

Research article

## The Elderly's Perspective in Iran: A Sociological Appraisal

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*Received: 08-09-2016*

*Accepted: 12-23-2016*

*Published: 05-23-2016*

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### Abstract

The paper explores how mounting elderly are facing lack of leisure and recreations in Iran in general and in Tehran in particular. Though their number is increasing, and their life patterns changing as compared with the past aging people, yet they lack leisure services. Income, neighborhood and social status all influence what an older person chooses to do. Those with low income, and little education, and those with high income, or middle income and more education show different involvement in leisure pursuits.

Some theories of aging describe leisure activity of the elderly people as those that they did in their middle age. Though the elderly are largely in need of increasing welfare services and leisure, yet there are not sources enough to meet such needs. Increasing life expectancy everywhere including Iran means that the elderly would need more leisure for now and for the years to come. However, in Iran retirement diminishes family's income which eventually leads to lower budget to spend on leisure pursuits. Similarly, death of a spouse is followed by shortage of leisure for the other. After reviewing the background theories and literature, some 452 questionnaires were completed, and through which various queries were examined. In the process of referral, the researcher could find 272 live aging men against 402 aging women on a random basis. However, though in theory people are expected to have more fun and leisure during their old age, yet it does not happen so in Iran in most cases due to shortage of funds and financial resources.

Because of considerable socio-cultural change in recent years, the elderly much feel detached from the family network, i.e. the network which was used for their leisure time according to the erstwhile standards. The unprecedented population aging in Iran especially in Tehran followed by shortage of leisure among them is a new phenomenon. In this process, we need invention rather than imitation. That is, we cannot look to the past for ways to create a good old age today. However, to prevent the elderly from social exclusion, leisure pursuits need to be provided for them.

**Keywords:** Leisure pursuit; Aging; Income; Social status; Retirement

### Aims

The main objective of the present paper is to reflect an image of the elderly people in Iran as far as their leisure in general is concerned. With aging, there is a definite shift in time allocation from paid work to leisure activities. We will see how satisfactory and adequate this shift is. Many countries in the developing world including Iran have failed to plan for the changing shape of the population into old age. The present work will try to reflect an overall picture of the aging people who are mostly grandparents too. The paper will find out how retirement brings a change to family life which needs new alternatives. In this study, indicators such as income, welfare, insurance, safety etc. among the elderly will be investigated too.

## Introduction

Iran with a population of more than 75 million in 2011 [1] is facing increasing older population due to more than 62 percent of population at age groups 15-64. Such a scenario is creating challenges. The disharmony between the two is in question. However, the rights of the elderly, many of their needs, and care for them, are not met as they expect, and therefore, they occasionally feel dishonored and abused.

Rapid increase in the proportion of the elderly in modern societies [2] is especially remarkable in Iran where the percentage of people 65 years and over has almost doubled in 50 years from 4% in 1956 to 5.8% in 2011 [1]. One reason for this increase could be the utilization of social and medical services by the elderly. It is well established that the elderly consume large share of the health-care services in modern societies [3]. Though the elderly are largely in need of increasing and urgent welfare services, yet there is not large enough number of social workers in many developing societies to associate these needy elderly with the medical centers and practitioners to provide them with the medical services needed. Under such circumstances, they usually feel losing their self-esteem, and a sense of increase in their dependent behavior. Though today the developed world is in the early stages of a "grey-quake" [4], the developing world including Iran will be at that stage in the years to come.

However, care-givers and social workers that are links between the elderly and the society at large, are not enough to respond to the needs of these elderly. These negative attitudes may in turn generate negative, stereotyped, dependent behavior among the elderly [5]. To meet the increasing elderly citizens' needs, more training of health and social workers must be provided.

Generally speaking, the extent and quality of help, and social work services needed by the elderly are different. Social work agencies, like most others, have failed to plan for the changing shape of the population, so agencies and services are being adapted in the midst of overwhelming demands on what little help is available [6].

As aging and longevity are gradually increasing in Iran, the present study aims to find out the health and socio-economic conditions of the elderly people. Though there are very few sources and scientific documents on the elderly in Iran, the author is trying to create views and literature on the topic by collecting data and using relevant materials through referring to foreign resources. While the concept of "Third Age" was not very popular in the past, it has found its deep meaning during the twentieth century, in which industry and medicine created miracles- leading to aging and increase in the number of the elderly.

While in the past, the elderly were very influential over the youth, social structure of the family was such that, almost every decision-making of the younger generations was directed by the authority of the elderly [7], yet, in the course of time, and due to rise in educational status of children and youth, the authority of the elderly over children and grandchildren declined. This means, a decline of care services by the youth and the grandchildren towards the elderly and the grandparents. The present work tries to reflect a perspective of the elderly with special reference to their own lives, i.e. their safety and quality of life.

Increasing life expectancy everywhere including Iran means that couples are likely to remain married for longer time; letting them likely appear as grandparents.

Iran				Tehran			
Year	Population	(Potential) Grandparents	% Total	Year	Population	(Potential) Grandparents	% Total
1956	18954704	758670	4.0	1956	1560434	52013	3.3
1966	25788722	993045	3.8	1966	2719730	81295	3.0
1976	33708744	1186470	3.5	1976	4536264	14829	3.3
1986	49445010	1493382	3.0	1986	6010075	203062	3.4
1996	60055488	2587437	4.3	1996	6758845	320430	4.6
2006	70472846	5130000	7.3	2006	7803883	464638	6.0
2011	75149669	4343041	5.8	2011	8154051	604283	7.5

**Source:** Results of the Population and Housing Censuses of Iran 1956-2011.

**Table 1.** Comparative Profile of the Number and Proportion Of "Potential" Grandparents 65 years and over in Iran and in Tehran City Between 1956 and 2011.

Under such conditions the number of the elderly grandparents is ever increasing with special reference to larger cities where in more health and medical facilities are available. Years of living together contributes to mutual understanding and companionship to likely increase between old couples. By about age fifty, most couples have completed the task of raising children. From this age on, the couples gradually enter the period of grandparenthood. The remaining years of marriage — “the empty nest” brings a return to living with only one’s spouse, and a decline in their socialization.

However, more adults in midlife are facing challenges of caring for their aging parents or grandparents to their own children. Many families find that grandparents living to seventy and beyond, require practical, emotional, and financial care that can be more complicated than raising their own children. Those born in 1950s — now in their sixties, will spend as many years looking after their aging parents, as they did caring for their own children [8].

Retirement also brings a change to family life. If the spouse has been a homemaker, the husband’s retirement means that spouses will spend much more time together. Although the husband’s presence is often a source of pleasure to both, more in the Western world, it sometimes undermines wives’ established routines to the point of intrusion [9]. In case of Iran, wives not much welcome the retirement of husbands due to their ever presence at home, diminishing of family’s income, and intervention of husbands in daily family routines etc.

The most difficult transition in married life comes with the death of a spouse. Wives typically outlive their husbands because of women’s longer life expectancy, and as wives are usually younger than husbands to begin with. Wives can therefore expect to spend a significant period of their lives as widows. Loneliness accompanying the death of a spouse is always difficult. This experience may be even harder for grandfathers or widowers, who usually have fewer friends than grandmothers or widows, and may be unskilled at housework [10].

In the present research, variables such as age, state of life, state of occupation, income, welfare, insurance, safety, education etc. have been investigated among the elderly. They will be fully analyzed in a separate section.

### Research Design

The problem of research being socially useful and researchable, made the researcher formulate the framework. The research design in this work involves identification and selection of research problem and choice of theoretical framework (conceptual model) for research problem. In that, sampling procedure, tools and techniques of gathering data, processing of data, analysis of data selection, presentation, discussion and

interpretation of data, and generalization of research findings were all thought of.

### Method of Research

Based on the main hypothesis: “*more social work services provide the elderly with improved quality of life*”, the author first reviewed the necessary and background literature and theories on aging grandparents. In the theoretical section, relevant theories were searched, and the perspectives necessary were extracted, and used in the context. Though the elder grandparents are not easily found due to their scarcity, yet the researcher was patient enough to access them in different parts of Tehran City. Younger members of families also helped in case of the elderly with poor health. The researcher could refer to the intended samples in all the 22 different municipal parts of the city.

Similarly, in the empirical section as the backbone of the research, 452 questionnaires were administered through direct and face to face contacts with the respondents of 60 years of age and over, selected as random samples in various parts and neighborhoods of Tehran City. The selected elderly were interviewed too, in the course of referrals. Eventually, the questionnaires were edited, electronically extracted and tabulated in the form of designed tables.

### Theoretical Perspectives and Literature

To step into the theoretical part, the researcher referred to a large amount of scientific literature associated with theoretical and research publications, scientific journals, reference books, government reports, policy statements, and other materials about the theory practice, and results of scientific inquiries. They involved various public health disciplines, health services research, environmental health, health education, health sciences, sociology, social work, demography, psychology etc.

Gerontologists use a variety of theories to direct their research, explain their research and enunciate their findings. They also use a number of methods that help them study the process of aging as the elderly. The use of these methods ensures that the research comes up with reliable and valid findings. Improper use can lead to biased and confusing results. However, researchers in a single study may ask a broad range of questions that give a detailed snapshot of a group of people at one point in time [11]. Still, this method may cause problems.

Though nursing homes and other institutions will never take the place of a person’s own home or apartment, yet those with pleasing social services will make it acceptable to the elderly people.

According to many economic demographers, an aging popula-

tion and increase in the number of the elderly lead to negative consequences in terms of growth of output per capita. A decreasing ratio of the working-age population to the total population contributes to the increase of the ratio of dependents to working people and the active members of families. This phenomenon is increasingly appearing in the contemporary world with special reference to the countries with longer life expectancy.

The theory of optimal life-cycle human capital investment that has been developed by [12-14], argues that rapid technological change in the form of education contributes to be almost exclusively concentrated at younger ages, poses challenges for rapidly aging population. Hence, the relationship between age and human capital investment and consequently productivity growth cannot be seen in isolation from organizational and institutional factors. Under these circumstances the number of the elderly is ever increasing, but, due to poor planning and controversial conditions, large number of aging people is not in healthy and quality conditions in Iran.

No any economic theory provides a clear view as to how aging affects productivity. Thus, health limitations tend to reduce employment opportunities of aging people. In response to lower earnings, potential elderly with health limitations are likely to reduce hours of work, and retire at earlier ages. Poor health also changes the elderly's own assessment of the value of themselves. Yet, less is known about the relationship of the elderly's health and retirement in the rapidly aging countries of Asia including Iran.

Japan provides a good example of grandparents' health and retirement within them and so on. It has the most rapidly aging population in the world, and currently has the highest proportion of people aged 65 and older. In 1980, only 9.1% of the population of that country was aged 65 and older. By 2015, this percentage had increased to 26%, and current projections indicate that in 2025, about 31% of the Japanese population will be aged 65 and older. That is, about one-third of population will be the elderly people [15]. Hence, many other countries will have larger number and proportion of the elderly people in the years to come.

When nations develop, the young often move to cities or change the places [16]. The young feel less tied to the land, and feel fewer obligations to care of the elders. This leaves the aged in rural support [17]. Also, changing gender roles lead women to work outside the home, and so older people are left without the family supports that former generations could rely on. Modernization in India, for example, leaves the elders without the support of tradition or the presence of modern social services [18].

Likewise, older workers sometimes return to their home countries after years of working in another country. They have no

work, no skills, and no pensions, and will grow old in poverty [19]. Developing countries need more information about their older populations, and they need to plan for an aging society [20]. Countries with social programs and pension plans in place will need to adapt these programs to serve older people [21, 22]. Therefore, social workers need new theories of aging to explain the changes taking place in developing countries, and new plans for social change that fit the needs of an aging world. Solutions that fit Western development countries do not necessarily fit the developing nations [23]. While the developed countries created pensions and other welfare programs for their older citizens [24], this approach requires an economy and political system that supports these programs. Developing countries including Iran must follow suit.

However, many developing societies have neither the social services nor the economic resources to help the elderly poor. But, there are some exceptions such as Hong Kong that can do so. Many of the developing nations cannot afford the housing, health, or welfare services for the elderly that Western countries have set up. The AARP<sup>1</sup> reports that 155 countries had social security programs in 1993. These programs covered about a third of the people aged 60 and over in the world. But, these programs remain unstable and in some cases they have failed [25]. Many older people in these countries face economic and social hardships.

Another perspective emphasizes the consequences of demographic change for long time economic growth. [26], for example, estimates the effect of population aging, and appearance of larger number of grandparents on average growth rate which is a down-ward trend. [27] Add that the ratio of the non-working-age population (grandparents), to the working age population between 1965 and 1995; suggesting that a baby-boom generation would create a wavelike pattern of real GDP per capita over time. Bloom and Williamson believe that as baby-boomers increase the head count immediately after birth, they reduce per capita income, and the final incidence is on grandparents who are often pensioners.

It is well accepted that the future economic output in most industrialized countries must be achieved by a smaller and older labor force. A key question is how this development might affect labor productivity as measured by output per worker [28]. In the view of many economists, an aging population has negative consequences for growth in output per capita. Therefore, countries with such population structures must search alternatives to respond to the shortage of their human labor force (15-64). However, though the number of the elderly is increasing, their economic conditions are at risk in countries like Iran. They are at present highly dependent on their children, and the scenario will be worse in the years to come.

<sup>1</sup> - American Association of Retired Persons (AARP).

Until recently grandparenthood has been a neglected area of study. Academic interest has been much more widespread in the USA [29]. Roles that have been identified are surrogate parent [30]. One matter of concern has been the lack of legal rights and obligations that parents have in relation to their grandchildren.

Upon the studies done, it was found out that grandmother was the second most frequent source of child care for women in employment [31]. In that, large number of pre-school children of working mothers uses grandmothers to look after these children during the absent-time of mothers. Almost the same amount of help and care are offered to school-aged children by grandmothers. However, this is a sort of exchange, i.e. while the daughter sees her visits as "keeping an eye on mum", mum may see the visits as the daughter turning to her for help and advice [32]. He stresses that to be on the receiving end in old age amounts to an abrupt reversal of the parental role.

Older people being the whole of a generation survived to a certain age, is the result of demographic changes in the population, i.e. the outcomes of longer life expectancies, lower birth rates, and an older average age of giving birth [33]. This scenario eventually leads to the phenomenon of aging people. It has been recognized that such changes are likely to result in significant increases in elder abuse which include grandparents too [34]. Sociologically speaking, disproportionate increases in the number of dependent elders relative to working-age individuals may result in higher stress levels among caregivers and increase abuse opportunities, and thus may act to increase the rates of the elderly abuse.

Findings and the literature on elder mistreatment, and misbehavior with the elderly appears to emphasize dependency and stress as two of the most significant factors. For example, a positive relationship between abuse and stressful workplace environment has been emphasized in [35], and [36]. In many cases, the elder and grandparents' abuses are hidden, and as a normal and routine movement — depending on societies and cultures, poverty and affluence etc. For example, Harrington et al. (2000) found a positive relationship between nurse staffing hours and nursing home deficiencies. The specific mechanisms that lead to increased levels of abuse, neglect, and exploitation, are not clear, what is consistent among the studies is that, a decrease in the qualified workforce is inversely related to abuse. However, safety and quality of life of grandparents highly depend on health status, personality traits, and ethno-cultural backgrounds of those around such elderly people. Therefore, such people may abuse the elderly, or have good behavior with them. In the present paper, we are unable to uncover all the dimensions regarding the elderly's lives because of data limitations.

## Findings

Based on preliminary identification, those elderly who were really grandparents were identified, and for whom the face-to-face questionnaires were administered. In the process of referral, the researcher could find 272 living grandfathers and 402 living grandmothers. That is, a sex ratio of 67.7 (Sex Ratio =  $272/402 \times 100$ ), which is natural and normal according to the Iranian demographic standards. It could so be concluded that the rest were both alive.

However, the researcher came to know that social workers could be effective agents to change and improve the quality of life of the older grandparents in various respects. While such a study has not so far been done on older grandparents in Iran, the results could be generalisable to other parts of Iran, since social work is poorer in the rest of the country.

While interpreting the social data, the researcher faced some limitations. As more than fifty tables were extracted after collecting data, and during the processing, it was not possible to exhibit all the tabulated facts and figures in the present paper. Therefore, the tables have mainly been analyzed and highlighted as findings.

In referral to families to screen/find out about different characteristics of grandparents, the researcher could find 272 alive grandfathers against 402 alive grandmothers, i.e. a sex ratio of 68 males for every 100 females or grandmothers. Within those alive, 75% used to live together, while 25% of those elderly couples used to live with their children. In another query, the author came to know that 60% of sample grandfathers lived alone, while 40% used to live with their children. In this query, 73% of grandmothers used to live alone, while 27% used to live with their children. Similarly, occupational status of grandfathers was as such: 27% were busy in jobs, 41% pensioners, 1% had no pension at all, 7% were depended on children and finally 24% were depended on their own wealth. In this regard, only 2.75% of grandmothers were engaged in jobs, 35.78% were pensioners, 15.6% had no pensions, 18.35% were depended on their children and 27.52% were depended on their own wealth.

Income being an important factor in old age, it was found that: 14% of grandfathers asserted to earn about 107 US \$ a month, 16.5% declared to have monthly income of about US \$ 100 and 160. Those having monthly income of US \$ 160 and 180 were 21%, grandfathers with monthly income of US \$ 180 and 267 demonstrated 20.5%, and finally 28% declared to have an income above US \$ 268 a month. So far as the grandmothers' income status is concerned, they declared their monthly income as such: 35.36% had income of less than US \$ 107 per month, 19% of grandmothers had income of between US \$ 107 and 160, 15.22% had monthly income of US \$ 160 and 180, 14.07% had monthly income of US \$ 180 and 267, and finally 16.35%

of grandmothers declared to have a monthly income of US \$ 268 and above.

While insurance plays a determining role in the safety and security of the aging grandparents, 82.72% of our sample grandfathers declared to have insurance and the rest of 17.28% declared not to be under any health insurance coverage. In a query regarding the health insurance of grandmothers, 84% had insurance, and 16% did not have it.

In another table prepared to find out about the health conditions of grandfathers the data collected were as follows: 36.03% were healthy, 11.75% had arthritis, 20.22% had some heart diseases, 7% had diabetes, and 25% had other diseases. In case of grandmothers, 26.62% were healthy, 28.61% had arthritis, 12.94% had some heart diseases, 12.19% had diabetes, and 19.65 had other diseases.

Older generations are not quite educated in Iran. Therefore, a perspective of the educational status of grandfathers could be reflected as follows: 26.84% uneducated, 30.88% had only primary education, 12.5% education of below ninth grade, 24.27% had finished secondary school or below, 1.84% had finished a diploma or college degree, 1.84% had a B.A./ B.Sc., and also 1.83% had a master's degree or above. Educational reflections on grandmothers are a bit different from those of grandfathers. Table concerning grandmothers states that 46.02% of them were illiterate, 30.6% had primary education, 6.47% had education of below ninth grade, 13.33% had finished secondary school or below, 2.24% had finished a diploma or a college degree, 1% had a B.A, B.Sc, and only 0.25% of the sample grandmothers had master's or above.

Classification of grandfathers according to their general feelings could be explained as such: 19.12% of our sample grandfathers declared to have loneliness feeling, 44.12% had impatience or intolerance feelings, 7.72% had feelings of non-assistance or helplessness, 12.5% feared death, and finally 16.54% of grandfathers declared no remarks. In case of grandmothers, feeling of loneliness among them was 30.35%, impatience/ intolerance was 30.6%, feeling of non-assistance 14.43%, fear of death was 12.19%, and 12.44% declared no remarks.

Another table indicating grandfathers' status could be reflected as follows: 10.66% were in poverty, 29.41% were in social isolation, 30.15% suffered insecurity, and 29.78% gave no comments. Similarly, grandmother respondents were found, 9.2% in poverty, 25.87% in isolation, 35.82% in insecurity, and 29.1% with no comments.

In a query regarding the satisfaction of grandfathers, various reflections were found accordingly, i.e. 59.19% were satisfied with their lives, 18.75% were not satisfied with their lives, 8.82% expressed happiness, and finally 13.24% expressed grief. In case of grandmothers, 49.5% were satisfied with life,

16.17% were dissatisfied with their lives, 9.95% were happy, and 24.38% were unhappy.

Similarly, attitudes of grandfathers towards different conditions were measured as such: 54.04% were satisfied with their marriage, 6.25% were discontented with their marriage, 5.15% were satisfied with their income, 10.66% were discontented with their income, 11.03% of the grandfathers were satisfied with the atmosphere/ their surroundings, and finally 12.87% of the grandfathers were discontented with their atmosphere around. In terms of grandmothers, the data showed that 35.82% were satisfied with their marriage, 10.7% were discontented with their marriage, 3.48% were satisfied with their income, and 15.17% were discontented with that. Similarly, 15.17% of grandmothers studied were satisfied with the atmosphere around them, and 19.65% were dissatisfied with that.

## Discussion

Population aging in Iran as in most other countries is an unprecedented phenomenon. As predicted, by UN, population aged 60 and over will outnumber those aged below 15 by the year 2050 in most developed societies and the European countries. [37]. In case of Iran, as evident from the declining birth rates, the elderly will outnumber those under the age of 15 in the decades to come (2050). Such a phenomenon will have far-reaching consequences as far as social organization, health care, housing and other social services are concerned in all walks of life.

In brief, the long-term decline in fertility and contraction in the family size, are leading, and will further lead to a decrease in the population (0-14), which will in turn push up the population into the working age; followed by increase in elderly population [38]. However, the inverted population pyramid will cause lots of problems including more social work services for the elderly people.

In Iran, services and supports for the elderly are mainly provided by four government organizations, i.e. Imam Khomeini Relief Committee, Islamic Republic Martyr's Foundation, State Retirement Organization, and the State Welfare Organization. Services provided by these organizations are as follows: About 150,000 elder rural persons are paid pensions through Shahid Rajaei Project. In Iran, a new welfare project started in 2005 for the elderly called Manzelat (Respect) Cards, distributed among the elderly by the State Retirement Organization in the form of Trip Allowance Credit Cards \_\_\_ letting the elderly commute free of charge.

However, though families try to help and support the elderly and grandparents in Iran; to improve their quality of life, yet, such helps/services are inadequate. Therefore, further services by the government in favor of the elderly people are expected. Nowadays, sickness, depression, loneliness, nursing

and health care are major problems of the elder/grandparents that need immediate measures. Similarly, further research on aging is of priority and necessary, as far as the quality of life grandparent is concerned.

The large number of older people in Iran as in many other countries is a new phenomenon, and according to [39], it calls for invention rather than imitation. That is, we cannot look to the past for ways to create a good old age today.

The author has tried to argue that the concept of the elderly and social work are highly interlinked especially in the 21st century when life expectancy has increased, many cohorts have turned into grandparenthood, and the children and grandchildren are not much in a position to offer help and care. This is where the dilemma begins, and the need for social work services well-felt. However, there is clearly room for an alternative interpretation of roles to be played by the social work towards the elderly/ grandparents.

The elderly/grandparents can be of great help to their children. They can influence a family's adjustment, and often provide support to the entire family, especially those who are under the coverage of medical insurance (82.27%), and not a burden on their children. They often serve many purposes of their grandchildren that their parents cannot fulfill. To be effective supporters, grandparents must first have their own needs and concerns responded and addressed. They have the potentiality of being each other's best resources.

The elderly/grandparents not only in Iran, but in any other country could be the primary caregivers for millions of children, especially in modern time that many mothers work outside home. They could be increasingly of great help to the health and welfare of the "third generation". At the time when children are facing unprecedented stresses, and many parents are busy outside home, they could be a good reservoir of knowledge and parenting wisdom. Therefore, these great sources of advice and experience must well be protected.

To focus attention on the phenomenon, and provide grandparents with the recognition they deserve, the present research has been started. The elderly bridge between the last generation(s), and the new generation(s). They transfer old culture and values to the younger generation(s) through their caregiving to contribute to their social mobility. While they benefit their grandchildren, they are benefited by them too. Therefore, the youth must learn how to value the elderly in our society. Moreover, it must become a part of our culture, and globalized too. Similarly, grandparents can be updated more through contacts with grandchildren, and that prevents them from social exclusion.

To promote national quality of life, clean safe environment must be created, education and culture must be promoted, economic opportunities should be provided at all levels, and finally the youngest and the oldest (grandparents) must be

respected regardless of class, creed and race in a given society. However, environmentalism is a relatively new approach which argues that the physical world is being harmed and this will increasingly impact on our elderly's welfare. However, sociologists argue how environmental problems are linked to particular cultural values, economic arrangements and welfare of aging people [40].

Safety of the elderly depends on many factors such as providing social work and health services to them, and also improving their social, physical and mental well-being. Though the elderly are usually of the age of being retired, yet, they may be activated to maintain secondary functions such as giving care to their grandchildren in parent- absent homes, assisting each other (the two spouses), keeping their independence for longer time and so on. However, a century back or so, about half of children died before the age of twenty, and few could live to forty [41]. Under such conditions the chance of having aging people/grandparents was very low.

With increase in longevity and life expectancy, the number and proportion of grandparents are increasing more than ever before. Under such conditions, social security in old age is very vital to provide them with. The baby- boomers of mid-20th century are gradually turning to 60-65, and adding to the number of the elderly in Iran. But, just as the physical problems of aging, intellectual and psychological changes accompany aging too. In short, we can state: "What goes up must come down" [42]. What they immediately need now is better income, more social security, and better coverage of health insurance. So, increase in old age means more grandparents. The trend is likely to increase up to the year 2020 due to high population growth rate of 1960s. However, as the number and proportion of the elderly people increase, the healthcare system will experience an unprecedented influx of grandparents with physical and mental health problems, i.e. various age-related issues will make their care more complex, and necessary.

Not all the elderly grandparents are in a state of safety, some minorities face challenges associated with addiction, mental health problems, Alzheimer's disease, dementia etc. For example, 44.12% of the sample aging people/grandfathers in this study showed impatience/ intolerance. Similarly, prevalence of depression among them is quite on increase in modern time. But, fortunately, as a result of advances in medical sciences, many old grandparents can be treated upon clinicians' diagnosis. That is largely possible in the industrial countries, and less practical in developing societies including Iran.

Recent studies demonstrate that many grandparents afflicted by depression, hypertension, diabetes, heart failure and many other ailments can be prevented, and in some cases treated, if means enough are available. What is more difficult with the elderly is mental disorders which cannot easily be cured. However, despite all the advances taken place at different rates, and

in different societies, many physicians are unlikely to recognize and diagnose mental health problems in older adults in the early stages of Alzheimer's disease. Likewise, if and when diagnosed, most elder patients do not receive treatment. In case of physical problems, fractures etc., physicians and clinicians feel more responsible and pay more attention rather than mental problems and cases. So, in many cases, mental illness and aging problems which usually happen to aging people are ignored in contemporary time and in many societies.

Factors such as the age of the elderly/grandparents, and whether they both are alive — living together; all contribute to the quality of life of grandparents in Iran. Similarly, occupational position of grandparents, their pensions, their "age and work" their income and as a whole their economic position affect their quality of life, their health conditions etc. In Iran, not all the elderly people hold insurance. Therefore, those who have it can practically have better and more immune life. Educational status of the elderly also narrows the gap between their grandchildren and them. Education has much played role in increasing life expectancy, or so to say, it has contributed to having more aging people, and in the future the number and proportion will be much higher [43]. But, unfortunately not all the elderly people are educated. While many aging people are in need of help and emotional supports of their children, or grandchildren, that often does not happen at the current complicated, socio-economic and cultural conditions.

## Conclusion

Findings indicate that the aging people are increasing in Iran. Individual characteristics of the elderly people such as health status, personality traits, personal problems, and their socio-economic backgrounds are different in this paper. Therefore, the aging people represent different reflections. Similarly, different educational status, income conditions, work and health conditions of these elderly people prior to their retirement, have given them different quality of life in their old age. Almost doubling of the aging people in Iran during the past fifty five years (1956-2011) means that the elderly's needs have increased at higher proportions, and any failures or neglects towards that, will be elder abuse within them. In terms of norms and culture, the older people, or grandparents rely on their children, and in that, grandmothers more rely on their daughters. Similarly, as residing in nursing homes is not much common in Iran, the only alternative left for these people, is to be supported by their children and younger family members. In this paper we are unable to measure the quality of life of the elders any further due to resources and data limitations, which should be addressed in more studies.

Moreover, due to current young population structure in Iran, the country will face much higher number and proportion of the elderly people (grandparents) by 2030. As life expectancy is also increasing, we must logically expect more grandparents, especially women. However, issues such as social stigmas and

low status, employment and compulsory retirement, financial services and insurance, transport and medical treatment are highly problematic for the elderly people less in Tehran and more in Iran as a whole.

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