

The Relationship between Kuwaitis Attitude toward Aging and their Healthy Lifestyle Behaviors

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Abstract:

Along with the modernization of the society, cultural values and the perception of aging have been altered as well. Studies demonstrated that there is a significant association between individuals' attitudes towards aging and gerontology disease among elder peoples. The study aims to examine the relationship between attitudes toward aging and healthy lifestyle behaviors among Kuwait's men and women. Data was collected using nonrandom opportunistic sampling on 553 Kuwaitis' whose ages are 40 years and above. The questionnaire grouped into three main domains: socio-demographic data, attitudes toward aging scale, and the healthy lifestyle behaviour scale. SPSS (Version 21.0) used for data analysis. T-test, one-way ANOVA, and multivariate regression were used to examine the study's questions. Participants' attitudes toward aging were significantly associated with age, education, and ethnicity background ($P > 0.05$). Also participants' attitudes towards aging were significantly associated with healthy lifestyle and ease of access to health center ($P > 0.01$), and with suffering from chronic disease, eating balanced diet, and social activities ($P > 0.001$). In addition, the study reveals that the evaluation of their health and participants' thinking of engaging in regular physical activity are predictable

variables for their attitudes towards aging ($p < 0.001$). And participants' occupation and smoking habits are also predictable variables for their attitudes towards aging ($p < 0.05$).

Keywords: Attitude, Aging, Lifestyle, Kuwait, Medical Anthropology

العلاقة بين الاتجاه نحو التقدم بالعمر لدى الكويتيين ونمط حياتهم الصحي

د. مها السحاري

الملخص:

مع حداثة المجتمع، تغيرت القيم الثقافية ومفهوم التقدم بالعمر. حيث أثبتت الدراسات أن هناك علاقة وطيدة بين اتجاه الأفراد نحو التقدم بالعمر وأمراض الشيخوخة المرتبطة بالتقدم بالعمر بين كبار السن. تهدف الدراسة الحالية إلى قياس العلاقة بين الاتجاه نحو التقدم بالعمر ونمط الحياة الصحي لدى الرجال والنساء الكويتيين. تم جمع البيانات من خلال استخدام العينة المتاحة الغير عشوائية على ٥٥٣ كويتيًّا ممن يبلغون من العمر ٤٠ عاماً وأكثر. وينقسم الاستبيان إلى ثلاث مجموعات رئيسية: البيانات الاجتماعية-الثقافية، مقياس الاتجاه نحو التقدم بالعمر، ومقياس نمط الحياة الصحي. تم استخدام برنامج SPSS (النسخة ٢١,٠) لتحليل البيانات. وتم استخدام اختبار (ت) و اختبار معامل التحليل الأحادي ومعامل الانحدار الخطي لاختبار أسئلة الدراسة. كشفت الدراسة أن اتجاه أفراد العينة نحو التقدم بالعمر يرتبط بشدة مع العمر، التعليم، والأصول العرقية ($P < 0.05$). أيضاً اتجاه أفراد العينة نحو التقدم بالعمر يرتبط بشدة مع كل من نمط الحياة الصحي وسهولة الوصول إلى المركز الصحي ($P < 0.01$)، والمعاناة من الأمراض المزمنة، وتناول الغذاء المتوازن، والأنشطة الاجتماعية ($P < 0.001$). بالإضافة إلى ذلك كشفت الدراسة أن تقييمهم لحالتهم الصحية وتفكير أفراد العينة بالانضمام بانتظام إلى النشاط الرياضي كانا متغيرين تنبؤيًّا لاتجاهاتهم نحو التقدم بالعمر ($P < 0.001$). وأيضًا كل من الوظيفة وعادات التدخين لأفراد العينة يعتبران متغيرين تنبؤيًّا لاتجاهاتهم نحو التقدم بالعمر ($P < 0.05$).

الكلمات المفتاحية: الاتجاه، التقدم بالعمر، نمط الحياة، الكويت، الأنتروبولوجيا.

Introduction:

Individuals' lifestyle behavior is determined by many interacted sociocultural and economic factors, which have influenced each stage of their lives respectively. Each stage of the individuals' life is affected by the preceding stage while additionally affecting the following stage of their lives (Harman 2001). Several cross-cultural studies explore how individuals' perceive aging, aging-related expectations, aims, preparations, and self-acceptance of this stage (Greve & Wentura, 2003; Westerhof et al., 2012; Martin et al., 2015; Tovel et al., 2017). Also, many conducted studies documented a strong association between individuals' physical, psychosocial, and environmental factors and their healthy lifestyle behaviors at older ages (Kahan et al., 2002; Carlson et al., 2010; van Cauwenberg et al. 2010; Carlson et al., 2012). And the mutual relationships between older peoples' maladaptive lifestyle behavior such as lower functional and cognitive health behaviors and negative aging stereotypes (Hummert, 2011; Levy, 2003). Attitude and perception of aging are influenced by the modernization of society. The transformation from traditional to industrialized society, causes individuals' energy expenditure to diminish which in turn leads to a reduction of elderly status (Eyetsmitan et al., 2003).

The following research's findings demonstrate that aging experiences significantly differed based on individuals' socio-cultural characteristics such as gender, ethnicity, socioeconomic

position, and educational degree (Calasanti, 2004; Estes et al., 2003). And individuals' cultural perceptions of aging and their beliefs of this stage at younger ages were associated strongly with their cognitive, mental, and health wellbeing outcomes at older ages (Levy, 2009). Individuals who hold a negative stereotype towards the aging process at a younger age show poor health outcomes later in life (Levy et al., 2003). And individuals' who considered the aging process as a positive life stage tend to have extended longevity based on a longitudinal study that aimed to detect the association between self-perceptions of aging and longevity (Levy et al., 2002). As well as, Wurm et al.,(2007) study verified that individuals positive beliefs of aging are associated significantly with their mental and physical health at an older age; and are associated with healthy and precautionous healthy lifestyles (Levy & Myers, 2004; Wurm & Tesch, 2010).

Ajala (2006) states that there is diversity among human cultures in their perception and attitudes of aging and the role of elderly in society. Cuddy et al., (2005) reveal that ageism is pan-cultural and it is not limited to any particular society. In some society such as Hong Kong, beliefs and values of aging are positively associated with authority, tolerance, acceptance, and wisdom (Hawkins, 2005). Whereas in other society such as Nigeria, the negative view of aging is observed and elderly are connected with being traditionalist, suspicious, frail, and mysterious (Odera & Obikeze, 2005).

Moreover, Levy & Myers (2005) documented a significant association between individuals' stereotype of aging and the development of respiratory mortality 23 years later. The finding illustrate that individuals' with pessimistic images of aging and show undesirable approaches toward this late stage of life affect their health outcomes in the long-term. Rowe & Kahn (2000) illustrate that health care providers and media have a significant influence on individuals' approach of aging and on how others view elderly peoples. According to the authors, mass media portray that elder people are vulnerable with their retardation of performing daily living activities, reduction in their cognitive and biological function, and more dependency on others due to poor mobility and frailty.

The following cross-cultural studies illustrate that individuals perceptions of old age and their preparation for senescence during adulthood are related to their attitude toward aging and how they accepted this stage (Jang& Jang, 2006). Mossey and Shapiro (1982) reveal that old individuals' who have optimistic views toward aging and who observed their health condition more positively show higher well-being and lower mortality. Lee et al. (2010) show that Koreans cultural perception of aging influences Korean old people social life activates and lifestyle habits. In the past, peoples' perception of aging was negative because they associated old age with dependency and socio-economic burden on their family members. This stage of life, Korean old people become economically and physically

reliant on their families whom they move to live with in their homes after retirement. Also, this stage of life affects older people's social activities and relationships with their friends and relatives.

However, according to The Korea Institute for Health and Social Affairs report in 2010, cultural perception toward aging altered from negative to a positive viewpoint of aging, these modifications of aging perception associated with peoples lifestyle habits as well. Older peoples tend to be more positive in this stage and have a higher tendency to maintain their social relationships, well-being and physical condition by engaging in social activities, having regular visits for medical care, and maintain daily physical exercise. Moreover, Seeman et al. (2001) demonstrate that there are mutual relationships between old peoples' mental condition and biological function and the strength of their social relationships. The previous study reveals that older people who hold optimistic views of aging have an expanded social network and participate more in leisure activities, and are more active in performing physical activities. And Uchino & Kiecolt (1996) and Fong & Peacock (2006) studies show that there is a significant association between individuals' social support system and gerontology disease among elder peoples. Peoples who have higher social support from their family and surrounding reported less age-related disease. The researchers explain the finding due to the influence of social support positively on

their endocrine system, cardiovascular function, and immune system.

The improvement of the public health system in Kuwait will contribute to increasing the percentage of aged population aged 65 and above from 2.83% of the total population in the year mid-2011 to 41% of the total population by the year mid-2025 (Younis et al., 2015). Few elderly studies have been conducted in Kuwait society, Musaiger & D'Souza (2009) a conducted study among Kuwaitis' adults revealed that in defining elderly women, the main two criteria of defining aging were individuals' body image and mental awareness.

More than three-fourths of the participants reported that the elderly were irritable, and more than half of them said that they are scared of death, and the majority (98.4%) of the participants refused senior homes for the elderly. Also, the study finding demonstrates that the higher status of older people still persisted in Kuwaiti culture and has positive approaches towards the lifestyle of the elderly. Al-Kandari's (2011) finding among Kuwaiti elders displayed that there is a significant positive association between elders' health condition and well-being and their marital status. Another study that was conducted by AL-Kandari & Crews (2014) aimed to detect the relationships between somatic symptoms, systolic and diastolic blood pressures, and social support variables among Kuwaiti men and women aged 60 years and above. The study reveals that there were significant differences across age groups in self-rated health, and elderly adults who have strong relationships with

kin, getting social support from relatives and friends and having children are reported lower systolic and diastolic blood pressure. Moreover, AL-Kandari & Crews (2016) study examined the influence of social support and sociocultural variables on elderly Kuwaitis' men and women health condition. The study presents that the most important sources of social support among elderly Kuwaiti' are spouses, and elderly women reported more somatic symptoms than do men and have greater satisfaction with their health. Al-Kandari (2008) bio-cultural study among Kuwaiti elders illustrates that there is a significant negative relationship between elderly men's health condition and wellbeing and their attendance to diwaniyyah (a place where men gather). The study findings reveal that the prevalence of somatic symptoms and chronic disease among men who attend diwaniyyah were lower than elderly men who do not attend diwaniyyah.

Along with socioeconomic development and modernization of the society, cultural values and perceptions of aging and elderly have been altered as well. Traditional principles of extended family solidarity, elderly care, devotion, and filial piety have been modified within the development society (Cho, Hong, & Kim, 1999). Moreover, elderly's beliefs and attitudes towards aging and how they have prepared and adapted to this life stage also have been changed, they become more self-independence and autonomy (Jang et al., 2002).

Objectives of the study:

The objective of the present study is to examine the relationship between Kuwaitis' attitudes towards aging and (1) their sociocultural characteristics and (2) their healthy lifestyle behaviors. The basic observation from which the current study originates is the strong association between adults midlife (i.e., age 40) age range perceptions of attitudes towards their own aging and their relevant developmental of physical, cognitive and emotional well-being outcomes at across the adult life span (Kleinspehn-Ammerlahn et al., 2008; Levy et al., 2002; Levy et al., 2012; Levy et al., 2006; Westerhof & Barrett, 2005; Wurm et al., 2007). Also this study relied on activity theory Havighust's (1961) which portrayed successful aging as an outcome of individuals' attitudes and activities of middle age.

Study Problems:

Some previous cross-cultural studies verified that individual's quality of life in old age is affected by their lifestyle in their adulthood and their attitudes toward aging. It is found also that adopting healthy lifestyles in adulthood by improving individuals' social, physical, and psychological well-being can be a good predictor for a successful life-course transition to the aging stage (Jang & Choe, 2006). However, as to the researcher knowledge, there is no study has been conducted among Kuwaiti from a medical anthropology perspective that examines the effect of Kuwaitis' attitudes towards aging on

their healthy lifestyle behaviors based on their sociocultural characteristics.

Significance of the study:

Some cross-sectional studies have conducted in Kuwaiti population (Al-Kandari, 2006; Al Zenki et al., 2012; Al-Arouj et al., 2013; Al-Sejari, 2017; Musaiger & Al-Mannai., 2013) demonstrated high incidence of chronic disease and metabolic syndrome in their middle and senior age because of adaptation during their childhood and youth stage to a sedentary lifestyle behaviors and consumption of unhealthy dietary habits. According to some WHO researches, nearly 60% of individuals' health and quality of life outcomes are determined by their lifestyle behavior (Suraj & Singh, 2011; Yanikkerem et al., 2012). Also, more than half 53% of the mortality rates are related to individuals' lifestyles and health behaviors (Wang et al., 2009; Beser et al., 2007; Baheiraei et al., 2011). The current study considered as pioneer research conducted from a medical anthropology perspective aiming to investigate Kuwaitis' attitudes towards aging and how they view this important stage of life in their adulthood as a predictor of the healthy aging in the future. Positive attitudes towards aging can be good predictors for a successful life-course transition to the aging stage on their social, physical, and psychological healthy well-being.

Research Questions:

The current study hypothesized that individuals' with more positive attitudes towards aging over time are strong predictors of healthy lifestyle habits and well-being than those with more negative attitudes towards aging. And individuals' with different sociocultural characteristics have different attitudes towards aging.

The study tries to answer the following questions:

1. Is there any significant association between participants' attitudes towards aging and sociocultural factors (age, gender, educational level, marital status, economic status, religious affiliation, and ethnic roots)?
2. Is there any significant difference between participants' attitudes towards aging and their healthy lifestyle behaviors?

Study terminology:

- **Attitude:** According to the Cambridge English Dictionary, attitudes are "an individuals' belief or response about someone or, something or a way of performing, especially when this feeling affects an individuals' behavior". Hearty et al.,(2007) defined attitude as an assessment of (approval or disapproval) of doing manners or activities, which is completely determined by individuals' culture, age, gender, educational level, economic status, and lifestyle habits (Ajzen , 1999; Dallongeville et al., 2013; Hearty et al., 2007).

- **Aging:** Kirkwood et al. (1996) defined aging as a gradual systematic degenerative of body mechanisms causing to failure of adjustment to stress resistance and consequently leading to age-related health risk disease in the future. According to the United Nations (UN) (1999), aging is relatively exclusive and the personal term cannot be generalized and universally applicable. Therefore, there are no straightforward categorical definitions of the old, elderly, aged and aging associated with individuals' chronological age. According to the WHO (2012), the new active-aging perception is supporting the concepts of "growing older without growing old through the continuation of social, physical, and spiritual activities throughout a lifetime", and defining the categories of aging start at the age of 65 and 80 (WHO, 2012).

- **Health:** WHO (1999) defines health as «a state of complete social, mental, and physical well-being and not only the absence of disease, or disorder» (P:10). Based on this definition, health is a cumulative state throughout life depending on individuals' lifestyle behaviors, natural environment, and disease conditions which consequently affect their quality of life and well-being status in later years (WHO, 1999). The definition of health has been furthered expanded by WHO in 1986 to portray health beyond being the objective of living but also to become like a personal and social resource for everyday life, alongside with physical capacities (Lancet,2009).

- **Healthy lifestyle:** A Healthy lifestyle is defined as a way of living (regular physical activity, healthy nutrition, abstention of smoking and alcohol, limitation of stress and worriedness, and enough rest) that lessen the hazard of being in a critical health condition or dying at an early age. Adapting to a healthy lifestyle and changing individuals' behavior according to the previous definition can improve their health, live longer and provide them with more opportunity to enjoy more aspects of their lives with their families. Pakholok (2013) defines a healthy lifestyle as a lifelong strategy of all types of actions that representing individuals' communicative activity from a long-term perspective that reflects its own health.

Methodology

Study sample:

The present study investigated the sociocultural factors that influence individuals' attitudes towards aging and whether their perception of aging affects their lifestyle by using self-reporting questionnaires. The study sample consisted of Kuwaiti 553 adults (262 men; 291 women), aged 40 years and above. All participants were volunteers, and were recruited conveniently using non -random sampling methods from all six governorates in Kuwait. For the purpose of analysis, and because the retirement age is comparatively earlier in Kuwait than in European countries or the US, regular retirement in Kuwait starts from 40 years of age for women and 55 years for men.

Participants were divided into 3 groups by age in order to compare age differences: 40–49 years-old, 50–59 years-old, and 60 year-old over.

Table 1 reveals that 45.9% of the participants' age is between 40 and 49 years old, 47.4% of the participants are male compared to 52.6% of the participants are female, 28.8% of the participants had bachelor's degrees, and 46.1% are employees. Most of the participants (87.3%) were married, the majority (86.8%) of the participants' religion sects are Sunni and (55.0%) of participants' social sectors are urban. Regarding participants' residential based on their governorate district, 27.0% of the participant lived in AlAhmadi district followed by 24.6% of the participant lived in AlAsimah district, 18.6% of the participant's monthly incomes are between 1101-1400 K.D, and the second largest monthly income among Kuwaiti participants ranged between 801-1100 K.D that has been reported by 16.1%.

The majority (94.9%) of the participants have children, more than half (55.7%) of the participants evaluated their health as good, as well as more than half (54.6%) of the participants reported that they not always doing regular health checkup, and most (95.3%) of the participants said that they find easy access to health center. Thinking of eating a balanced healthy diet, half (51.2%) of the participants answered «yes», 46.7% of the participants said that they engage in social activities, and more than one-third (36.3%) of the participants said they have a chronic disease.

Study instrument:

The questionnaire is the main study's instrument contains of four parts; the first part is about participants' sociocultural information such as (age, gender, income, occupational status, marital status, education, religious affiliation, ethnicity background, and the number of children). The second part of the questionnaire contains Mokken scaling of the Attitudes to Aging Questionnaire (AAQ) that have 24 items that measure individuals' physical and psychosocial approach of aging. The scale is scored on a five-point Likert scale (1=strongly disagree, 5= strongly agree), and address sentences that reflect both positive and negative perceptions of aging. For example, "It is important to take exercise at any age"; "wisdom comes with age"; "I don't feel involved in society now that I am older"; and "old age is a time of loneliness". The third part of the questionnaire covers a healthy lifestyle behavior scale (HLBS) that was developed in 1987 by Esin, and it includes 8 items measuring participants lifestyle behaviors (yes=1, no =0). Such as: how do you evaluate your health condition, do you have a regular medical examination, thinking to engage in physical activity, thinking of consuming a healthy diet, and participate in social activity.

The questionnaire was translated into Arabic and pre-tested on 20 subjects. The (AAQ) and (HLBS) scales shown to have a high criterion-related reliability (0.83 and 0.92, respectively).

Statistical analyses

All statistical procedures were carried out by using SPSS Version 20. T-tests were used to determine the statistical significance of differences in attitudes towards aging and healthy lifestyle behaviors and sociocultural variables between men and women. One-way ANOVA was applied to determine the significance of attitudes towards aging and healthy lifestyle behaviors across sociocultural characteristics (age, sex, income, occupational status, marital status, education, religious affiliation, ethnicity background, and number of children). A multivariate regression was applied to assess the independent effects of the sociocultural variables on attitudes towards aging and healthy lifestyle behaviors of 553 Kuwaiti' men and women.

Results

1- Significant association between participants' attitudes towards aging and sociocultural factors.

One-way ANOVA was conducted to find differences in participants' attitudes towards aging and age (> 0.01). In terms of attitude towards aging, test results showed a significant difference between participants whose ages are 60 years and older (Mean = 63.43, SD = 14.99), and participants whose ages are between 50 and 59 years old (Mean = 59.30, SD = 12.13). Older participants revealed more positive attitudes towards aging compared to younger participants. And in terms of attitude towards aging and participants' education,

test results showed a significant difference between participants whose educational level holds elementary degrees (Mean = 67.43, SD = 12.30), and participants who hold secondary degrees (Mean = 61.34, SD = 11.34). Participants who hold lower educational degrees show more positive attitudes towards aging compared to participants who hold higher educational degrees ($P > 0.05$). However, one-way ANOVA was performed to detect differences in participants' attitudes towards aging and sociocultural factors. Findings reveals that there were no significant differences between participants' marital and economic status and their attitudes towards aging at the level (<0.05).

T-tests were utilized to detect participants' attitudes towards aging based on their ethnicity background. The results showed that Bedouin participants showed higher positive attitudes towards aging than Urban participants did ($t = -2.117$, $p = 0.035$), which means there is a statistically significant difference between Bedouin and Urban individuals in terms of their perspective about aging and becoming elderly ($P > 0.05$). The data reveals that Kuwaitis with Bedouin ethnic roots hold more positive perspectives towards aging ($m = 60.32$, $SD = 12.09$) than Kuwaitis with Urban ethnic roots do ($m = 58.01$, $SD = 13.51$). Moreover, the current study findings did not reveal significant differences below between participants' attitudes towards aging and their gender or religious affiliation at the level (<0.05).

2- Significant difference between participants' attitudes towards aging and their healthy lifestyle behaviors.

To determine whether there is a significant relationship between participants' viewpoint of aging and their healthy lifestyle. Table 4 illustrates the difference between participants' attitudes of aging and ease of access to health centers ($P > 0.01$) and the suffer from chronic diseases ($P > 0.001$) by using mean, SD, and the t-test. The data showed that Kuwaiti participants who reported difficulty access to health centers hold more positive viewpoints about aging ($m = 66.54$, $SD = 17.04$) than do Kuwaiti participants who said easy access to the health center ($m = 58.92$, $SD = 12.45$). In addition, Kuwaiti participants who said that they are having chronic diseases view the aging stage more positively ($m = 62.41$, $SD = 14.00$) than do Kuwaiti participants who are not diagnosed with chronic diseases ($m = 57.49$, $SD = 11.69$).

Moreover, Table 5 reveals that there are significant associations between Kuwaitis' participants' attitudes towards aging and healthy lifestyle behaviors such as doing regular medical checkups, thinking of eating balanced diets, and joining in social activities ($p > 0.001$). The test illustrates that there is a significant difference between participants' views towards aging and doing regular medical examinations. Participants who are doing regular medical tests carry a positive perspective towards aging (Mean = 63.96, $SD = 12.48$) compared to participants who are not making regular medical tests

(Mean = 59.87, SD = 12.40). In addition, the test reveals that there is a significant difference between participant's attitudes towards aging and thinking of eating balanced diets. Participants who are thinking of eating balanced and healthy diets hold positive attitudes towards aging (Mean= 67.26, SD= 15.65) compared to participants who are not thinking of eating balanced and healthy diets (Mean = 60.71, SD = 11.66). Moreover, there is a significant difference between participants engaging in social activities and their attitudes towards aging. Participants who do not engage in social activity hold positive attitudes towards aging (Mean = 65.11, SD = 13.03) compared to participants who do not engage in social activity (Mean = 59.23, SD = 12.12).

To predict the variable that correlated with and affect the attitude toward aging, multiple regressions are used. As can be seen in Table 6, participants' evaluations of their health and participants' thinking of engaging in regular physical activity are predictable variables for participants' viewpoint of aging ($p < 0.001$). And participants' occupation and smoking habits are also predictable variables for their attitudes towards aging ($p < 0.05$).

Discussion

The current study findings reveal that individuals' perspectives towards aging vary based on their age groups, education accomplishment degrees, and ethnic backgrounds.

Older participants hold more positive perspectives of aging than do younger participants. This can be due to the Kuwaiti cultural beliefs that appreciate the values of being old and associated aging with wisdom, respect, blessing, and experience. The current finding is similar to Musaiger & D'Souza (2009) and to the report finding that directed by The Korea Institute for Health and Social Affairs in 2010. The report presents that older Koreans hold positive attitudes towards aging and carry higher desires to improve their health condition and engaging in social activities. Also, the current study is comparable to Ho et al., (2007) study that investigated personal and cultural values among younger and older Chinese adults, the findings illustrate that older people reported higher levels of all types of cultural values than did younger participants.

The study also detects an inverse association between participants' educational degree and their viewpoint of aging. This can be explained that participants who hold lower degrees are also who belong to the older group category in this study. As educational systems in Kuwait society before the excavation of oil were mainly exclusively on reading and reciting Holy Quran and Islamic values and principles, the older generation holds lower educational degree. In addition, higher educated participants in the current study belong to a younger age sector and hold less positive approaches towards aging. The current study finding is different than Ng et al. (2009) cross-sectional survey among Chinese elders living in Singapore

which reveals significant associations between successful aging, emotional well-being, social engagement, life satisfaction, educational level and social network.

Moreover, the data show that Kuwaitis with Bedouin ethnic roots hold more positive perspectives towards aging compared to Kuwaitis with Urban ethnic roots. This can be due to the influence of western values of youth, beauty and attractiveness among urban participants; these values are mainly associated with younger age.

In addition, the present finding detects that Kuwaiti participants who are active in participating in social activity hold more positive attitudes towards aging than less social active participants. This can be attributed to the Kuwait society values and Islamic principles that emphasize on social networks and relationships between relatives and friends. Engaging in social activity is considered as a part of Islamic morals that stress on social connection and visiting between family, relatives, and friends, people get awarded with more good deeds from this social behavior. The current finding is comparable to Seeman et al. (2001), Musaiger & D'Souza (2009), and AL-Kandari & Crews (2016) studies that illustrate the significant effect of social support and social activities on older people's health and optimistic views of aging.

Furthermore, the data showed that Kuwaiti participants who reported difficulty access to health centers hold more

positive viewpoints about aging than do Kuwaiti participants who answered they have easy access to the health center. Which presents that medical center availability did not influence older Kuwaiti viewpoints of aging. Because in fact, the Kuwaiti government provides each residential area in Kuwait with a complete health facility and the medication service in Kuwait free of charge. Moreover, the government through ministry of health offer complement home visit monthly for Kuwaiti elderly who aged 65 years and above that includes full medical examination, physiotherapy, medication, psych and social interventions.

Nutritional status is considered as one of the main determinations to evaluate older people health condition, quality of life, and wellbeing (Brownie, 2006). The current result illustrates that there is a significant association between consuming nutritious diet and participants' positive viewpoint of aging; this can be due to the high awareness of individuals about the connection between healthy aging and consumption of healthy food. Also, the health comorbidity as an outcome of consuming fast food and unhealthy diet. The current result is like the following studies (Levy & Myers, 2004; Wurm et al. 2007; Wurm & Tesch, 2010) that reveal a significant association between individuals' optimistic view of aging and adapting to healthy lifestyles. And how adapting to a healthy lifestyle that includes regular exercise and food intake of low fat and carbohydrate is associated with individuals' aim of reaching

healthy aging.

Multivariate regression was used to test if sociocultural variables (age, educational level, marital status etc.), are significantly predicted for Kuwaitis' elder attitudes towards aging. In the present study, thinking of engaging in regular physical activity and evaluation of participants' health were predictable variables for Kuwaitis' elder attitudes towards aging, which is similar to Sargent-Cox & Luszcz, (2012) and Wurm et al., (2007) research results that detect significant influence of positive views and approaches towards aging and elders healthy lifestyle behaviors and improvement of their health conditions. This reflected the high awareness among elder Kuwaiti to the importance of exercising on their cognitive and physical health wellbeing. And fitness centers that belong to the government that are distributed everywhere in Kuwait city, everyone has access to join the place free of charge.

Conclusion

In conclusion, the current study findings reveal that older peoples' physical, psychosocial and cultural factors interact reciprocally with their healthy aging. Social support and kinship relations should be viewed as the main element of individuals' preparation for aging stage, along with a healthy diet and physical activity. Moreover, positive attitudes towards healthy behaviors should be promoted at all ages to avoid or postpone the development of chronic diseases later at an older age. In order to achieve successful life-course transition among Kuwaiti to the aging stage with healthy social, physical, and psychological well-being, the following recommendation should be considered by decision social makers and authority such as: (1) Advertisements of values and principles of healthy aging among Kuwaitis' adult through the social media, medical centers, and educational institutions; (2) Awareness of the influence of individuals' perceptions of aging and how they view the biological and the mental consequence of aging on their health wellbeing at younger ages should be considered by the family physicians and medical center; (3) Educational program about successful aging should be conducted at early ages and from elementary school level. It should include better identification of healthy aging, knowledge of risk factors and threats of aging; (4) Encouraged social media to broadcasts information and messages about the association between (positive attitude toward aging, healthy lifestyle

habits , and social interactions at younger age) and prolonged healthy physical and psychological well-being at older age; finally (5) Promote positive beliefs about successful aging among young population through educational , health, and media institution that aiming to alter community attitudes toward aging as degenerative of body function, frailty, isolation and dependency.

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Characteristics	N (%)	Characteristics	N (%)
Age category, years		Monthly income (KD)	
40 - 49	254 (45.9)	< 500	47 (8.5)
50 - 59	223 (40.3)	501-800	67 (12.1)
> 60	76 (13.7)	801-1100	89 (16.1)
Sex		1101-1400	103 (18.6)
Male	262 (47.4)	1401-1700	65 (11.8)
Female	291 (52.6)	1701-2000	49 (8.9)
Occupational status		2001-2300	48 (8.7)
Student	4 (0.7)	>2301	85 (15.4)
Student & employed	8 (1.4)	Join in social activities	
Employed	255 (46.1)	Yes	181 (32.7)
Retired	212 (38.3)	No	114 (20.6)
Private business	23 (4.2)	Not always	258 (46.7)
Housewife	51 (9.2)	Educational level	
Religious affiliation		< read and write	17 (3.1)
Sunni	480 (86.8)	Elementary	7 (1.3)
Shiite	73 (13.2)	Secondary	90 (16.3)
Martial status		Diploma Se	27 (4.9)
Not married	10 (1.8)	High school	124 (22.4)
Married	483 (87.3)	Diploma Hs	10 (1.8)
Divorced	28 (5.1)	University	159 (28.8)
Widowed	24 (4.3)	Diploma Bh	10 (1.8)

Characteristics	N (%)	Characteristics	N (%)
Seperated	8 (1.4)	Master	10 (1.8)
Roots		PhD	
Urban	249 (45.0)	How do you evaluate your health?	
Bedouin	304 (55.0)	Good	308 (55.7)
		How do you evaluate your health?	
Kuwait governorates		Normal	224 (40.5)
ALAsimah	136 (24.6)	Bad	21 (3.8)
Hawalli	82 (14.8)	Are doing a regular health check-up	
Mubarak Al-kabeer	44 (8.0)	Yes	179 (32.4)
ALFarwayniyah	121 (21.9)	No	72 (13.0)
ALJahra	99 (17.9)	Not always	302 (54.6)
ALAhmadi	193 (27.0)	Ease of access to the health center	
Do you have kids?		Yes	527 (95.3)
Yes	525 (94.9)	No	26 (4.7)
NO	28 (5.1)	Thinking of eating a balanced diet	
		Yes	283 (51.2)
Do you suffer from chronic disease?		No	47 (8.5)
Yes	201 (36.3)	Not always	223 (40.3)

Characteristics	N (%)	Characteristics	N (%)
NO	352 (63.7)	Thinking of joining in regular exercise	
Do you smoke?			Yes
Every day	94 (17.0)	No	229 (41.4)
At less one	4 (0.7)		
Yes	9 (1.6)		
Sometimes	13 (2.4)		
Quit	39 (7.1)		
Never smoke	394 (71.2)		

Table 1: Characteristics of the sample (553)

Age	Mean	SD		Sum of square	df	Mean square	F	Sig
40-49	58.02	12.41	Between group	1715.113	2	857.556	5.323	.005
50-59	59.30	12.13	Within group	88604.443	550	161.099		
>60	63.43	14.99	Total	90319.555	552			
Education	Mean	SD		Sum of square	df	Mean square	F	Sig
Read and write	70.35	17.73	Between group	3463.189	9	384.799	2.406	.011
Elementary	67.43	12.30	Within group	856.36686	543	159.956		
Secondary	61.34	11.34	Total	90319.555	552			
Diploma Se	57.89	14.19						
High school	58.39	12.81						
Diploma Hs	58.85	12.00						
University	58.04	12.45						
Diploma Bh	56.50	14.30						
Master	59.41	15.06						
PhD	57.30	10.10						

Table 2 attitude toward aging and education

Attitude toward aging			
Variables	<i>M</i>	<i>SD</i>	<i>t value</i>
Ethnic roots			
Urban	58.01	13.51	
Bedouin	60.32	12.09	- 2.117*

* P<0.05

Table 3: Participants' attitude toward aging and socio-demographic variables

Attitude toward aging			
Variables	<i>M</i>	<i>SD</i>	<i>t value</i>
Ease of access to the health center			
Yes	58.92	12.45	
No	66.54	17.04	-2.985**
Suffer from chronic disease			
Yes	62.41	14.00	
No	57.49	11.69	4.417***

*** P<0.001

Table 4: Participants' attitude toward aging and healthy life style variables

	Mean	SD		Sum of square	df	Mean square	F	Sig
Evaluation of my health								
Good	80.76	13.84	Between group	16545.406	2	8272.703	61.675	.000
Average	62.52	12.16	Within group	73774.149	550	134.135		
Bad	565.4	10.97	Total	90319.555	552			
Doing regular health checkup	Mean	SD		Sum of square	df	Mean square	F	Sig
Yes	63.96	12.48	Between group	3163.677	2	1581.839	9.982	.000
No	59.87	12.40	Within group	73774.149	550	158.465		
Not always	56.40	12.93	Total	90319.555	552			
Thinking of eating a balanced diet	Mean	SD		Sum of square	df	Mean square	F	Sig
Yes	67.26	15.65	Between group	5150.471	2	2575.235	16.630	.000
No	60.71	11.66	Within group	85169.084	550	154.853		
Not always	56.83	12.45	Total	90319.555	552			
Join social activity								
Yes	65.11	13.03	Between group	6208.261	2			.000
No	59.23	12.12	Within group	84111.294	550	3104.130	20.298	
Not always	55.69	12.28	Total	90319.555	552	152.930		

**p<0.001

Table 5 Attitude toward aging and healthy life style behavior and social activity

Variables	Attitude toward aging		
	B	Beta	t. Value
How do you evaluate your health?	8.21	.367	9.45**
Thinking of joining in regular physical activity?	4.25	.164	4.22**
Occupation	1.30	.097	2.53*
Smoking	-.59	-.087	-2.29*

*p<0.05

**p<0.001

Table 6. Predictor of sociocultural factors and attitude toward aging as perceived by Kuwaiti individuals

