



Situation  
Analysis of

# Ageing

in the I.R. Iran

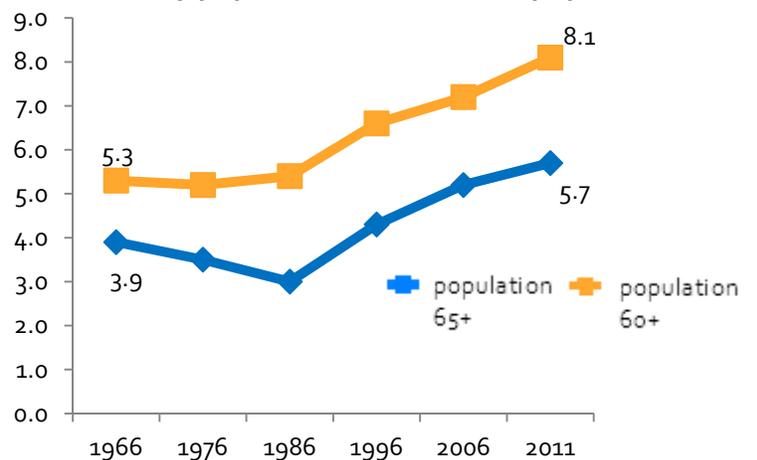
## BACKGROUND

Rapid and extensive demographic changes have placed I.R. Iran among the countries facing an ageing population. Currently, people over 60 make up 8.1% of the total population. The annual population growth rate for the general population is less than 1.5%, while the annual growth rate for those aged 60-65 is 6%. Population ageing is a result of decreasing mortality and increasing life expectancy, both positive development effects. However, population ageing also brings along with it a set of economic, social and health-related challenges which Iran will need to address.

I.R. Iran is experiencing rapid socio-economic and demographic changes. In collaboration with the Demography Department of the University of Tehran and the Statistical Center of Iran, UNFPA Iran has conducted an extensive mapping of ageing in Iran, as one of four key emerging population issues. The analysis will assist policy and decision-makers to

effectively develop national policies and plans in order to cope with the implications of this issue. The analysis will be used in a series of advocacy and policy dialogue meetings with relevant stakeholders to further strengthen the capacity of the government.

Elderly population as % of total population



# KEY FINDINGS

## ECONOMIC

- The **employment rate** among the elderly population is high, but there is a significant difference between males and females aged 65+. The economic participation rate for men in this age group is 37.2%, while the rate is 5.1% for women.
- The **unemployment rate** for those 65+ decreased from 17% in 1986 to 9% in 2011, meaning that old people are **working after their retirement** age, which is 65 years old in Iran.

## SOCIO-DEMOGRAPHIC

- Iran's population **aged 60+ increased** between 1966 and 2011 from 5.3% to 8.1%.
- It is estimated that **by 2025**, the percentage of the population **60+ will reach 12.3%** and the percentage of those aged 65+ will reach 8.1%.
- Out of 6.1 million people aged 60+, **4.2 million live in urban areas** and 1.9 million live in rural areas. Provincial variations in ageing are mainly due to fertility differences and migration in recent decades.
- The ageing population is increasingly made up of **women**.
- The **literacy rate** for elderly people in Iran is low compared to the general population. The literacy rate for elderly women is lower than that of men, at around 40%. In some provinces such as Qazvin, South Khorasan and Sistan and Balchestan, the literacy rate for women 60+ is under 5%.
- The proportion of the aged population **living alone** is increasing, with remarkable provincial differences. At a country level, the percentage is 10% and there is a difference between males (15%) and females (5%).

## HEALTH

- Among those aged 60-79, the largest percentage of years lost due to ill-health, disability or early death (Disability Adjusted Lived Years/DALYs) is due to **falls, strokes and ischemic heart diseases**.
- Those aged 50+ make up the highest proportion of individuals on hospital waiting lists.
- A total number of 72 **HIV/AIDS cases** were registered among those aged 65+. For those aged 55+ the figure is 520 registered cases.

## RECOMMENDATIONS

- Develop and implement an **integrated national program/policy for the elderly** – with a particularly focus on health issues - is critical and requires special attention.
- Address the **lack of implementation of various formal and informal support programs** for the elderly. Programs such as financial support, pensions, and cash and non-cash aid are unable to tackle socio-economic challenges posed by the current economic climate.
- In terms of kinship support, the elderly, particularly women, are typically dependent on their children. The **growing needs of elderly women**, especially those in female-headed households, need to be addressed.
- The majority of health problems among elderly people are non-communicable and chronic diseases which require lengthy and costly health services. As a result, **preventive policies, health promotion and early treatment are of high importance**, as these save costs in the long-term.
- Address the serious **lack of data and information** regarding the health and socio-cultural status of elderly in the country which need further in-depth analysis and surveys.
- Make use of **international experience** to strengthen Iran's response to ageing.