State of widowhood in Iran: Challenges of ageing spouses

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Abstract. The article represents how ageing, widowhood, and loneliness are surging in Iran. To conduct the research, Tehran City was chosen as the empirical universe of study. Due to rise in longevity in Iran in recent years - 76 years for women and 72 years for men - women are very likely to lose their spouse than ever before, and become widows albeit under the lack of adequate infrastructures. This emerging state of affairs leads to demographic challenges within in later life. Shortages of social security and pensions in the third age make the remaining spouse very vulnerable which is sociologically worth studying. Similarly, their social links and relations are impaired under such circumstances. The article indicates how the loss of interactions within the ageing people become problematic and demoralizing. Many remaining spouses experience poverty in this stage of life. Such ageing citizens need planned supports and services, and also effective projections for the years to come.

Keywords: ageing, longevity, widowhood, Iran, familial relations

Introduction

The present demographic window reflects various aspects of the quality of life of women and men after the death of a partner2. Loneliness as a social reality happens to women and men mostly in later ages. Such events are recognized as disasters by those who are concerned. The research will also uncover some of the commonalities and similarities of such loneliness in Tehran City as a metropolitan composed of various social classes, races, and social backgrounds. It provides an overview of the theoretical perspectives concerning such women and men after a death. It will also reflect on relevant key themes and issues. Though the body of literature and research in sociology has touched various subject-matters, the pathological situations of such loneliness has been ignored. The paper also tries to cite the identifiable stages/phases of human development and the quality of life of such people. It aims to reflect

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2 The term ‘quality of life’ describes a social atmosphere in which standard of living lies in economic progress of a given society. Quality of life also denotes to the manner in which an individual or group lives. It is currently used in a variety of contexts such as sociology, family, economics etc. The notion of quality of life among its other applications, is used to describe and distinguish between rural and urban, married and widowed life. Quality of life also arises as a social manifestation has constitutive socio-economic elements.
loneliness and death event in life cycle by portraying the period as a time of loss, and as a life condition which stands in isolation from the rest of couples’ lives. The study explores the loneliness transition in terms of new roles and the lost roles. However, loneliness as a potential beginning and a new experience will be explored and elicited. This research also tries to reflect a perspective of how to make later years of life worthwhile and successful for current and future cohorts of isolated women and men.

The background context

Traditional Iran was profoundly influenced by the ideas of respect for elder that endured for thousands of years. Since the past few decades with the increasing of urban life, the nuclear families and fewer children in the families, care and respect for the elders have diminished. Similarly, the introduction of one child or two children for the majority of families, means far fewer adult children available in the future to care for older people. For example in early 1980s the total fertility rate (TFR) was above 6 children for a woman, whereas it has been estimated to be 1.9 in 2014. Likewise, while the percentage of age groups under 15 was over 40 per cent in early 1980s, it was declared 25 per cent in 2014 (World Population Data Sheet, 2014). In urban areas it is less and less possible for multi-generational households to exist. In rural areas, pressing poverty means that few people are able to save for retirement. Women in particular face increased risk of poverty in old age. Not only Iran, but many other developing countries are facing such demographic disasters in modern time. In addition, both women and men usually face memory loss in old age which is problematic.

Iran’s population is rapidly changing. Change is reflected in every aspect of our lives, from norms and values to technology. Change has become such a prevalent element that we frequently it for granted. Predicting future socio-demographic changes on the basic of existing trends is called extrapolation which is sociologically of great importance to avoid risks in the future. Nevertheless, some attempts at social forecasting are necessary in order to plan more effectively for the future, and to develop appropriate solutions for problems that may arise with change. Technological change is a major source of social change. Changes in technology usually precede changes in other areas of the culture and, in turn, this situation results in cultural lag - a concept introduced by William Ogburn (1922). Cultural lag is the time, between the introduction of a change and society’s adaptation to it. For example, recent advances in medical technology have made it possible to prolong life by extending end-of-life care through the use of assistive technologies. But, there is a lag in the cultural ideas that regulated how we use this new technology (Kornabrum, 1988). Another source of social change is a change in the demographic structure of the population. The rapid growth of our older population

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3 The life cycle is the process of personal change from infancy through to old age and death, brought about as a result of the interaction between ‘biological events’ and ‘societal events’. The sociological concept of life cycle does not refer to the purely biological process of maturation, but to the transitions of an individual through socially constructed categories of age, and to the variations in social experiences of ageing. For example, while men and women have very different social experiences of biological ageing, the length and importance of ‘childhood’ varies among cultures. In alternative sense, the life cycle of a family is a process which includes courtship, marriage, child-rearing, children leaving home, widow(er)hood, and finally, the dissolution of the family unit.
provides an example. The social institutions in the society have not yet adjusted to the change in the size of older population, thus resulting in cultural lag. Iran is currently in the process of changing from a young nation to an ageing nation. This transformation is the result of a declining younger population and a growing older population (Pifer & Bronte, 1986). Living longer also means of deterioration in health, especially among the oldest-old, their losing spouse and their loneliness in old age. Consequently, a large number of people in this age group now require of will require long-term care, and the absence of which will be problematic.

Loneliness appears as an effect of marital dissolution or death of a partner worldwide; in some cases it happens due to divorce, and in most cases, and as a natural event, it appears because of the death of spouse. Research shows that in both cases, women tend to suffer long-term negative social and economic consequences while men do not (Neubeck & Glasberg, 1996). While marital dissolution tends to improve men’s standard of living, the income of women drops considerably in later life. Moreover, the widows’ social relations drop since they are mostly left in an isolated atmosphere. So far as Iran and many other developing societies are concerned, the extent of lonely women’s decline in economic status is quite considerable. The greatest decline following the death of a partner occurs for women whose pre-widowhood family incomes were high. Under such conditions, women suffered a 71 per cent drop in income in the United States (Weitzman, 1985, 251). Research has also demonstrated that in many countries including Iran, the economic effects of widowhood are just as disadvantageous for women as divorce - that is, their poverty rate tends to increase as compared to their pre-widowhood status, and before the death of their husbands (Hurd & Wise, 1989). While many husband-lost women in developing countries such as Iran do not have any social security/pensions at all, in the developed world like the United States, widows under the age of 60 are more likely to fall into poverty. That is because in many insurance policies, greater benefits accrue to an older widow (Holden, 1991).

Upon losing their husband, women may experience a whole range of emotions including chaos, anger, resentment, denial and disbelief. This may be followed by intense grief, and a search for the lost person, and that usually happens in every society. Eventual acceptance of the death of one’s partner can lead to depression and apathy. To successfully survive, the lonely woman or man has to recognize her/his life in an entirely new and unexpected way (Bernardes, 1997). Under the hard social and economic conditions, many especially women fall into deep poverty and disasters from which the only escape is one’s own death. Such a status may be more severe even in the industrial societies where the network of family relations does not function in a strong manner. As a social phenomenon, loneliness must have been in existence as long as socially-regulated marriage. The consequences of loneliness are many and grave. Between birth and death of a person, the most important event in life being marriage, it changes the personalities, the attitudes and lifestyle of women and men. Marriage is entered into with great hopes and expectations. On the contrary, family dissolution due to the death of a partner, and the failure of marital life, has serious repercussions on the individual, family and the community. Many researches and observations have shown the negative results of loneliness after the death a partner. In a way, dissolution of marriage in the
form of loneliness brings about personal, familial and social disorganization, and the effects of which are more severe for women (Pothen, 1996).

On the basis of existent research, as a result of the emotional crises to which lonely women have been subjected, many of whom develop symptoms of personality disorganization. These psycho-social manifestations include suppressions, repressions, regressions, ambivalent motivations, loss of self confidence, doubts, indecisions, and nightmares, amongst others. As a whole, loneliness for both women and men is nearly always a tragedy. In the present article, the author tries to find out the socio-economic background of the partner-lost women and men, and know as to how far the age, education, income etc. affect their new life course. Likewise, through the research, the author hopes to trace the adjustment process of the widows in starting a new life. Loneliness as an institutionalized way of compulsory ending of a marriage, is demonstrated differently in various cultures and societies (Devir, 1998).

However, losing one’s husband is the largest social and emotional loss which the women face and suffer it in the course of their ordinary life. It is initially an experience which we must live with that, and secondly, it is a social condition which we should get used to, and put up with that (Sadru sadat, Minaei & Sadrusadat, 1999). Assuming that widowhood is such a major feature of later life, it is surprising to discover that research on the lives of older widows is so scarce (Bernard, 2000). Under such conditions, the author was motivated to demonstrate a sociological perspective of the lonely women and men in Tehran. However, loss and bereavement felt by such lonely women and men, though problematic, are worth probing. The vast quantity of problems as faced by the widows in the society, convincingly portrays widowhood as an experience fraught with poverty, ill-health, loneliness, grief and readjustment. However, poverty has many causes and manifestations, making it difficult to describe with a single indicator with reference to partner-lost women and men (Jaiyebo, 2003). To better understand and identify the problem, the whole scenario needs scientific sociological research.

**Literature review**

*The theoretical context*

It is often thought that loneliness is a common problem everywhere regardless of race, religion, poverty or affluence, and geographical position, amongst other differences. One of the main constraints of the lonely women and men especially in countries like Iran, is their

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4 The term ‘emotional crises’ is used for emotional behaviour in disconformity with, that expected from an individual’s age level within a given society. Emotional crises may be any disruptive life events, possibly entailing the loss of important relationships and social status, which may threaten the integrity of the self and its social relationships. An indicative list is bereavement, divorce, marriage, widowhood, job loss or change, disability, retirement, migration etc. which may involve stress and anxiety, are implicated in the causation of some diseases and emotional crises. They form an important area of study for sociology of health and medicine. It is also counted as a central factor for consideration in the fields of counselling and psychotherapy.
social isolation which highly stems from cultural norms and values prevalent in the society\(^5\). Loneliness is also reflected as a psycho-social transition in which the phenomenon is seen as a disruption to an accustomed way of life. Individuals will cope differently, depending on their personality, culture, education and social status (Kimmel, 1995). Research on older lonely women and men is increasingly beginning to consider issues of reciprocity and/or exchange. In this model, older women are not seen as powerless victims. Social exchange theory (Antonucci, 1985) identifies loss of reciprocity as a condition under which social support may have negative consequences. For example, the support given to older partner- lost women, particularly by family, often leaves them in the role of passive recipients, or patients receiving treatment, and can leave them feeling powerless and dependent. Other social scientists - such as Watanabe, Green and Field (1989) who looked at the wellbeing of older partner - also found that too much support and lack of reciprocity had a negative effect on the women, perhaps because they felt they had less control. Such a focus on reciprocity allows us to see older widows as active participants in their social world, and thus builds in them the possibility of growth.

From a demographic perspective, the process of ageing is often confounded with other associated factors, such as, deteriorating physical health, poor nutrition, bereavement, social isolation and depression (Kuper & Kuper, 1996) - all likely plus memory loss at the stage of losing a partner. That is to say, all the above situations are mostly experienced by the older lonely women and men in any society. To better elaborate the subject-matter, sociologists discuss the social changes brought about as successive generations of people pass through life’s stages – that is, one of them being widowhood. Widowhood and the solitude caused by that is also a period of change and new challenges. It is a crisis for many women and men. It is a time for reevaluating what has been accomplished so far, and for deciding what can realistically be achieved in the years remaining.

To further discuss the theoretical perspectives of late life widowhood, (Blau, 1973) identified widowhood as a ‘role-less status’, lacking any culturally prescribed rights and duties towards others in the social system. On the other hand, Ferraro (1984) identified some changes within family roles in the early stages of widowhood, particularly between mothers and daughters, when the daughter might take on the “mothering” role for a period of time. However, the effects of ‘role loss’ in widowhood as Ferraro found, were not consistent, but were more likely to be the result of other factors surrounding widowhood, such as poverty, ill health, and/or very old age, rather than widowhood per se. Nevertheless, older women, though losing the role of ‘wife’, but they compensate for this loss by adopting to other roles. By using these theoretical ideas, we can explore the cause-and-effect reflections of change in later life widowhood. Finally, life-cycle theory rests on the belief that normal families go through

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\(^5\) Cultural norms and values are essential for the survival of any society. Cultural norms are the prescriptions which are serving as guidelines for social action. Human behaviour is the product of adherence to common expectations or norms. While deviation from norms is punished by sanctions, norms are acquired by internalization and socialization. The concept is central theories of social order. On the other hand, social order and cultural survival depend on the existence of general and shared values which are regarded as legitimate and binding, and act as a standard by the means of which the ends of action are selected. The linkage between norms and values is achieved through the process of socialization.
normal stages of birth, growth, and decline. Marriage initiates the family, the arrival of children develops and expands it, their departure contracts it, and it ends with the death of one of the spouses (Bilton et al., 2002).

The empirical context

Historical literature on widowhood denoted that in earlier centuries in the Western world, widows dominated the category of women without husbands, and death was a major source of instability in marriage. Estimates assert that, from medieval times to the mid-19th century, about half of those who married in their mid-twenties had lost their partner before they reached 60, and another view suggests that marriages in the last century were as fragile as those today: in the 1960s, a third of all marriages dissolved with the death of a partner within twenty years of being formed (Chandler, 1991). However, widows are seen as a historically vulnerable group, with varied position due to their socio-economic structure. Widowhood in its radical context could be found and followed in ancient India in the form of Sati wherein widows were obliged to burn themselves on the cremation ceremony/funeral of their husbands. Though not practiced in modern era, yet, it could be sought among the very religious Hindus.

Most of the research on late-life loneliness was conducted in developed world in 1970s and 1980s. The focus of the research has mainly been on the problems of loneliness and the support systems available for the lonely elders, and in many cases, studies were conducted within three years of the death of a spouse (Chambers, 1994). However, much of the literature on lonely women and men in the 1980s would be better construed as literature on ‘widows in bereavement’. The overall review of the literature indicates that lonely elders are a homogeneous group; and widowhood is synonymous with the acute state of bereavement. Older widows are not presented as self-determining, but as lonely and isolated. Generally speaking, late-life loneliness has been typified as a period of decline. Consequent research (e.g. Pickard, 1994) focused on the fact that loneliness in later life is a major stressful life event. On the other hand, Martin-Matthews (1991) reports that a major characteristic of the Canadian widowhood research is its stress-related nature, with a focus on the event of becoming a widow. However, widowhood is referred to, as the loss of a spouse, namely, a life event which requires most adjustment. Jones-Porter (1994) suggested that when it is assumed that the death of a spouse is a stressful event, researchers are more likely to frame data collection in terms of grieving and coping. When one listens to older lonely women and men talking about their present lives, they first express the difference that older women face in later life, and second, how their experience is shaped both by their own life expectation and the expectations of others. However, the challenges faced by the partner-lost women and men may include:

6 ‘Sati’ or ‘Suttee’ is a Hindu custom known as a solution to widowhood was found in ancient India. In that, Hindu women who had lost their husbands were obliged to commit suicide on the funeral pyres of their dead husbands. There are a number of explanations for this practice. Sati has an economic basis. It was customary in India for a husband’s property to be distributed between his mother and his sons. The widow, not having any means to live on, and no support, her only option was suicide. Another explanation express Sati as a part of Hindu culture, and the caste system. It is an act of self-sacrifice to assist the spiritual progress of the husband after death, and was practised more by higher caste women (Chandler, 1991).
family ties, friendship, residence, social interests, financial issues, loneliness, poor health, solo/alone living, and sometimes lack of confidence.

Although the lonely women and men used to comprise the largest group of the elderly people in the industrial world in the last three decades, many Asian countries including Iran are appearing the same in recent years. However, while the industrial societies have developed their social security systems to protect and handle the elderly widows and widowers, the developing societies including Iran, yet, have a long way to go, to be able to handle these people favourably. Indeed, it is remarkable that although the number of the widows is increasing more due to the socio-demographic changes occurred, yet, very little information of these vulnerable people is within reach (Kinsella, 1996, 26). Therefore, to obtain a picture of the myths and realities of the widows, one must search a number of different sources of medical profession, researches done by sociologists, psychologists, social workers, and many other different viewpoints. However, in modern time, due to increasing socio-economic developments, governments have compulsorily intervened in the private affairs of families such as birth control etc. Though they compassionately try to promote social welfare, health and food standards, and quality of life of the families (Ezazi, 2002), yet, the problems of the widows are not well recognized and touched, especially in Iran.

**Gender and marital status**

One of the most paining and key social problems that has long preoccupied sociologists of gender and mental health is that women have higher rates of depressive disorders than men due to the death of a partner. Recent studies indicate that women are twice as likely as men to experience such mental health (Kessler, 2003). Similarly, in most studies conducted, from the 1970s to the present, women report significantly more symptoms of depression than men (Rosenfield & Mouzon, 2013). The present study revolves around the vulnerability hypothesis, with respect to the etiology of women's greater emotional distress after the death of one's husband. They usually express more emotional upset relative to men. By vulnerability hypothesis is meant that women are more vulnerable than men to the impact of the death of one's spouse. However, while women tend to be more reactive to family-related stress, men tend to be more reactive to employment-related stress (Simon & Lively, 2010). Several longitudinal studies find that becoming married (and remarried) results in a significant decrease in symptoms of depression, whereas becoming divorced, widowed and losing spouse result in a significant increase in these symptoms of distress (Barrett, 2000). However, socio-structural, socio-psychological and socio-cultural factors contribute to persistent gender, marital status and quality-of-life differences in emotional well-being of women and men after the death of one of the partners. Loneliness after the death of one of the two spouses has also been described as a social pain - it is meant to alert an individual of isolation, and motivate her/him to seek social connections (Cacioppo, 2008).

**Gender differences in loneliness**

Women in the developed countries generally live to seven to eight years longer on average than men. This is becoming even apparent in developing societies, and such a gap is widening
further and further for the Iranian elderly lonely women too. This simple fact has many implications for the society’s social structure. For example, there are five times as many widowed women in the U.S. as there are widowed men. Likewise, since women tend to marry older men in Iran as in many other societies, they are much more likely to be widowed during a large portion of their old age. As investigated in countries like the United States, by their 65th birthday, about 25 per cent of married women will be widowed; and half of the remaining ones will be widowed by age 75. Only one man in five will lose his wife during the same time span (Clausen, 1986). Putting it another way, for people aged 65 or older, 75 per cent of men, but only 40 per cent of the women were living with their spouse (United States Bureau of the Census, 1990).

The experience of loneliness itself is different for women and men. Either of the partners after separation, i.e. loss of one spouse, will begin a difficult life, especially at the initial stages, and either woman or man will experience different phases/aspects, depending on one’s social, familial and cultural conditions (Asgari, 2001). In some ways, it is more difficult for men to adjust to, for they, not only lose their wives, but a system of domestic support is impaired as well; one that they have always taken for granted. As many men currently in their sixties and seventies tend to be unfamiliar with cooking and household chores, so partner-loss lonely men may experience physical decline due to skipped meals and poor nutrition. Loneliness also clashes with men’s self-definitions as independent and resourceful. They are not accustomed to asking for help, so they may get less assistance than they need from relatives and friends, because they are not seen as ‘needy’. Among those over the age of 65, rates of suicide are much higher for widowed men than for those whose wives are still alive (Keller, Light & Calhoun, 1994). Though in this regard, there is not a clear statistical evidence in Iran, but the case is very close to that of an industrial society with special reference to Tehran. At the same time, however, remarriage is a predominantly male prerogative, for both demographic and cultural reasons, in 1981, there were only twenty-three unmarried men aged 65 and older for every one-hundred unmarried women in an industrial society like the United States which could be generalized to other developing societies like Iran. In addition, older men still have further option of marrying younger women. As a result, men aged 65 and older are eight times more likely to remarry than women at this age (Horn, 1987). Interestingly, social status affects remarriage rates among the widows and widowers in opposite ways. The more education a woman has, and the higher her income, the less likely she is to remarry, while the reverse is true for men.

Research design

The research techniques used in the present survey for specific fact-finding, and operations to yield the required social data, have been of a mixed-method strategy of investigation. While the main technique of study in this research is administering questionnaires, the author used interview method where necessary as well. Documents and books as major sources of evidence were used too, as primary source materials. While so far lesser attention has been paid to the loneliness studies and the disasters followed, in Iran, in the theoretical section, the author has referred to various theories and approaches, literature review and so forth. The survey based on questionnaire-design, attitude measurement and question wording, were as
well accompanied by face to face interviews where necessary. In completing the research, lonely women and men were randomly selected, and for whom the questionnaires were filled in. Eventually, 584 questionnaires were elicited and extracted. However, in completing the present research, and to produce a reliable and valid work, the procedure of research was followed through the fundamental methods mentioned.

Findings

The respondents included 395 females and 189 males, 67.6 and 32.4 per cent respectively. The distribution of their age is found in Table 1.

Amongst respondents, 52 widows (8 per cent) declared that they had lost their husbands for less than one year, and 15 (2 per cent) widows asserted that they had lost their spouses for more than 30 years. As regards men, 40 widows (6 per cent) declared that they had lost their wives for less than one year, and 3 (0.3 per cent) asserted that they had lost their spouses for more than 30 years.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Females</th>
<th></th>
<th>Males</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>8</td>
<td>1.37</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30-39</td>
<td>16</td>
<td>2.74</td>
<td>4</td>
<td>0.68</td>
</tr>
<tr>
<td>40-49</td>
<td>38</td>
<td>6.51</td>
<td>7</td>
<td>1.2</td>
</tr>
<tr>
<td>50-59</td>
<td>77</td>
<td>13.18</td>
<td>23</td>
<td>3.94</td>
</tr>
<tr>
<td>60-69</td>
<td>115</td>
<td>19.69</td>
<td>48</td>
<td>8.22</td>
</tr>
<tr>
<td>70-79</td>
<td>96</td>
<td>16.44</td>
<td>61</td>
<td>10.45</td>
</tr>
<tr>
<td>80-89</td>
<td>43</td>
<td>7.36</td>
<td>33</td>
<td>5.65</td>
</tr>
<tr>
<td>90+</td>
<td>2</td>
<td>0.34</td>
<td>13</td>
<td>2.23</td>
</tr>
<tr>
<td>Total</td>
<td>395</td>
<td>67.64</td>
<td>189</td>
<td>32.37</td>
</tr>
</tbody>
</table>

The remaining range of distributions are found in Table 2. The high rate of maternal death and other health-related issues are responsible for the relatively high frequency of loss of wives among the widows.

Table 2: Classification of widowhood by gender and time of event

| Age (years) | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21-25 | 26-30 | 30+
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>15</td>
<td>178</td>
<td>30</td>
<td>130</td>
<td>22</td>
<td>67</td>
<td>11</td>
</tr>
<tr>
<td>Females</td>
<td>52</td>
<td>8</td>
<td>107</td>
<td>18</td>
<td>87</td>
<td>14</td>
<td>47</td>
<td>8</td>
</tr>
<tr>
<td>Males</td>
<td>40</td>
<td>6</td>
<td>71</td>
<td>12</td>
<td>43</td>
<td>7</td>
<td>20</td>
<td>3</td>
</tr>
</tbody>
</table>
Tables 3 to 5 attempt to classify widowhood with (i) the state of monthly pensions, (ii) safety/illness, and (iii), medical insurance. Results revealed that 80 widows (13.7 per cent) and 145 widowers (24.83 per cent) held ‘self-pensions’, 218 widows (37.33 per cent) and 4 widowers (0.68 per cent) held a ‘pension from ex-spouse’, and 97 widows (16.61 per cent) and 40 widowers (6.85 per cent) held no pension.

Table 3: Widowhood by gender and the state of monthly pensions in Tehran City

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>Self-pension</th>
<th>Pension from ex-spouse</th>
<th>Without pension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>per cent</td>
<td>No.</td>
<td>per cent</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>100</td>
<td>225</td>
<td>38.53</td>
</tr>
<tr>
<td>Females</td>
<td>395</td>
<td>67.64</td>
<td>80</td>
<td>13.7</td>
</tr>
<tr>
<td>Males</td>
<td>189</td>
<td>32.36</td>
<td>145</td>
<td>24.83</td>
</tr>
</tbody>
</table>

As far as safety/illness were concerned, 131 widows and 85 widowers considered themselves to be ‘safe’, 144 widows and 58 widowers held ‘1 illness’, 66 widows and 26 widowers held ‘2 illnesses’, and 54 widows and 19 widowers held ‘3 illness or more’ (Table 4).

Table 4: Widowhood by gender and safety/illness in Tehran City

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>Safe</th>
<th>Having 1 illness</th>
<th>Having 2 illnesses</th>
<th>Having 3 illnesses and more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>100</td>
<td>216</td>
<td>36.99</td>
<td>202</td>
</tr>
<tr>
<td>Females</td>
<td>395</td>
<td>67.64</td>
<td>131</td>
<td>22.43</td>
<td>144</td>
</tr>
<tr>
<td>Males</td>
<td>189</td>
<td>32.36</td>
<td>85</td>
<td>14.55</td>
<td>58</td>
</tr>
</tbody>
</table>

With respect to medical insurance, 309 widows (68 per cent) and 136 widows (32 per cent) were in possession of ‘medical insurance’, 86 widows (15 per cent) and 53 widowers (9 per cent) held no ‘medical insurance’ (Table 5).

Table 5: Widowhood by gender and medical insurance in Tehran City

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>With medical insurance</th>
<th>Without medical insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>100</td>
<td>445</td>
</tr>
<tr>
<td>Females</td>
<td>395</td>
<td>67.64</td>
<td>309</td>
</tr>
<tr>
<td>Males</td>
<td>189</td>
<td>32.36</td>
<td>136</td>
</tr>
</tbody>
</table>
The study also focused on the extent of the problems experienced by respondents. As much as 177 (30.31 per cent) of widows stated they experienced serious problem as the result of their marital status, with 76 (13.01 per cent) declaring their key problem as lack of income, 79 (13.53 per cent) highlighting their illness as their key concern, and finally, 63 (10.79 per cent) widows underlying their problems as ‘others’. With respect to widowers, 111 (19.01 per cent) declared that they experienced serious difficulties following the loss of their wives, with 32 (5.48 per cent) pointing to inadequate income, 25 (4.28 per cent) highlighting illness, and 21 (3.6 per cent) declaring their problems as ‘others’. With respect to quality of life, findings reveal 141 (24.14 per cent) widows suffered from ‘social isolation’, 148 (25.34 per cent) widows experienced material poverty, 35 (5.99 per cent) widows had limited relationships with friends, and finally, 71 (12.16 per cent) widows expressed to have limited relationships with the relatives. On the other hand, 92 (15.75 per cent) widowers suffered from social isolation, 17 (2.91 per cent) widowers suffered from material poverty, 27 (4.62 per cent) widowers had limited relationships with friends, and 53 (9.08 per cent) widowers stated to have limited relationships with relatives.

The study also questioned living arrangements (Table 7). On one hand, only 10 (1.71 per cent) widows were positive to residing in nursing homes, whereas 367 (62.84 per cent) widows did not appreciate living in nursing homes, and finally, 18 (3.08 per cent) widows stated that they like to stay in care homes ‘only to an extent’. Only 19 (3.25 per cent) widowers were positive to living in care homes, 149 (25.51 per cent) widowers did not appreciate living in care homes, and finally, 21 (3.6 per cent) widowers professed that they like to stay in care homes ‘only to an extent’.

<table>
<thead>
<tr>
<th>Age</th>
<th>Total No.</th>
<th>Total per cent</th>
<th>Owning private residence No.</th>
<th>Owning private residence per cent</th>
<th>Tenant No.</th>
<th>Tenant per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>584</td>
<td>100</td>
<td>479</td>
<td>82.02</td>
<td>108</td>
<td>17.98</td>
</tr>
<tr>
<td>Females</td>
<td>395</td>
<td>67.64</td>
<td>315</td>
<td>53.94</td>
<td>80</td>
<td>13.7</td>
</tr>
<tr>
<td>Males</td>
<td>189</td>
<td>32.36</td>
<td>164</td>
<td>28.08</td>
<td>25</td>
<td>4.28</td>
</tr>
</tbody>
</table>

Leisure time patterns was another focus of the study, with 133 (22.77 per cent) widows stating that most of their leisure involved participating in religious meetings. Similarly, the same number of widows enjoying spending their leisure time visiting their children, whilst 26 (4.45 per cent) widows took care of their grandchildren, and 39 (6.68 per cent) widows spent their leisure time by visiting their family relatives. As far as widowers were concerned, 30 (5.14 per cent) widowers spent their leisure time in religious meetings, 67 (11.47 per cent) widowers stated that they spent their leisure time by visiting their children, 12 (2.05 per cent) widowers took care of their grandchildren, and 14 (2.4 per cent) widowers enjoyed visiting family relatives. Finally, the study found that 183 (31.34 per cent) widows asserted to feel ‘isolated and lonely’, 32 (5.48 per cent) widows felt ‘poor’, 107 (18.32 per cent) widows felt ‘dependent’, and finally, 73 (12.5 per cent) widows stated to feel ‘fortunate and happy’. With respect to the
men, 120 (20.55 per cent) widowers stated they experienced ‘isolation and loneliness’, 15 (2.57 per cent) widowers felt ‘poor’, 35 (5.99 per cent) widowers experienced ‘dependence’, and finally, 19 (3.25 per cent) widowers, perceived themselves to be ‘fortunate and happy’.

Conclusion

Not only China and India have their population-related problems, and their disasters caused by large populations in the form of air population, environmental issues, other countries such as Iran is also facing new disasters stemming from ageing, widowhood, shortage of social security in old age, increasing marriage age for the youth, decline in fertility rations and other such issues. However, Iran needs farther infrastructures to be able to respond to the increasing demands of its surging ageing population, and if not, Iranian society will not be able to meet the challenges of population ageing. As a result of the death of one of the spouses, the remaining other spouse, particularly if female, faces various social, economic, psychological and emotional constraints/disasters. Therefore, widowhood is strongly associated with poor mental health (Das, Friedman & McKenzie, 2008). The state of having lost one’s spouse to death could leave the wife with increasing problems regardless of where it happens. If we go back in history, widows in many cultures used to wear black for the rest of their lives to signify their mourning. Though it has been loosened in many societies and cultures, yet many widows comply with that. In the meantime, and as far as the remaining female spouses are concerned, their social networks are severely and negatively affected. Such invisible group of women are usually excluded - they are painfully absent from the statistics of many developing countries. In such countries the exact number of such women (widows), their ages and other social and economic aspects of their lives are unknown.

Widows comprise a significant proportion of all women; ranging from 7 to 16 per cent of all adult women (United Nations, 2001). However, older women are far more likely than older men to be widowed. The proportion of which in Western Asia where Iran also is situated, is 48 per cent for women aged 60-plus as compared to 8 per cent for their male peers in the period 1985 to 1997 (ibid.). As far as women are concerned, the maximum proportion is 59 per cent for women in Northern Africa and 39 per cent in developed regions of the world - similarly, as far as men are concerned, the lowest proportion is 7 per cent in Africa and 14 per cent in Eastern Europe (ibid.). Yet, in order to achieve real advancements, women who have lost their husbands need support to get organised. A low-fertility combined with increased life expectancy has led to a population structure that is increasingly weighted towards older members of society in Iran in the past few years. Similarly, the current middle-aged generation of Iran has failed to replace itself. Various studies of demographic change in Iran have linked declining fertility to other changing social factors as increased education, delayed marriage age, aspirations to get economic opportunities for women, and the expense of raising children in modern urban societies. All these have played role in reducing fertility over the past few decades, i.e. leading to surging ageing population, more widows and widowers over the age of 65 and the like facing increasing socio-economic disasters with special reference to women. Not only in Iran, but across the globe, the women who have lost their husbands share two common experiences: a loss of social status and reduced economic circumstances. Even in developed countries the older generation of widows, those now over 60, may suffer a
dramatic, but subtle change in their social position. Similarly, the monetary value of widows' pensions is a continuing source of grievance, since the value often does not keep up with fluctuations in the ever-changing cost-of-living indices. A global overview indicates that countries like India has the largest recorded number of widows in the world - 33 million (10 per cent of the female population, compared to only 3 per cent of men), creating increasing problems for such women (ibid.). Iran too, is in the same position relative to its population.

The data collected in this study reflects different dimensions of the quality of life of those who lost their partners in Tehran, could help plan their lives in a better way; particularly under the circumstances that life expectancy is ever increasing, and women in their later life get the chance to remain alone for a longer course of time. As a result, many of the lonely women expressed satisfaction with their quality of life, and challenged the view that widowhood is a period of decline. They acknowledged that many changes had occurred in their lives. Many of them also acknowledged that they often were alone and isolated. Most of the widows studied, recognized that there had been changes from their married lives, adjusting to the new phase of life, network of friends, relatives, and neighbours. The study found that they had undergone a transition to another phase in their lives with new values and standards - some, however, reflected positive aspects of their lives, although some dimensions caused them distress. Further research about such silent groups of elder women needs to be carried out, to listen to their voices and their needs in order to improve their quality of life and so forth.

References


