As the scale of responding to two components of spiritual and nutritional needs was quantitative, t-test was used for independent groups. However, in other components, as the scale is qualitative and data distribution was not normal, chi-squared test was used to compare mean values of healthcare needs, personal care, educational, transport, security, housing and recreational needs between urban and rural elderly people.

Results

According to comparison of demographic results between two groups of urban and rural elderly people in Kermanshah, it was found that they were not significantly different in terms of gender, age, marital status and their housemate. However, they were significantly different in terms of number of children, income source, job and insurance type. In field of income source, 73% of urban elderly used to receive retirement pension and were under support of supportive care organizations compared to 69% of rural elderly people.

According to spiritual needs of two groups of urban and rural elderly people using t-test (Table 1) for independent groups, it could be observed that there is significant difference at the level of 0.02 between rural and urban elderly people. According to result of comparing nutritional needs of urban and rural elderly people using t-test for independent groups, it could be observed that significant difference at the level of 0.944 is not observed between urban and rural elderly of Kermanshah in terms of nutritional needs.

According to the results in Table 2 it could be observed that there is significant difference at the level of 0.01% between urban and rural elderly people of Kermanshah in terms of relevant needs of healthcare.

The results obtained from chi-squared test to compare personal care needs between rural and urban elderly people in Table 2 show no significant difference at the level of 0.068 between urban and rural elderly people of Kermanshah. As personal care needs of the urban elderly people are somehow close to needs of rural members.

In regard with relevant question of educational needs, the showed that there was significant difference at the level of 0.001 between urban and rural elderly people of Kermanshah in terms of educational needs.

Table 1: T-test results to compare spiritual and nutritional needs among urban and rural elderly people in Kermanshah.

Variables	statistic	Sample size	mean	SD	Mean difference	T	df	Significant level
	group							
spiritual needs	urban	192	15.5	4.09	2.33	1.21	229	0.02
	rural	238	13.17	3.47				
nutritional needs	urban	192	20.88	9.33	0.523	0.072	229	0.944

Table 2: Chi-square test results for comparison of support needs among urban and rural elders in Kermanshah.

Needs	χ ²	df	P
healthcare needs	8.82	229	0.01
need to personal care	1.32	229	0.068
educational needs	38.32	229	0.001
transport needs	7.86	229	0.01
security needs	2.19	229	0.43
housing needs	1.94	229	0.71
recreational needs	37.61	229	0.001

Comparing relevant needs of transport services between two groups of urban and rural elderly people using chi-squared test, it could be observed that there is significant difference at the level of 0.01 between urban and rural elderly of Kermanshah in terms of relevant needs of transport services. The results obtained from chi-squared test in table 2 to compare security needs between two groups of urban and rural elderly people showed lack of significant difference at the level of 0.43 between urban and rural groups in Kermanshah.

The results obtained from chi-squared test) Table 2(to compare housing needs between two groups of urban and rural elderly people also show insignificant difference at the level of 0.71 between two groups.

Finally, according to results in Table 2 obtained from comparing recreational needs between two groups of urban and rural elderly using chi-squared test, it could be mentioned that there was significant difference at the level of 0.001 between two groups of elderly people in Kermanshah in terms of recreational needs (Table 1).

Discussion

In terms of Demographic data such as number of children, income, occupation and type of insurance is a significant difference among the elderly in urban and rural observed that the source of income for 73 percent of elderly urban pension you get that in 69 percent of the elderly in rural areas, Coverage of support organizations. Also, in the elderly living in the city, the majority of people (47.1%) were covered by social insurance and in the elderly inhabitants of the rural elderly the majority of people (51.3%) were covered by rural insurance, while 7.3% of the urban elderly used rural insurance. The result of Maltiquera in the 7 European countries showed that 9.9% of the urban elderly, 23.4% retired, 56.8%. The were unemployed people that who were male. Among the rural elderly, 25.2% were employed, 8% were retired, 52.9% were housewives and 11.8% were unemployed. That the housewives are all female and the unemployed are all male. In terms of spiritual findings, there was a significant difference between urban and rural elders. Urban elderly people showed more spiritual needs than rural elders, and they needed to pay more attention

to spirituality. This finding is consistent with the findings of the study of Babanzade et al. [14] in Ilam that 30% of women and 70% of elderly men referred to mosques and pilgrimage centers, as well as 27.7% of women and 72.3% of rural elderly men participated in reading prayers and Quran, with a significantly higher number of men than women. In explaining this finding, it can be argued that elderly people in large cities usually face more problems. Machine life, high occupancy of family members, work-life problems, and the lives of children usually do not leave time to address the spiritual needs of the elderly. Because it is possible for the urban elderly to get quick access to the mosque during the prayer and prayer less than the village, the smallness of the environment and the centrality of the mosques in the villages will make it more engaging in prayers for the congregation and the use of spiritual spaces. Older people living in rural areas compensate for spiritual needs by engaging more with their neighbours and friends. The positive aspects of living in the countryside, such as the stability of the inhabitants and their shared values and lifestyles, boost social relations. From the theoretical point of view, religious beliefs in rural elders contribute to their adjustment to stresses and can influence seniors' evaluations of events. There was no significant difference between urban and rural elderly in terms of nutritional findings. In this regard, the urban and rural elderly were equal in all aspects of nutrition. This finding is in line with the results of the in a study entitled "Assessment of Nutrition Support Status in 190 Rural Indigenous People in India" with inclusion criteria for age, Coverage of health centers as well as the main resident of the countryside, measured dimensions such as anthropometric measurements, diet, global health and social assessment, and mental health and nutrition assessment, that the ratio Few women had normal nutritional status Indicating the support needs of this community from the rural community to the nutritional issue, however, did not find any meaningful relationship between the gender of the elderly and their nutritional status [15].

In terms of health care needs, there was a significant difference between urban and rural elders and it was shown that urban elderly have more health care needs. In explaining this difference, rural elderly may be more active and accessible. For this reason, it is possible to provide more services to the elderly. Also, the presence of large hospitals in the city could be a barrier to the expansion of the health care centers in the cities. In addition, the belief or expectation of most elderly people is that they are less likely to receive services from health centers. As a result, they do not expect to receive services from urban health centers. These findings are somewhat inconsistent to the results of the Schwarvels et al study, which showed that 18.5% of the rural elderly did not receive any health care from their health centers. In explaining this difference, rural elders in the Schwarvels study have a serious problem with transportation

to access medical, social and personal needs, and they usually have more distance from medical services than their urban counterparts. In rural areas, for example, transportation is safe and reliable, for example, providing rural elderly services is necessary as a mobile unit to access and access the resources needed. But in our study, rural-level hygiene houses have somewhat resolved this gap. In explaining the high health care needs of urban elderly people, one can highlight the level of expectations and high quality of life in the city and the urban elderly, which allows older people to consider the higher level criteria when answering the questions of the received support questionnaire. As a result, their unsatisfied support needs increase. On the other hand, dissatisfaction among urban elderly people can increase their support needs. Because the cost of living in the city is very high. Most commodities in the city are very expensive. The environment is contaminated with dust, smoke, waste and plant dioxide emissions. Sometimes people living in the city have moral problems, and because of this, the crime rates in the city are high and there are many robberies and murders. The city is always crowded and noisy. Vehicles and many people are traveling. That's why having a healthy life in the city is very difficult. On the other hand, the findings of the present study are inconsistent with the results of studies by Lourie et al. [16] in China, Hui et al. in Vietnam and Terney et al. [17] in Australia that rural elderly have less access to care Health care is comparable to those who live in the city, in line with this study. the results can be seen in the cultural differences and different possibilities of the two countries and the city studied.

In terms of need for personal care, there was no significant difference between urban and rural elders and showed equal needs, but in dimensions such as interaction and sleep, elderly people showed a better situation. These findings were in agreement with the results of Babanzhad study. In a study on 1012 elderly people in Ilam province, few elderly people found it difficult to wear and change clothes in their bathing and personal grooming. In explaining these findings, it can be said that older people who are in poor health and keep in touch with their friends through face-to-face contact, have better mental health and show less sleep disturbances. Similarly, when close relatives die, friends can compensate for their lack of social support. In explaining this finding, one can argue that the elderly living in small towns and rural areas, by interacting more with their neighbors and friends, compensate for the distance from family members and social services. The positive aspects of small communities, such as the stability of their inhabitants, and their shared values and lifestyles, enhance the happy social relationships [18].

The results of this study show that rural elders receive more education and urban elderly people need more attention in educational needs. This finding is in line with the results of the study by Filia et al. [19]. In a study titled Educational Results in the Rehabilitation of the Elderly People with Diabetes, they found that with non-medical strategies such as diet and exercise training, they improved blood glucose levels and increased patient motivation, preventing complications Disease and quality of life in the rural elderly. In explaining these findings, it can be noted that urban elderly have problems such as

transportation, more distance to health centers and educational centers than their rural counterparts, which has opened up the problems in villages and homes.

The findings of this study showed that transportation needs in urban elderly people of Kermanshah were significantly higher than rural elderly people. The results of this study, with the results of Bagheri Dizay et al. [20], have shown that 62.9% of people were able to use public transport and 14.2% could not use the vehicle at all, to some extent, in a research on the elderly in Iran. Is consistent. In Averil and colleagues [21] in one of New Mexico's villages in the United States. The results showed that rural elders face serious transportation problems and thus lack of access to medical, social and welfare services, and these findings are consistent with the results of our study.

Conclusion

The results of this study showed that urban elders had more spiritual needs than rural elderly While need for health care, education, transportation needs and recreational needs was higher in rural elderly people.

In terms of nutritional needs, personal care, housing and safety, there was no significant difference between urban and rural elderly people. According to these findings, recreational and recreational facilities are essential for the needs of the elderly. It is also important to increase the level of literacy especially in villagers in order to increase social interactions and promote the use of social networks to prevent social isolation. Therefore, considering the vulnerability of rural elderly people to urban elderly people, it is necessary to pay attention to the needs of this stratum. Also, attention to health issues and the availability of health facilities, care is one of the priorities that should be considered more often in elderly people.

Acknowledgement

This article is taken from the master's thesis in Iran University of Medical Sciences, which has been registered with the number 731. The authors of this article of the research deputy of Iran University of Medical Sciences and Health Centers of all the officials of the organization and the city of Kermanshah in the implementation of the project, thanks to the sincere cooperation

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***Correspondence to:**

Vahab Karamivand
Master Student of School of Nursing and Midwifery
Iran University of Medical Sciences
Tehran, Iran
Tel: (98-21)66933600
E-mail: karamivandv@yahoo.com