

## **The Effect of Elder Iranians' Socioeconomic and Health Status on their Position in Family**

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**Abstract:** *Family is the first and everlasting shelter for each human being. There is an urgent need for Elderly parent to be supported by his/her primary family group .Unfortunately; nowadays we witness families who cannot afford caring their elder parents at home and send them to a nursing house. The goal of this article is to clarify one of the most important excuses of ceasing family care because of low elderly socio-economic status .we compare two different socio-economic structures of families whose elder senior lives in Kahreezak nursing house and the second whose elder parent lives beside his/her supportive family. The method of research is descriptive-analytic, the aim is practical, the depth is wide-spread and by time it is cross-sectional. Data was collected by two separate researcher –made questionnaires for two groups of 200 Tehran elderly seniors living either with their families, or in a nursing house called "Kahreezak".The validity was checked formally and the reliability of tools was checked by internal convergence(Alpha 0.8). Research findings indicate: supporting or repelling the elderly parents from family is depended to the Socio-economic status of them. House conditions and accommodation feasibility is determinant in elder senior status in family.*

**Keywords:** *Ageing, Family structure, Kahreezak nursing house, Socio-economic status, Tehran city.*

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### **Introduction**

The number of people aged 60 or older was 593 million in 1999 and this number will be 1.970 billion in 2050, which is 3.3 times in 50 years. This will increase the percentage of the elderly in the world population from 10 to 22 percent. Iran will not remain unaffected with 26 million elderly people in 2050, constituting 23 percent of the whole population (Zanjani, 1999). Improvements in life expectancy and decreased reproduction have increased the number of the elderly relative to the total population in developing countries. The population structure of the third world countries including Iran is gradually moving from young adults to adults.

Developing countries are facing rapid increases in the number of people aged 60 or over. In these countries, the number of people living in their third stage of life is more than those in developed countries. Since a large number of the third world countries have conducted plans on women's health, increasing food, improving literacy over the past half century, the number of the elderly has increased relative to the whole population in these countries. Such countries require proper social policies to meet the increasing demands of the elderly population. Furthermore, since the population structures of the third world countries are typically changing, they are facing a new phenomenon called elderly population. Moreover, the family structure has dramatically changed, with most families being the core type, leaving people with difficulty passing the third stage of their lives (Sheikhi, 2010: 13).

The family, as the primary group, is the most important shelter for every human being, especially in two important stages of early childhood and elderly age. The elderly person, as the parent of the family, stays in the family and receives services from the younger members of the family, typically their children. The degree of the service received depends on the degree of health, cultural asset, their ability to give intellectual help to the family, and their financial status. Of course in addition to financial matters, the degree of affection, sympathy, trust, information and education in the family are also important in playing constructive roles as well as interactions among the family members. Under the best conditions, the elderly person is able to meet part of their needs with the help of the family members not all of them. Generally, the elderly person has to use the existing services, disregarding their personal needs. Following the religious and moral teachings, the family members give them services as much as they can. Although the cooperation of the family members in giving care to the elderly people is the necessary condition, the sufficient condition is to have financial resources for giving services. The purpose

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of this study is to focus on the variable of economic-social status and to evaluate the place of the elderly in the family structure by testing the hypothesis that the social status (job, education) and economic status (income, asset, residence status) and the elderly person's health conditions affect their places in the family structure. We defined the dependent variable, the elderly person's place in the family structure, based on two aspects, taking care of the elderly person in the family or sending him to the nursing home.

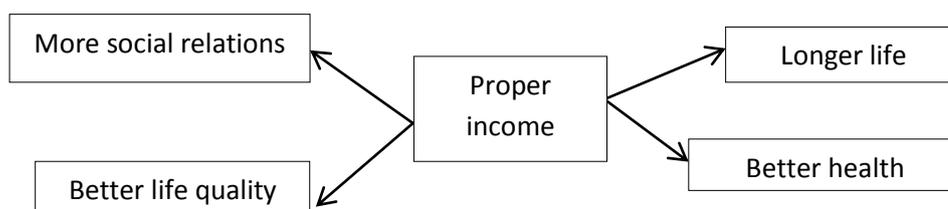
### Literature Review

Population growth along with improved health care services and facilities lead to an increased number of the elderly. Many developed countries are currently experiencing this, with one fifth of their population being in the elder group. The elderly population is typically one with limited participation in production and a wide a range of needs for services. This is why socioeconomic demography has to be sensitive to the direction of the population growth and make required predictions in order not to face limited resources (Sheikhi, 2010: 38). Life expectancy and duration in the elderly has increased and in not so distant future, one out of five people will be elderly. The population of the world elderly is expected to reach from 9% to 16% during 1995 to 2030. The percentage in Asia increases from 3.9 to 6.18, in Eastern Europe from 17.7 to 25.5, in France from 20.9 to 37.6, in Germany from 22.3 to 41.6, in Japan from 16.2 to 37 and in Iran from 5.6 to 17.5. A comparison of the statistics reveals that the aging trend in Asia is relatively faster than other mentioned countries (Rezaee and Manoochehri, 2008).

Old age is a stage that every human being who is supposed to live long will experience. Although long life is a divine gift, old age has its own problems. Especially ole age in poverty puts the elderly person under tremendous physical and mental pressure. While the costs of the elderly increase after retirement, their power to make a living diminishes. In addition, the elderly in the Iranian society are considered the "head of the family", which puts them under high expectations to help the younger members of the family. These expectations have financial consequences for them. As many people reach ole age, they need to receive additional income or help to perform their daily tasks. If the elderly person does not own a residence, this will be so difficult that it might lead to family breakdown and eventually sending the elderly person to a nursing home. It is acceptable that during a historical period, the family structure has undergone fundamental changes affected by a variety of factors such as changes in lifestyle, the type of living, technology, consumption, and changes in the attitudes toward life. Social, economic and cultural changes have changed the internal relations in the family, both structurally and ideologically. This has also changed the attitudes toward the elderly. Nursing homes are among those new institutions which help families by dividing social work. Although such service-providing institutions occasionally try to play the role of the family for the elderly, a number of studies have indicated that the elderly people living in nursing homes feel less desirable than those who live with their families. The physical and mental health of the elderly is mainly affected by their financial and emotional security. Differences in the elderly are the result of the differences in their incomes. Poor elderly are expected to have shorter lifespans compared to those with higher incomes and qualities of life (Menec et al, 1999; cited in Sheikhi, 2010:32).

Research conducted by demographers and gerontologists indicates that in industrial countries, younger elderly, i.e. those aged 65-74, are in good health conditions. They have social security and mainly live in couples. However, in developing countries, people aged 65 or more are less likely to live in couples since in these countries the phenomenon of aging is a new one and typically involves one of the couples especially women.

Figure (1): Relationship between Income and Other Variables



Azkiya cites Robert Chambers portraying the aspects of poverty and preventing from measurement biases based on the 5 aspects of poverty in the form of the poverty trap. These 5 aspects of poverty, called clusters of disadvantage, constitute the poverty trap. They include material poverty, physical weakness, vulnerability, isolation, and powerlessness, as depicted in the graph below (Azkiya, Ghaffari, 2008: 38).

Our society, which is in a transition period, needs to redefine social justice in order to plan based on distributional justice. The concept of social development involves multiple factors as well as reevaluating the elderly's lifestyle, which definitely involves relative welfare and social security. Social development as a concept which is closely related to the people's lifestyle involves improving the general quality of life through creating desirable conditions in poverty eradication, nutrition, sanitation, housing, occupation, education, and passing leisure time. On this basis, it is said that "social development refers to different forms of interaction occurring in a certain society experiencing development in civilization. Cultural and social development complement each other and both contribute to the distinguishing features of a society". Thus, social development seeks to improve the social status of people in the society by changing the redundant and limiting patterns of behavior and drawing upon more desirable attitudes and beliefs which are capable of addressing social issues. Social development involves a wider range of concepts compared to economic growth and economic development (ibid: 19).

### **Theoretical Framework**

Exchange theory and modernization theory are two alternative theoretical frameworks that can enhance our understanding of the factors that influence different patterns of caregiving. Although exchange theory is a micro-level theory and modernization is a macro-level theory, these theories provide alternative perspectives for understanding the phenomenon of caregiving. In the next section, the main tenets and propositions of each of these two theories are briefly discussed.

#### **Exchange Theory and Caregiving**

Exchange theory may be useful in explaining the relationships between the caregiver and the care recipient. Exchange theory, which originated with the work of Homans (1961) and further developed by Blau (1961), attempts to explain how certain factors influence patterns of interaction and relationships between two actors. Based on the tenets of exchange theory, relationships between the caregiver and care recipient depend on the capacity of the actors to mutually reward one another with something of value (Emerson, 1972). For example, in an exchange relationship, resources that may be used to reward others may include assistance with personal grooming, housework, money, information, affection, approval, labor, compliance, or various types of material support. If one actor has a lower capacity to reward the other person in the relationship, then the actor with less exchange resources is assumed to be more dependent in the relationship. Dowd (1975; 1980), who was among the first to use the exchange theory in social gerontology, advanced the argument that aging affects exchange relationships in the sense that people desire to profit from social interaction with others and that profit consists of a perception that the reward coming from the interchange outweighs the costs. The ability to profit from an exchange depends on the exchange resources that the actors bring to the exchange. When resources are reasonably equal, then a mutually satisfying interdependence may emerge. However, if one of the actors has substantially fewer exchange resources, then the actor's ability to profit from the exchange can be sharply restricted. In other words, actors attempt to maximize their rewards and minimize their costs in their interactions with others. Exchange relations that get too far out of balance may lead to unstable relationships that could have negative consequences for both the caregiver and care recipient, such as stress, role strain, feelings of guilt, and feelings of dependency.

One of the most common patterns of exchange relationships occurs within the context of the family, where adult children are the caregiver for aging parents. Exchange relationships among family members develop at different intervals over the life course of the parties involved and may be shaped in different ways by various factors, including resources, social class, gender, ethnicity, personality, health, residence, and the duration, intensity, and quality of the relationship between the caregiver and care recipient.

#### **Modernization Theory and Caregiving**

Unlike exchange theory, which is a micro-level theory, modernization is a macro-level theory, which deals with the influence of societal changes on social roles, relationships, and resources, which may directly or indirectly influence caregiving. Modernization theory proposes that the processes that cause society to change from a traditional social system to a modern industrial social system may change the status that older people occupy in

society and the esteem afforded to them individually as members of a social category (Atchley and Barusch, 2004, p. 45). Modernization may give rise to new ways of thinking and doing things that lead to changes in roles and norms of family members, such as the use of modern medical technology, increase in cost of living, changes in the structure and requirements of work (e.g., increased specialization, rationalization, standardization, and formalization), new communication techniques, increased geographical mobility, increase in complex, bureaucratic, impersonal organizations, changing political and governmental interventions, increase in the production and use of scientific knowledge, and universal education. Societal changes may have positive and negative consequences for individuals and groups in society. For example, some scholars have explained how factors associated with modernization have devalued the status of older people in society: demographic trends produce a higher proportion of older people in the population; increase in use of technology has reduced the demand for workers and heightened the competition for jobs between the old and young; new types of jobs have reduced the demand for the experience and skills of older people; retirement has lowered the social value.

older people and reduced their income; child-centered education outside the family has made obsolete the knowledge, skills, and roles in parenting and grand parenting; and urbanization has often left many older people behind in rural areas or economically depressed and socially isolated areas (Cowgill, 1972; 1974; 1986). Leo Simmons (1945), an anthropologist, conducted one of the earliest studies of the effects of modernization, using a cross-cultural group of 71 societies. Simmons concluded that in relatively stable agrarian societies, elders usually occupy positions of honor, favor, and power, mainly due to the norms of seniority rights. However, when the rates of changes increase, older people lose their advantaged status. From a sociological perspective, Cottrell (1960) saw modernization as creating conditions that lead to more complex forms of organization, including the family. In such families, older members lose many of their dominant roles in making family decisions and performing family functions. Accordingly, family roles shift from ascribed to achieved roles and statuses, which influence the distribution of power and resources and pattern of relationships among family members. The lower status of older people in the family tends to limit their roles and choices, reduce their authority, and thus, make them more dependent on other family members. In this way, modernization may influence caregiving exchange relationships between adult children and their aging parents.

, modernization has raised the level of education, increased the level of income, vastly improved health and medical technology, and created many scientific discoveries and breakthroughs, which have significantly increased the quality and quantity of life. The death rate has decreased sharply over the past century and advanced medical technology has produced effective treatments for many diseases. Accordingly, modernization theory can be useful in explaining how aging and treatment of older persons as a social category have changed within a given period of time. This theory may also be useful in explaining why and how certain societal changes influence the structure and dynamics of caregiving to the elderly population.

### **Methodology and Instruments**

The central issue in this study is to explore the problems of the elderly people who face unpredicted conditions and unwanted consequences of exclusion. The purpose is to address the question of how the socioeconomic status of the elderly affects their positions in the family. One choice which is attributed to evading family responsibility is sending the elderly person to a nursing home. In the Iranian society, as the religious teachings emphasize respecting the elderly, sending them to nursing home, especially state-owned ones like Kahreezak, is considered improper except in inevitable circumstances. The question of this study is to compare the socioeconomic status of the elderly who are being taken care at home with those sent to Kahreezak Nursing Home. It is descriptive-explanatory study; in terms of purpose it is applied; in terms of depth it is expensive; in terms of time it is cross-sectional. Data was gathered through a researcher-developed questionnaire distributed among 2 groups of 200 senior citizens, one living with their families (multi-stage cluster sampling) and the other living in Kahreezak Nursing Home (random sampling). The instrument was validated through face validity and the reliability was measured through internal consistency ( $\alpha=0.8$ ).

### **Research Findings**

Findings indicated that the position of the elderly is affected by their socioeconomic status. This implies that the elderly's financial resources like income and possessing a home positively affects taking care of the elderly. The resources acquired from the elderly's assets are another factor contributing to providing care to them by their families. The tendency toward taking care of the elderly was affected by the size of the residence, i.e. the smaller the residence, the higher the tendency to reject the elderly person.

## Descriptive Findings

Of 200 respondents residing at home, 52% were males and 48% were females. Male and female respondents' average ages were 74 and 72, respectively. Of 200 respondents residing at the nursing home, 54% were male and 46% were female, with average ages of 77 and 79, respectively. In terms of marital status, the highest percentage belonged to the married men residing at home (59%) and the widowed females living at the nursing home (70%). 40% of the males and 50% of the females belonged to the Fars ethnicity and 40% of the males and 24% of the females had Azari ethnicity. 46% of the elderly living at home and 40% of the other group were illiterate. 73% of the elderly living at home had monthly income, with average salary of 16,000,000 Rials, while in the other group, 92% declared that they did not have monthly salaries, with average income of 3,100,000 Rials. The most frequently stated job for the home residing group was "housewife" and in the other group it was technical worker (28%). Half of the home residing group had private cars while 94% of the other group did not. 65% of the home residing group had personal housing, while in the second group 92% did not. In the home residing group, 41% declared that they had poor health conditions, 32% average, and 27% were in good health conditions. However, in the other group, 49% reported they were in poor health conditions, 31% average, and 20% were in good health conditions. 8.5 of the first group reported that they were well being taken care of by their family members, while the figure for the other group was 1.5. In the first group, 2.5% frequently asked help from others, while this figure in the other group was 27.5%.

## 1<sup>st</sup> Hypothesis

It seems that the elderly's socioeconomic status affects their positions in the family; those with higher socioeconomic statuses are taken care of at home, while those in lower socioeconomic positions are sent to nursing homes.

This hypothesis was tested through the t-test:

The following table demonstrates the comparison between the socioeconomic statuses of the elderly living at home with those living at the nursing home.

| <i>t-test</i> |           |          | <i>Levene's Test</i> |          | <i>Descriptive Statistics</i> |             | <i>Elderly</i>         |                      |
|---------------|-----------|----------|----------------------|----------|-------------------------------|-------------|------------------------|----------------------|
| <i>Sig</i>    | <i>df</i> | <i>t</i> | <i>Sig</i>           | <i>f</i> | <i>SD</i>                     | <i>Mean</i> |                        |                      |
| 0.025         | 382       | 2.257    | 0.051                | 29.770   | 3.59                          | 13.22       | Living at Home         | Socioeconomic Status |
|               |           |          |                      |          | 2.20                          | 12.14       | Living at Nursing Home |                      |

## Explanation

The comparison of the average socioeconomic statuses of the two groups shows that they are different ( $p < 0.05$ , 2.257t). The average socioeconomic status of the home residing group (13.22) was greater than that of the other group (12.14). Since there is a significant difference between the socioeconomic statuses of the groups, the hypothesis is confirmed. In other words, it can be stated that the elderly's socioeconomic statuses affect their positions in the family; those with high socioeconomic statuses are taken care of at home by their family members and those with low ones are sent to nursing homes.

**2nd Hypothesis:** given the new conditions in which most families are living in apartments and smaller residence areas compared to the past, accepting or rejecting to take care of the elderly at home depends on the residence conditions of the family.

According to the results of the Chi square test), which is significant ( $\text{sig} = 0.001$ ), the conditions of residence and accepting or rejecting the elderly person are correlated. Ratio distributions in the table show that 70% of the elderly living at home are living in their personal homes. Thus, the hypothesis is confirmed. It implies that given the new conditions in which most families are living in apartments and smaller residence areas compared to the past, accepting or rejecting to take care of the elderly at home depends on the residence conditions of the family.

Comparing Residence Conditions for both Groups

| <i>Total</i> | <i>Nursing Home</i> | <i>Home</i> | <i>Elderly residence</i> |                  |
|--------------|---------------------|-------------|--------------------------|------------------|
|              |                     |             |                          |                  |
| 59           | 6                   | 53          | <i>Frequency</i>         | <i>Apartment</i> |
| 14.8         | 3                   | 26.5        | <i>Percentage</i>        |                  |
| 162          | 22                  | 140         | <i>Frequency</i>         | <i>House</i>     |
| 40.5         | 11                  | 70          | <i>Percentage</i>        |                  |
| 126          | 126                 | 0           | <i>Frequency</i>         | <i>Other</i>     |
| 31.5         | 63                  | 0           | <i>Percentage</i>        |                  |
| 53           | 46                  | 7           | <i>Frequency</i>         | <i>No Answer</i> |
| 13.2         | 23                  | 3.5         | <i>Percentage</i>        |                  |
| 400          | 200                 | 200         | <i>Frequency</i>         | <i>Total</i>     |
| 100          | 100                 | 100         | <i>Percentage</i>        |                  |

| <i>Chi-Square</i> | <i>df</i> | <i>Sig</i> |
|-------------------|-----------|------------|
| 278.079           | 3         | 0.001      |

### 3<sup>rd</sup> Hypothesis

It seems that the elderly living in poor health conditions are sent to nursing homes and those in good health conditions are taken care of at home.

The results of the Chi square test which is significant (sig = 0.482) indicate that there is no significant difference between the health conditions of the elderly living at home and those living at nursing homes. Therefore, the hypothesis is rejected, implying that the health conditions of the elderly do not affect their positions in the family.

Comparison of Physical Health between the Two Groups

| <i>Total</i> | <i>Nursing Home</i> | <i>Home</i> | <i>Elderly Physical Health</i> |                  |
|--------------|---------------------|-------------|--------------------------------|------------------|
|              |                     |             |                                |                  |
| 35           | 19                  | 16          | <i>Frequency</i>               | <i>Very Poor</i> |
| 8.8          | 9.5                 | 8           | <i>Percentage</i>              |                  |
| 145          | 79                  | 66          | <i>Frequency</i>               | <i>Poor</i>      |
| 36.2         | 39.5                | 33          | <i>Percentage</i>              |                  |
| 125          | 61                  | 64          | <i>Frequency</i>               | <i>Average</i>   |
| 31.2         | 30.5                | 32          | <i>Percentage</i>              |                  |
| 72           | 32                  | 40          | <i>Frequency</i>               | <i>Good</i>      |
| 18           | 16                  | 20          | <i>Percentage</i>              |                  |
| 23           | 9                   | 14          | <i>Frequency</i>               | <i>Very Good</i> |
| 5.8          | 4.5                 | 7           | <i>Percentage</i>              |                  |
| 400          | 200                 | 200         | <i>Frequency</i>               | <i>Total</i>     |
| 100          | 100                 | 100         | <i>Percentage</i>              |                  |

| <i>Chi-Square</i> | <i>df</i> | <i>Sig</i> |
|-------------------|-----------|------------|
| 3.471             | 4         | 0.482      |

## Discussion

In spite of the problems in the bustle of today's city life, the best place to meet the elderly's psychological needs is within the family. According to the studies conducted by the Welfare Organization, it seems that under current transition conditions with various problems both inside families and in providing state welfare services to the elderly, there is an increasing trend in sending the elderly to nursing homes, especially in families with poor financial conditions. General health is indicated poor in the elderly living in nursing homes compared to those living with their families and the scores related to the feeling of isolation are significantly greater. Sending the elderly to nursing homes are reportedly more frequent compared to a decade ago. Although we do not deny the good functioning of such institutions since they are inevitable in a complex society, most elderly citizens report negative experiences of living in such institutions because in our country the warm atmosphere of the family is not comparable to the cold atmosphere of a professional place. The first hypothesis, the impact of the elderly citizen's socioeconomic status, was tested through the t-test and by comparing the average scores of the two independent groups. The results indicated that there is a significant difference between the socioeconomic statuses of the groups. Thus the first hypothesis is confirmed. In other words, the socioeconomic statuses of the elderly affect their positions in the family. Those with high statuses are taken care of at home and those with lower ones are sent to nursing homes. Also, education, job, and income are important in large cities and especially owning a personal home is very effective. Gender is also important in determining the socioeconomic status of the individuals.

Although injustice has always existed in the history, it can occasionally be the result of the absence of distributary justice. In our society, a large number of the retired people are dependent on their children's financial support and those who are deprived of such supports, if they do not have any savings, they might be rejected by their families in old age. Regarding the second hypothesis, the Chi square test revealed that the physical conditions of the elderly's homes can determine their being sent to the nursing home. The results confirmed that given the new conditions of living in small apartments, taking care of the elderly or sending them to nursing homes is correlated with the conditions of their residence.

Fortunately, testing the third hypothesis, the impact of the elderly's physical conditions on sending them to nursing homes, revealed that regardless of the elderly's physical conditions, Iranian families do not neglect to take care of their elderly family members. This hypothesis was rejected. If there are good human relations among the family members and if there is no problem regarding financial matters and housing, Iranian families do not send their elderly members to nursing homes.

## Conclusion

For a society to operate in a healthy manner, all institutions from the smallest one (the family) to the largest one (the society) need planning and reevaluating past plans. In such a society, human development is not limited to a certain age. Satisfaction with life for all members of the family and the society contribute to optimal human development and to a spirit of liveliness in the society. If people are positive toward their futures and their old ages, the positive trend of development occurs in full range. According to the United Nation's Human Development Report, 1999:

Human development is trend during which people's choices are enlarged. Although these choices may change in definition over time, at all levels of development, the fundamental issues for people are to lead healthy lives, be knowledgeable, and having access to resources needed for a decent standard of living. Without these three choices, many choices in life would not be achievable. But many additional choices are valued by people. They include political, social and economic freedom, having opportunities to play a creative and constructive role, and self-respect and human rights. Human development has two aspects:

- 1- forming human capabilities including improved health, knowledge, and skills ,
- 2- Adopting these skills in leisure time, pursuing constructive goals, and in social, cultural, and political activities. If human development fails to create a balance between these two aspects, human life will probably experience degradation.

Based on this form of human development, increasing income is only one part people's needs. Although it is one of the most important needs, human life could not be limited to income. Thus, there should be more to development than mere attempts to increase income and wealth. It is people who should be the focus of development. Regarding the evaluation of human development, in spite of various measurements which can be adopted, due to the lack of sound statistics especially in underdeveloped parts of the globe, it is recommended that three key factors be focused

on. They include life length, knowledge, and decent income and are said to include a large number of aspects of life (Azkia, Ghaffari, 2008: 22). Like other members of the society, the elderly need to feel that they are socially accepted. Obviously, improving the financial status of the elderly can contribute to a feeling of worth for the family and the society. They have to feel that they are respected by their families and the society. To achieve this, their time and power should be properly employed; they have to assume responsibilities, to be helpful, and to be independent in terms of living costs in old age. Providing the grounds for such conditions requires the government and people's attempt. Adopting new attitudes towards aging together with cooperation, research, and learning from other countries' experiences and domesticizing them can help us achieve advanced methods of managing the elderly affairs.

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