

Social Quality for Aged People in Iran: Towards Developing Theoretical Scale

QUALITE SOCIALE POUR LES PERSONNES AGEES EN IRAN: VERS LE DEVELOPPEMENT D'UNE ECHELLE THEORIQUE

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Abstract

After introducing new approach in social policy, there is a need to conduct operational definition and indicators which will measure the social quality of the aged. This measurement and scale would be vital only if there is a 3.2% increase in the population of the elderly in Iranian community in comparison with 1.2% increase of total population. The social quality approach as a theoretical framework with its domains and sub domains are the main source for conducting this scale. Recent works by EFSQ is also a reference. First of all, the SQSA (social quality scale for aged) was conducted and developed as well with four domains in 97 items. Two items is extra than EFSQ's items for domains of SQA. This scale was adjusted and related into Iranian community. Also, it could be generalize to other similar community in developing countries. Next step towards developing SQSA is the evaluation and measure of its validity and reliability in a survey and communal context. This action is necessary for the decision makers, social politicians and practitioners who are looking for operational scale to measure the quality of life for the aged.

Key words: Aged Community; Iran; Developing Scale; Social Quality Approach

Résumé

Après l'introduction de la nouvelle approche en matière de politique sociale, il est nécessaire de procéder à une définition opérationnelle et des indicateurs qui mesurent la qualité sociale des personnes âgées. Cette mesure et d'échelle serait vital que s'il ya une augmentation de 3,2% dans la population des personnes âgées dans la communauté iranienne en comparaison avec une augmentation de 1,2% de la population totale. La démarche qualité sociale comme un cadre théorique avec ses domaines et sous domaines sont la source principale pour la réalisation de cette échelle. Des travaux récents par EFSQ est aussi une référence. Tout d'abord, le SQSA (échelle de qualité sociale pour les personnes âgées) a été menée et a développé aussi bien avec les quatre domaines dans 97 articles. Deux éléments supplémentaires sont que des éléments EFSQ pour les domaines de SQA. Cette échelle a été ajustée et connexes dans la communauté iranienne. Aussi, il pourrait être de généraliser à d'autres communautés similaires dans les pays en développement. Prochaine étape vers le développement SQSA est l'évaluation et la mesure de sa validité et sa fiabilité dans une enquête et le contexte communautaire. Cette action est nécessaire pour les décideurs, les politiciens sociaux et les praticiens qui sont à la recherche d'une échelle opérationnelle pour mesurer la qualité de vie pour personnes âgées.

Mots clés: Communauté âgées; Iran; Développer l'échelle; Démarche de la Qualité Sociale

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INTRODUCTION

At the end of 1950, the number of people above 65 years was 200 million worldwide. This population has increased three folds to 590 million and by the year 2025, it is estimated to rise to 1100 million. Generally, the increase in the rate of the world population among elderly is 1.7 per cent but this rate has been projected to increase to 2.5 per cent per year (German, 2002).

Similarly, Iranian society will have effective and operative group who are going to shape its communities and networks. Iran is a developing & crowded country with 75 million people in Middle East and North Africa [MENA It has a 2.8 percent ratio of the total elderly population more than the National Fertility Ratio of 1.2 percent (ISCC, 2007a). According to Iranian National Census by ISCC (Iran Statistics & Census Centre) in 2007, A 6.8 per cent of Iranian population is formed by people 60 years old and above with the national increase rate of 2.8 per cent (ISCC, 1997; ISCC, 2007c). In this census, based on the civic law and judiciary system, the age of the elderly at the first year of retirement was above 60, which is 5 years less than the WHO definition of old age.

A society, with such a high rate of increase in elderly population, is to face issues and questions in reflexive situation. Firstly, any problem in the community will be linked to senior citizens as increasing crowd dwellers. Secondly, any specific trouble for the elderly becomes a social issue, in that every elderly problem is an extension of a problem for society. Evidences both locally and nationally has been referred (any references for this since you mentioned evidences locally and nationally?) as dilemmas in social problems in the society. These include reductions in social trust, social relations and support, social activity, civic engagement (CE), economic and social security, leisure activities, mobility, neighbourhoods and safe areas. Other problems such as declined social indicators like social networks, social cohesion and inclusion, civic engagement, social capital (SC), and

increase of informal and familial solidarity which result in social exclusion have also been referred (Dini, 2007; Firouz Abadi & Imani Jajarmi, 2007; Ghaffari, 2001; Ghasemi, Esmaili, & Rabeie, 2007; Joshanlou & Qaedi, 2010; Joshanlou, Rostami, & Nosrat Abadi, 2007; Saadat, 2006a).

The community of Ahwaz city, the capital of Khuzistan province and a major city in southwest of Iran near the Iraqi border, was affected by ethnic distribution of social life, hence affecting the gender-related issues of social community and societal issues for citizens (Asadollahi, 2010). So far, there has been no especial research on social quality of elders. However, considering its domains e.g. social capital and social participation, the findings show a different vision. There are research about social capital, quality of life and their criteria, but there are *no* especial papers sociologically dealing with the issues (Holzhausen, Kuhlmeier, & Martus, 2010). In Iran particularly, most studies on elders were of health and medical orientations (Asadollahi & Nobaya, 2011). Considering the community of the seniors of Ahwaz city, this research can be claimed as a rare case in this area of study (Eller, Holle, Landgraf, & Mielck, 2008a; Russell, Campbell, & Hughes, 2008).

In some research, other views on social life have the vision of volunteer interactions. Accordingly, everyday lives of the samples are viewed upon biological and psychological health, life expectancy, quality of aged life, life satisfaction and subjective psychological wellbeing in elder society⁵. Taking view on social life of the aged e.g. social quality, its sphere, and the declines of its measures upon some evidences, the effects and consequences are a major social problem in need of serious consideration. There is a gap of knowledge about the social sphere and community of elders after this decline, which is presently mixed with some misunderstanding and unawareness about the social quality of life of elders. Also, absence of instrument with regards to this manner is another main issue.

⁵(Adams & Torr, 1998; Berkman, Glass, Brissette, & Seeman, 2000; Blit-cohen & Litwin, 2004; Campbell & McLean, 2002; Chiu & West, 2007; Eller et al., 2008a; Eller, Holle, Landgraf, & Mielck, 2008b; FACT Team, 2008; Grundy & Sloggett, 2003; Healy, Haynes, & Hampshire, 2007; Joshanlou & Qaedi, 2010; Joshanlou et al., 2007; Jung et al., 2004; Lewis, 1997; McCulloch, 2003; McKay, Kempson, Atkinson, & Crame, 2008; Mladovsky & Mossialos, 2008; Payne & Williams, 2008; Russell et al., 2008; Wu & Xie, 2010; Sabatini, ; Temple, 2008; Wandel & Roos, 2006; Wen, Cagney, & Christakis, 2005; Weterberg, 2007; Yip et al., 2007)

⁶Twelve years ago, upon final report by Van Der Maesen and his colleagues (2005):“the European Foundation on Social Quality started with the Amsterdam Declaration on the Social Quality of Europe, solemnly published during the Dutch Presidency of the EU in 1997. Since then the Foundation has established many different partnerships with representatives of more than 70 universities in the European Union. It organized a number of European projects, published books and voluminous reports and it contributed to the publication of the European Journal of Social Quality. In this way it has been enabled to (i) elaborate the theory of social quality, (ii) to develop related methodologies, (iii) to organize projects on aspects of the theory (especially the conditional factors), (iv) to apply these to the public policies of employment, ageing, public health and urban development.” For further information contact at: Felix Meritis building, Keizersgracht 324, 1016 EZ Amsterdam, The Netherlands, Ph: +31 20 626 2321, Fax: +31 20 624 9368, or visit: www.socialquality.org

NEW PHENOMENA FOR SOCIAL GERONTOLOGY

The phenomenon of Social Quality and its theoretical vision has a new influential horizon to look at seniors in society in their social end life (Walker & Van Der Maesen, 2005; Kauppinen & Siltaniemi, 2005). This concept is defined as “the extent to which citizens are able to participate in the social and economic life of their communities under conditions which enhance their well-being and individual potential” (Beck et. al, 2001, p.6-7).

On the other hand, both the quality of life and society have two visions, which can support scientists to introduce on the welfare concepts of the aged, according to ZUMA Institute (Noll, 1996; Jankowitsch and Berger-Schmitt, 1999 cited by Walker & Van Der Maesen, 2005) and well-being approach (Keyes, 1998; Keyes & Shapiro, 2004).

The European Foundation of Social Quality⁶ (EFSQ as reference institution which officially explains and has comments on this concept) has challenged the ZUMA’s regarding the welfare concepts of society and its distribution of the quality of life and society. They believe that social quality is an equivalent of welfare concepts which “should be placed at the same level of quality of life ... [whereas] social quality should be seen in contrast” with the quality of life (Walker & Van Der Maesen, 2005). They acclaim ZUMA’s concept, societal vision of the quality of society and the individual vision of quality of life are implicitly conveyed in the concept of “Social Quality” and its quadruplet components (Walker & van der Maesen, 2005). As it will be further discussed, social quality approach by EFSQ can evidently introduce and highlight the darkness of social life of seniors along with the decline of some social issues as the approach “emphasis intervention ... , the removal of social problems with public finance under control of the state” (Walker & van der Maesen, 2005). “It refers to process and active individuals ... not only outcomes but especially the nature of the interventions are important. The concept concerns processes of self-realization, the formation of collective identities, interaction, interactive communication, transformation of values, collectivization of norms, social recognition and participation [... and so] in these processes actors play an important role [since that’s vitally for aged]” (Maesen et al 2002 and Walker & Van Der Maesen, 2005). Noticeably, social quality wholly depends on the

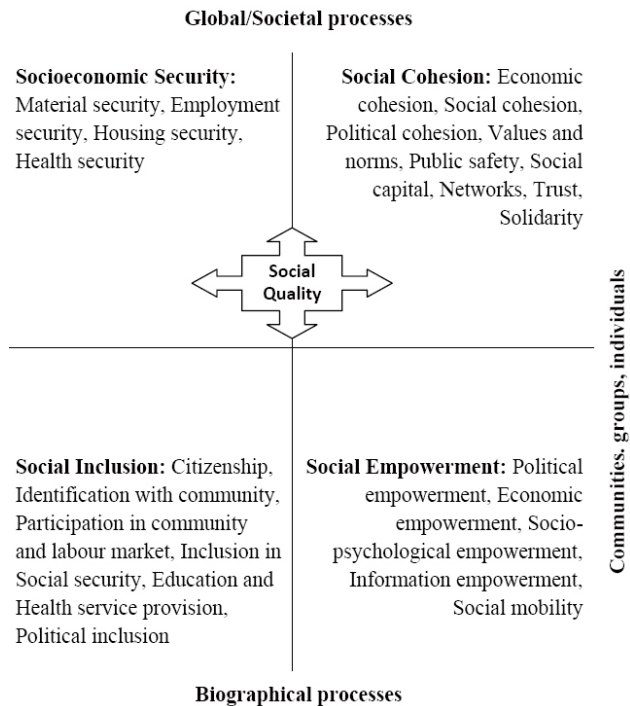
activity approach and could be particularly employed from a Gerontological aspect. Gerontology is significant in dealing with our unawareness about the social quality of life and well-being of the aged, who evidently have a declined situation from a medical viewpoint. Most available evidences and studies on social quality have centralized on decision makings,, public socio-economic administrating and policy makings for citizens’ life in public arena with regard to commitments and operations of them in the society. Most of these researches were conducted by ENIQ (European Network on Indicators for Social Quality⁷) under EFSQ (European Foundation on Social Quality) during 2001-2004. This foundation and its findings are the main reference for social quality papers.

For social quality approach, the famous concept of social capital is the main domain of (one of its) quadruplet components within social cohesion. It is generally defined as “social networks and ties; numbers of informal and formal community, social, political, [and] cultural organization[s]” (Beck, 2001a; Berman, 2004; Philips, 2003; Van Der Maesen, 2002).

Now the polemic subject is; “*what are the components of social quality?*” According to EFSQ and as graphically stated in figure one, the reference foundation of this approach i.e. social quality with its four components are interrelated in a quadrangle of Socio-economic Security, Social Empowerment, Social Inclusion, and Social Cohesion. According to EFSQ, social quality and its quadruplet components are shaped in a dual vertical/horizontal axis of phenomenological, global/societal, and biographical process in which vertical axis has a communal/individual significance and horizontal axis bears significance with institutions/systems (Beck, 2001a; Beck et al., 2001b; Van Der Maesen, 2002; Van Der Maesen, 2005).

In the context of the SQA diagram (see figure 1), the quadruplet components and their continuity equation are derived from the dialectic speech of the ‘social.’ Thus this unintelligible phenomenon is the outcome of two phenomena; ‘self-realization of human subjects’ and objective formation of ‘collective identities’ (for further information see “Organic-Mechanic Solidarity” in Durkheim’s opinions and conflict of “Life World” and “Systems” in Habermas theory and other dialectical theories) (Beck et al, 2001a).

The European Network Indicators of Social Quality is co-ordinated by the European Foundation on Social Quality in Amsterdam and was financed under the European Commission DG Research fifth framework program. this program was conducted during 2001-2004. In the succeeding paragraphs abbreviations of them would state as ENIQ & EFSQ. For further information visit: www.socialquality.org or E-mail to: EFSQ@felix.meritis.nl



Source: (Beck, 2001a; Beck et al., 2001b; Van Der Maesen, 2002; Van Der Maesen, 2005)

Figure 1
The Quadrangle of Conditional Factors of Social Quality Approach

Research and evidences on social quality as a whole and from gerontological viewpoint in specific are rare. However, the two main domains (social capital and participation) and its two components (social cohesion and social inclusion) have declined upon evidence-based documents in the studyv of the community and among the

aged too. It is noteworthy that the two domains of social quality are dealt in the preceding parts.

Walker (2004) and Beck et al. (2001) have mentioned that social quality is in demand of more micro-area evaluation and “is more fruitful than a general contribution of social quality ... regarding micro-processes and practice.” This is particularly the case with specific groups e.g. women, aged and disable persons, and groups who are far from empowerment and resources in society. So, the indicators’ components of social quality for these groups would be special and more narrowed. Although the base of the frame should be stable in components and domains, indicators need more evaluation and spread (Beck et al., 2001b; Walker & Van Der Maesen, 2002).

DOMAIN, SUB-DOMAINS AND COMPONENTS OF SOCIAL QUALITY

The definition of Social Quality in the last Fundamental book of EFSQ in 2002 is “the extent to which people are able to participate in the social and economic life and development of their communities under conditions which enhance their wellbeing and individual potential” (Beck et al 2002; van der Maesen, Walker 2005, pp.11-12).

Now, there is a need for more operational definitions about the indicators of quadruplet components of social quality. First of all, the indicators as it appear in the theoretical framework is based on social quality approach with new comments and reports by the EFSQ in forthcoming table 1 to 4. Then, the indicators are being narrowed down to suit the community of its study specifying them for senior citizens.

Table 1
Indicators of Socio-Economic Security

Domains	Sub-domains	Indicators
Financial resources	Income sufficiency	1. Part of household income spent on health, clothing, food and housing (in the lower and median household incomes)
	Income security	2. How do certain biographical events affect the risk of poverty on household level?
		3. Proportion of total population living in households receiving entitlement transfers (means-tested, cash and in-kind transfers) that allow them to live above EU poverty level
Housing and environment	Housing security	4. Proportion of people who have certainty of keeping their home
		5. Proportion of hidden families (i.e. several families within the same household)
	Housing conditions	6. Number of square meters per household member
	Environmental conditions (social and natural)	7. Proportion of population living in houses with lack of functioning basic amenities (water, sanitation and energy)
Health and Care		8. People affected by criminal offences per 10.000 inhabitants
	Security of health provisions	9. Proportion living in households that are situated in neighbourhoods with above average pollution rate (water, air and noise)
		10. Proportion of people covered by compulsory/ voluntary health insurance (including qualitative exploration of what is and what is not covered by insurance system)
	Health services	11. Number of medical doctors per 10.000 inhabitants
		12. Average distance to hospital, measure in minutes, not in meters

To be continued

Continued

Domains	Sub-domains	Indicators
Work	Care services Employment security	13. Average response time of medical ambulance 14. Average number of hours spent on care differentiated by paid and unpaid 15. Length of notice before employer can change terms and conditions of labour relation/contract 16. Length of notice before termination of labour contract 17. proportion employed workforce with temporary, non permanent, job contract 18. Proportion of workforce that is illegal
	Working conditions	19. Number of employees that reduced work time because of interruption (parental leave, medical assistance of relative, palliative leave) as a proportion of the employees who are entitled to these kinds of work time reductions 20. Number of accidents (fatal / non-fatal) at work per 100.000 employed persons (if possible: per sector) 21. Number of hours a full-time employee typically works a week (actual working week)
Education	Security of education	22. Proportion of pupils leaving education without finishing compulsory education (early school leavers) 23. Study fees as proportion of national mean net wage
	Quality of education	24. Proportion of students who, within a year of leaving school with or without certificate, are able to find employment

Source: (Beck, 2001a; Herrmann, 2006; Keizer, 2004; Van Der Maesen, 2005)

The definition of socio-economic components of social quality is stated as “the extent to which individual people have resources over time”(Farrell, 2005).

Table 2
Indicators of Social Cohesion

Domains	Sub-domains	Indicators
Trust	Generalized trust Specific trust	25. Extent to which ‘most people can be trusted’ 26. Trust in: government; elected representatives; political parties; armed forces; legal system; the media; trade unions, police; religious institutions; civil service; economic transactions 27. Number of cases being referred to European Court of law 28. Importance of: family; friends; leisure; politics; respecting parents. parents’ duty to children
	Altruism Tolerance	29. Volunteering: number of hours per week 30. Blood donation 31. Views on immigration, pluralism and multiculturalism 32. Tolerance of other people’s self-identity, beliefs, behaviour and lifestyle preferences
Other integrative norms and values	Social contract	33. Beliefs on causes of poverty: individual or structural 34. Willingness to pay more taxes if you were sure that it would improve the situation of the poor 35. Intergenerational: willingness to pay 1% more taxes in order to improve the situation of elderly people in your country 36. Willingness to actually do something practical for the people in your community/ neighbourhood, like: picking up litter, doing some shopping for elderly/ disabled/ sick people in your neighbourhood, assisting neighbours/ community members with filling out (fax/ municipal/ etc) forms, cleaning the street/ porch/ doorway 37. Division of household tasks between men and women: Do you have an understanding with your husband/ spouse about the division of household tasks, raising of the children, and gaining household income?
	Networks	38. Membership (active or inactive) of political, voluntary, charitable organisations or sport clubs 39. Support received from family, neighbours and friends 40. Frequency of contact with friends and colleagues
Social networks/ social capital	Networks	41. Sense of national pride 42. Identification with national symbols and European symbols 43. Sense of regional / community / local identity
Identity	National/European identity	44. Sense of belonging to family and kinship network
	Regional/Community/ local identity Interpersonal identities	

Source: (Beck, 2001a; Beck, Keizer, Van Der Maesen, & Philips, 2001a; Berman, 2000; Berman, 2004; Van Der Maesen, 2005)

Social cohesion is defined as “the nature of social norms”(Farrell, 2005). relations based on shared identities, values, and

Table 3
Indicators of Social Inclusion

Domains	Sub-domains	Indicators	
Citizenship rights	Constitutional/political rights	45. Proportion of residents with citizenship	
		46. Proportion having right to vote in local elections and proportion exercising it	
	Social rights	47. Proportion with right to a public pension (i.e. a pension organized or regulated by the government)	
	Civic rights	48. Women's pay as a proportion of men's	
		49. Proportion with right to free legal advice Proportion experiencing discrimination	
Economic & political networks	50. Proportion experiencing discrimination		
Labour market	Access to paid employment	51. Proportion of ethnic minority groups elected or appointed to parliament, boards of private companies and foundations	
		52. Proportion of women elected or appointed to parliament, boards of private companies and foundations	
Services	Health services	53. Long-term unemployment (12+ months)	
		Housing	54. Involuntary part-time or temporary employment
		Education	55. Proportions with entitlement to and using public primary health care
	Financial services	56. Proportion homeless, sleeping rough	
		Transport	57. Average waiting time for social housing
		Civic/cultural services	58. school participation rates and higher education participation rates
	Social network (participation)	Neighbourhood participation	59. Proportion of people in need receiving care services
			60. Average waiting time for care services (including child care)
		Friendship	61. Proportion denied credit differentiated by income groups
			62. Access to financial assistance / advice in case of need
Family life		63. Proportion of population who has access to public transport system	
		64. Density of public transport system and road density	
		65. Number of public sport facilities per 10.000 inhabitants	
		66. Number of public and private civic & cultural facilities (e.g. cinema, theatre, concerts) per 10.000 inhabitants	
		67. Proportion in regular contact with neighbours	
		68. Proportion in regular contact with friends	
		69. Proportion feeling lonely/isolated	
		70. Duration of contact with relatives (cohabiting and non-cohabiting)	
		71. Informal (non-monetary) assistance received by different types of family	

Source: (Beck, 2001a; Beck et al., 2001a; Van Der Maesen, 2005; Walker, 2004)

EFSQ has described social inclusion as “the extent to which people have access to and are integrated in different social relations that constitute everyday life” (Farrell, 2005).

Table 4
Indicators of Social Empowerment

Domains	Sub-domains	Indicators
Knowledge base	Application of knowledge	72. Extent to which social mobility is knowledge-based (formal qualifications)
		73. Per cent of population literate and numerate
	Availability of information	74. Availability of free media
		75. Access to internet
Labour market	User friendliness of information	76. Provision of information in multiple languages on social services
	Control over employment contract	77. Availability of free advocacy, advice and guidance centres
		78. % Of labour force that is member of a trade union (differentiated to public and private employees)
	Prospect of job mobility	79. % of labour force covered by a collective agreement (differentiated by public and private employees)
		80. % of employed labour force receiving work based training
		81. % of labour force availing of publicly provided training (not only skills based). (Please outline costs of such training if any)
	Reconciliation of work and family life (work/life balance)	82. % of labour force participating in any “back to work scheme”
83. % of organisations operating work life balance policies.		
		84. % of employed labour force actually making use of work/life balance measures (see indicator above)

To be continued

Table 4
Indicators of Social Empowerment

Domains	Sub-domains	Indicators
Openness and supportiveness of institutions	Openness and supportiveness of political system	85. Existence of processes of consultation and direct democracy (eg. referenda)
	Openness of economic system	86. Number of instances of public involvement in major economic decision making (e.g. public hearings about company relocation, inward investment and plant closure)
Public space	Openness of organization	87. % of organisations/ institutions with work councils
	Support for collective action	88. % of the national & local public budget that is reserved for voluntary, not-for-profit citizenship initiatives 89. Marches and demonstrations banned in the past 12 months as proportion of total marched and demonstrations (held and banned).
	Cultural enrichment	90. Proportion of local and national budget allocated to all cultural activities 91. Number of self-organized cultural groups and events 92. Proportion of people experiencing different forms of personal enrichment on a regular basis
Personal relationships	Provision of services supporting physical & social independence	93. percentage of national and local budgets devoted to disabled people (physical and mental)
	Personal support services Support for social interaction	94. Level of pre-and-post-school child care 95. Extent of inclusiveness of housing and environmental design (e.g. meeting places, lighting, layout)

Source: (Beck, 2001a; Beck et al., 2001a; Herrmann, 2006; Van Der Maesen, 2005)

Social empowerment is classified as “the extent to which personal capabilities of individual people and their ability to act are enhanced by social relations” (Farrell, 2005).

As mentioned by Walker, van der Maesen, and Beck (reports and paperwork during 2001-2005), the social quality approach could be narrowed down to micro level of the ‘social’ within especial groups such as aged, women, ethnic/race groups, and disable persons. The advantage of social quality is to individualize the level of dialectical speech of ‘self-realization of human objects’ and ‘formation of collective identities’. However, it does not essentially mean that it is conceptually possible or empirically appropriate to talk of the ‘social quality of the

individual’ (Beck et al., 2001b; Van Der Maesen, 2005).

GERONTOLOGICAL INDICATORS OF SOCIAL QUALITY

Accordingly, there is a need for operational and Gerontological definitions about indicators of quadruplet components of social quality. Thus, the indicators would deal with the study of aged community adhering to more domains and sub-domains. Nevertheless, most indicators in the theoretical framework, which are based on recent EFSQ comments and reports of social quality approach, were converted to the gerontological vision stated in tables 5 to 9.

Table 5
Indicators of Socio-Economic Security in Aged-Related Vision

Domains	Sub-domains	Indicators
Financial resources	Income sufficiency	1. Part of household income spent on health e.g. for chronic diseases, clothing, and food (in the lower and median household incomes)
	Income security	2. How do certain biographical events e.g. widowhood/divorce affects the risk of poverty on household level? 3. Proportion of total population living in households receiving entitlement transfers (means-tested, cash and in-kind transfers) that allow them to live above provincial poverty level
Housing and environment	Housing security	4. Proportion of aged people who have certainty of keeping their home and/or live with her/his relatives who have certainty of keeping their home. 5. Proportion of hidden aged spouse that live with other members of kinships/ family (i.e. several families within the same household)
	Housing conditions	6. Number of square meters per household member/ and per aged members 7. Proportion of population living in houses with lack of functioning basic amenities (water, sanitation and energy)
	Environmental conditions (social and natural)	8. Older people affected by criminal offences per 1000 aged inhabitants 9. Proportion living in households that are situated in neighbourhoods with above average pollution rate (water, air and noise)

To be continued

Continued

Domains	Sub-domains	Indicators
Health and Care	Security of health provisions	10. Proportion of older people covered by compulsory/voluntary health insurance (including qualitative exploration of what is and what is not covered by insurance system)
	Health services	11. Number of medical doctors per 1000 aged inhabitants 12. Average distance to hospital, measure in minutes, not in meters 13. Average response time of medical ambulance /using ambulance or other health care facilitates.
	Care services	14. Average number of hours spent on care of grandchild/grandparents and other disable
Work	Employment security	15. Length of problem before aged termination and/or retirement of work 16. Length of encounter to problem after aged termination and/or retirement of work 17. Proportion aged workforce with temporary, non permanent (time per week if possible.) 18. Proportion of seniors workforce that is in illegal and or hazardous places and environments
	Working conditions	19. Number of aged that left any work and/or activity in community because of interruption grand children caring, medical assistance of relatives/spouse, palliative leave) 20. Number of accidents (fatal/non-fatal) at environment/place per 1000 aged persons (if possible, per factor: human or instrument) 21. Number of hours a full-time aged typically works a week (actual working week)
	Security of education	22. Proportion of seniors leaving NPL (National Plan of Literacy) without finishing compulsory education (early plan leavers) 23. Proportion of aged who participate in the NLP per 100 aged 24. Annual budget of the plan (NLP): provincial-county distribution
Education	Quality of education	25. Proportion of participants who, within a year of leaving the plan with or without certificate, are able to find apply the courses: reading newspapers, catalogues & leaflets & brochures of everyday life, orders/ contents of drug using ...

Source: (Beck, 2001a; Herrmann, 2006; Keizer, 2004; Van Der Maesen, 2005)

The definition of socio-economic component of social which individual elder people have resources over time. quality for aged community is stated as the extent to

Table 6
Indicators of Social Cohesion in Aged-Related Vision

Domains	Sub-domains	Indicators
Trust	Generalized trust	1. Extent to which 'most people can be trusted'
	Specific trust	2. Trust in: government; elected representatives; political parties; armed forces; legal system; the media; trade unions, police; religious institutions; civil service; economic transactions 3. Number of aged cases being referred to territorial courts & council of dispute resolution 4. Importance of family; friends; leisure; politics; religion and satisfactory about relatives/friendship networks: per years of dwell
Other integrative norms and values	Altruism	5. Volunteering: number of hours per week
	Tolerance	6. Blood donation and/or endowment or 'Vaqf' per time and/or per investment 7. Views on other ethnic groups and gender, pluralism and multiculturalism 8. Tolerance of other people's self-identity, beliefs, behaviour and lifestyle preferences
	Social contract	9. Beliefs on causes of poverty: individual or structural 10. Willingness to pay Material/financial reciprocate & support if you were sure that it would improve the situation of the poor/youth 11. Intergenerational: willingness to pay Material/financial reciprocate & support in order to improve the situation of other people in your city 12. Willingness to actually do something practical for the people in your community/ neighbourhood, like: picking up litter, doing some shopping for friends, neighbours, others, disabled/sick people in your neighbourhood, assisting young neighbours/ community members facilitate for marriage, employment, and housing of juveniles and new couples, building of standard modern schools-academies, & dormitories-shelters

To be continued

Continued

Domains	Sub-domains	Indicators
Social networks/ social capital	Networks	13. Division of household tasks between men and women: Do you have an understanding with your husband/ spouse and/or Kids/Grandkids about the division of household tasks, raising of the grand children, and gaining household income?
		14. Membership (active or inactive) of political, voluntary, social: as member of territorial courts & councils of dispute resolution, municipal councils of parishes charitable organisations or As member of Religious/women groups
Identity	National/ Iranian identity	15. Support received from family, neighbours and friends
		16. Frequency of contact with former friends and past colleagues per time in week
	Regional/Community/ local identity Interpersonal identities	17. Social-familial Intermediary within members' conflicts of family/kinship/ neighbours per time in week
		18. Sense of national pride
	19. Identification with national symbols and Iranian symbols	
	20. Sense of regional/community/local identity	
	21. Sense of belonging to family and kinship network	

Source: (Beck, 2001a; Beck et al., 2001a; Berman, 2000; Berman, 2004; Van Der Maesen, 2005)

Social cohesion is the nature of social relations based on shared identities, values, and norms and depending on more cohesive aged groups or cohesive society for the aged.

Table 7
Indicators of Social Inclusion in Aged-Related Vision

Domains	Sub-domains	Indicators
Citizenship rights	Constitutional/political rights	22. Proportion of residents which are not immigrants while 5 years ago
		23. Proportion having right to candidate in local elections e.g. Municipal Council and proportion exercising in ninth presidential election on June 2009
	Social rights	24. Proportion with right to a public pension/financial support (i.e. a pension organized or regulated by the government)
Labour market	Civic rights	25. Women's pension as a proportion of men's
		26. Proportion ethnic/gender harassment
	Economic & political networks Access to paid employment	27. Proportion experiencing aging discrimination; Ageism
		28. Proportion of ethnic minority groups elected or appointed to neighbourhoods/county council, CDR (Council of Dispute Resolution)
		29. Proportion of women labour force (paid/unpaid)
Services	Health services Housing	30. Long-term inactivity/ no especial work (12+ months)
		31. Involuntary part-time or temporary work per time
	Education	32. Proportions with entitlement to and using public primary health care
		33. Proportion of long term housing independently/ with relatives/social supported asylum and/or nursing home
		34. Average settle in social supported asylum and/or nursing home
	Financial services	35. Participation rates in NPL (National Plan on Literacy)
		36. Proportion of aged people in need to receiving NLP services
	Transport	37. Average waiting time for any care services (including elder care)
		38. Proportion bank account and loaning
	Civic/cultural services	39. Access to anyone for financial assistance/advice in case of need
40. Proportion of aged population who has use to public transport system per time in week		
41. Facilities of public transport system in streets, alleys, pathways for aged		
42. Number of public spaces facilities per 1000 aged inhabitants e.g. public gardens		
Social network (participation)	Neighbourhood participation	43. Number of public and private civic & cultural groups (e.g. holding/guest/ participate in religious/charity actions) per 1000 aged inhabitants
		44. Proportion in regular contact with neighbours per week
	Friendship	45. Proportion in regular contact with friends whom are not neighbours
		46. Proportion feeling lonely/isolated
	Family life	47. Duration of contact with relatives (cohabiting and non-cohabiting) per week
		48. Informal (non-monetary) assistance received by different types of family

Source: (Beck, 2001a; Beck et al., 2001a; Van Der Maesen, 2005; Walker, 2004)

Social inclusion is the extent to which seniors have access to and are integrated in different social relations with society/neighbourhoods that constitute everyday life of elders.

Table 8
Indicators of Social Empowerment in Aged-Related Vision

Domains	Sub-domains	Indicators
Knowledge base	Application of knowledge Availability of information	49. Extent to significant relation between social class & level of literacy 50. Per cent of aged population literate and numerate 51. Availability of free/local media e.g. Arabic radios/mass media/magazines 52. watching TV or hearing radio or reading magazines/newspapers per day 53. Provision of using media in multiple languages
	User friendliness of information	54. Availability of free advocacy, advice and guidance centres and/or any part of this services in local offices
Aged Labour Force	Time and income	55. % of hours per day that aged works out of home 56. Balance between income/expenditure of family upon her/his salary 57. % of salary actually making use by aged for his/her personal life
	Work and environment	58. Characteristics of work place upon healthy/ security 59. Balance between work and his/her ability 60. Necessity of his/her work for survival of family
	Relationship between work and family life	61. Necessity of his/her work for survival of his/her life
Openness and supportiveness of institutions	Openness and supportiveness of social system	62. Existence of plan or social policies by local government for organizations/ institution for aged
	Openness of economic system	63. Number of loaning & taking support from relative organizations/banks for establishing of organization in aged services
Public space	Openness of organization Support for collective action	64. Existence of organisations/institutions with work especial for aged 65. % of the national/local public budget that is reserved for voluntary, socio-cultural not-for-profit aged citizens 66. Preparation to held public sports/outdoor recreation/ sport for all by any non-profit groups/ NGO and/or by public sport federation/Bearue
	Cultural enrichment	67. Proportion of local budget allocated to all cultural activities 68. Proportion of participation in self-organized cultural groups and events per time 69. Proportion of aged experiencing different forms of personal enrichment on a regular basis
Personal relationships	Provision of services supporting physical & social independence Personal support services	70. percentage of national and local budgets devoted to disabled aged people (physical and mental)
	Support for social interactions in place	71. Proportion of nursing homes' staff, family support members per 1000 aged 72. Extent of inclusiveness of housing and environmental design for aged upon official articles/rights

Source: (Beck, 2001a; Beck et al., 2001a; Herrmann, 2006; Van Der Maesen, 2005)

Social empowerment is the extent to which personal capabilities of aged people and their ability to act are enhanced by social relations with their aged groups or the society for seniors.

All indicators of SQA are related and adjusted to context of the research (aged-related). Its 97 indicators have been conducted in reports by ENIQ of EFSQ from 2002 till now; had been upon this accordance. The items of SQSA were accorded to substantial aim of the study thus all them were patterned for aged community in developing countries and especially for Iranian seniors (see table 9).

SQSA: SOCIAL QUALITY SCALE FOR AGED PERSON

Table 9
Aged-Related Indicators of SQSA-2011 upon SQA-2002

No.	Items
1.	How many of the household income is spent on health e.g. for chronic diseases, clothing, and food (in the lower and median household incomes)?
2.	How do certain biographical events e.g. widowhood/divorce affects the risk of poverty on household level?
3.	How many of the total population living in a household is receiving entitlement transfers (means-tested, cash and in-kind transfers) that allow them to live above provincial poverty level?
4.	How many aged people have certainty of keeping their home and/or live with his/her relatives?
5.	How many aged spouse are hidden that are living with other members of kinship/ family? (i.e. several families within the same household)?
6.	How many square meters are there per household member/ and per aged members?
7.	How many of the population is living in houses with lack of functioning basic amenities (water, sanitation and energy)?
8.	How many older people are affected by criminal offences per 1000 aged inhabitants?
9.	How many older people living in households are situated in neighbourhoods with above average pollution rate (water, air and noise)?
10.	How many older people are covered by compulsory/voluntary health insurance (including qualitative exploration of what is and what is not covered by insurance system)?
11.	How many medical doctors are there per 1000 aged inhabitants?
12.	How much is the average distance to a hospital measured in minutes?
13.	How much is the average response time to facilitate using medical ambulance or other health care facility?
14.	How much is the average number of hours spent on care of grandchild/grandparents and other disables?
15.	How much length of problem is there before an aged termination and/or retirement from work?
16.	How much length of encounter to problem is there after an aged termination and/or retirement from work?
17.	How many aged workforce are there with temporary/non-permanent time per week?
18.	How many senior workforces are there in illegal and/or hazardous places and environments?
19.	How many aged are left with any work and/or activity in community because of interruption of grand children caring, medical assistance of relatives/spouse and palliative leave?
20.	How many accidents (fatal/non-fatal) are there at the environment/place per 1000 aged persons (if possible, per factor: human or instrument)?
21.	How many full-time hours does an aged typically works per week (actual working week)?
22.	How many seniors are leaving NPL (National Plan of Literacy) without finishing compulsory education (early plan leavers)?
23.	How many aged who participate in the NLP per 100 aged?
24.	How much is the annual budget of the plan (NLP) for provincial-county distribution?
25.	How many participants who within a year leave the plan, with or without certificate, are able to apply for the courses: reading newspapers, catalogues & leaflets & brochures of everyday life, orders/contents of drug using...?
26.	How many people are there those can be trusted?
27.	Also, how much trust is there in the government for elected representatives; political parties; armed forces; legal system; the media; trade unions, police; religious institutions; civil service; economic transactions?
28.	How many cases for the aged are being referred to territorial courts & (CDR) Council of Dispute Resolution?
29.	How important is family, friends, leisure, politics, religion and satisfaction about relatives/friendship networks per years of dwelling?
30.	Regarding to volunteering, How many hours does an aged work per week?
31.	How many hours are there for blood donation and/or endowment or Vaqf per month and/or per investment?
32.	How views are there on other ethnic groups and gender, pluralism and multiculturalism?
33.	How are other people's self-identity, beliefs, behaviour, and lifestyle preferences are tolerated?
34.	Regarding to beliefs on causes of poverty, Which causes the factor of individual or structural poverty?
35.	Do you have any willingness to pay for material/financial reciprocate & support if you are sure that it would improve the situation of the poor/youth?
36.	Regarding to intergenerational relationship, Do you have any willingness to pay Material/financial reciprocate & support in order to improve the situation of other people in your city?
37.	Do you have any willingness to actually do something practical for the people in your community/ neighbourhood, like picking up litter, doing some shopping for friends, neighbours, other disabled/sick people, assisting young neighbours/ community members to facilitate for marriage, employment, housing of juveniles and new couples and building of standard modern schools-academies &/or dormitories-shelters?
38.	Regarding to division of household tasks between men and women, do you have an understanding with your husband/ spouse and/or Kids/Grandkids about the division of household tasks, raising of the grand children, and gaining household income?
39.	Do you have a membership (active or inactive) on political, voluntary, social organization: as member of territorial courts & CDR, municipal councils of parishes, charitable organisations or as member of religious/women groups?
40.	Do you have any support from family, neighbours and friends?
41.	How frequent you contact your former friends and past colleagues per week?
42.	How many social-familial intermediaries' conflicts within members of family/ kinship/ neighbours do you have per week?
43.	How is your sense of national pride?
44.	Do you have any identification with national symbols and Iranian symbols?
45.	How is your sense of regional/community/local identity?
46.	How is your sense of belonging to family and kinship network?
47.	How many residents have not become immigrants during the past 5 years?

To be continued

Continued

No.	Items
48.	How many aged does have the right to vote in local elections e.g. Municipal Council and proportion exercising in ninth presidential election on June 2009?
49.	How many aged have the right to a public pension/financial support (i.e. a pension organized or regulated by the government)?
50.	How much is the percentage of a women pension than of men?
51.	How much ethnic/gender harassment was ever recorded?
52.	How much experience do you have about aging discrimination or Ageism?
53.	How many of the ethnic minority groups were elected or appointed to neighbourhoods/county council, CDR (Council of Dispute Resolution)?
54.	How many women are working as labour force (paid/unpaid)?
55.	How many work leave does an aged have in a special work?
56.	How many hours for involuntary part time or temporary works do an aged have?
57.	Regarding to entitlement and using of public primary health care, how many health staff is there per 100 aged?
58.	How long do you have when housing with relatives, social supported asylum and or nursing home?
59.	How many of the aged are settled in social support asylum and/or nursing home?
60.	How much participation rates are there in NPL (National Plan on Literacy)?
61.	How many aged people are in need of receiving NLP services?
62.	How long is the need to wait for any care services (including elder care)?
63.	How many bank account and loaning services are there?
64.	Do you have access to anyone for financial assistance/advice in case of need?
65.	How many of the aged population have to use public transport system per week?
66.	Are there any facilities for public transport system in streets, alleys, pathways for the aged?
67.	How many public spaces are there per 1000 aged inhabitants e.g. public gardens?
68.	How many public or private civic & cultural groups are there (e.g. holding/guest/participate in religious/charity actions) per 1000 aged inhabitants?
69.	How regular is your contact with your neighbors per week?
70.	How regular is your contact with your friends whom are not your neighbors?
71.	How often do you feel lonely/isolated?
72.	How many is the duration of contact with relatives (cohabiting and non-cohabiting) per week?
73.	How much informal (non-monetary) assistance do you received from different types of family?
74.	Is there any significant relationship between social class & level of literacy?
75.	How many aged population are educated in numerate?
76.	Is there any available free/local media e.g. Arabic/Lor radios/mass media/magazines?
77.	How often do you watch TV/hear radio/read magazines or newspapers per day?
78.	Do many hours do you use media in multiple languages per day?
79.	Is there any available free advocacy, advice and guidance centres and/or any part of these services in local offices?
80.	How many per cent does an aged work per day out of home?
81.	Is there any balance between income/expenditure of family upon her/his salary?
82.	How many per cent of the salary is actually being used by aged for his/her personal need?
83.	How are the characteristics of work place upon health/ security?
84.	Is there any balance between work and his/her ability?
85.	How necessary is his/her work for the survival of the family?
86.	How necessary is his/her work for his/her survival?
87.	Is there any plan or social policies formed by the local government for the aged?
88.	How many loaning or support services from relative and organizations/banks are there for establishing the aged?
89.	Is there any organisations/institutions offering work for aged?
90.	How many per cent of the national/local public budget is reserved for voluntary, socio-cultural and not-for-profit of aged citizens?
91.	Are there any facilities, non-profit groups/NGO and or public sport federation/part that prepare and hold public sports, outdoor recreation and sport for all?
92.	How many per cent of the local budget is allocated only to cultural activities?
93.	How many percent of participation is in self-organized cultural groups and events per time?
94.	How many percent of the aged is experiencing different forms of personal enrichment on a regular basis?
95.	How many percent of the national and local budgets are devoted to disabled aged people (physical and mental)?
96.	How many percent of nursing home staffs and family support members are there per 1000 aged?
97.	Regarding to official articles/rights, are there any housing and environmental designs inclusive for the aged?

Source: (authors, 2011)

SOCIO-DEMOGRAPHIC BACKGROUND

With a population of 75 million, a natural growth rate of 1.08 percent, and domestic production as measured by GDP of \$115 billion, Iran was the second most populated country with the second-largest economy in the Middle East in end of year 2006 (ISCC, 2008a).

The nation is the second-largest OPEC oil producer

and, has the world's second-largest reserves of gas. The literacy rate is more than 79 per cent and, the structure of the school system is 8 years of compulsory primary and lower secondary education as well as three years of optional upper secondary education. There are approximately 18 million students in the school and about 1.7 million in the universities (ISCC, 2008b).

According to the World Bank Report (2005) and ISCC (2007), Iran has emphasized on human development and social protection with good progress to date. For example, from early 1970s to 2001, primary school enrolment rates increased from 60 to 90 per cent and, the portion of the population living under the poverty line decreased significantly from 47 per cent in 1978 to 16 per cent in 1999. However, data show an increase of elder population from 1.3 per cent in 1997 to 2.8 per cent in 2007, which states an increase in DR (dependency ratio) above 55 years old among Iranian Citizens (ISCC, 2008b).

Likewise, as shown by Khuzistan Census in 2007, the DR has increased more than national data (1.6% to 3.1% according those years). Based on KSCC annual report in 2007, between years of census in 1997 to 2007, Khuzistan province and its capital, Ahwaz have had highest ratio of aged persons among cities (3.1 per cent in total aged population of province). All data are based on KSCC and ISCC annual reports in 2007 (KSCC, 2008).

LIMITATIONS AND DATA AVAILABILITY

Fundamentally, there is no specific insight of gerontological attention research on the aged in social sciences on the whole and in Iran in particularly. Relevant studies in this relation are mainly conducted as a part/sample of other dominant researches and in some paper conducting scale for aged-related issues aren't proportional (McDonell & Waters, 2010; Sundström, Fransson, Malmberg, Davey, 2009). So, via this overview, the finding of the collection of data on aging is too rare and, most of them are related to medical and nursing sciences, health care, and remedial services. Some indicators of SQA, particularly in relation to the situation of the elders, would be limited in nationwide data availability and as well as in provincial and regional setting. The collection of these unavailable data on aged community could only be accessible via questionnaire. Conducting of SQSA and sampling of aged from the social context had been derived from the limitation in data availability.

CONCLUSION

Firstly, in this paper the SQSA (social quality scale for aged) was conducted and developed together with the four domains and in 97 items. Regarding to aged community, two items is extra than EFSQ's items for domains of SQA. This scale was adjusted and related into Iranian community theoretically. Also, it could be generalize to other similar community in developing countries. Next step toward methodological developing of the SQSA is the evaluation and measurement of the validity and reliability of it in a survey and communal context. This action will be the next phase for the decision makers, social politicians, and practitioners especially in gerontology

who are looking for operational scale to measure quality of social life of aged people.

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