

Impact Factor of Death on Quality of Life of the Remaining Women / Men in the Family in Tehran City

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ABSTRACT

The article explores how loneliness is a complex and usually unpleasant emotional response caused by the death of a spouse in the family. Lack of companionship due to such an event impacts the whole quality(1) of life of the remaining spouse with special reference to women, both in the present and extending into the future. The causes of loneliness are varied and include social, mental or emotional factors. The paper explores how the death of a spouse contributes to loneliness, and is reflected as a social pain. The research is based on the vulnerability hypothesis, i.e. "Women are more vulnerable than men due to the impact of the death of one's spouse". In completing the research, a total of 584 lonely widows and widowers were randomly selected, and interviewed through questionnaires. The paper denotes how the state of being alone detaches the remaining spouse from others.

Key words: Loneliness. Vulnerability. Social pain. Death event. Quality of life.

Aim of the study

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

It aims to reflect loneliness and death event in life cycle(2) by portraying the period as a time of loss, and as a life condition which stands in isolation from the rest of couples' lives. We will see such loneliness transition in terms of new roles and the lost roles. However, loneliness as a potential beginning and a new experience, will be explored and elicited. The article also tries to reflect a perspective of how to make later years of life worthwhile and successful for today's and tomorrow's lonely women and men.

Introduction

Loneliness appears as an effect of marital dissolution or death of a partner worldwide; in some cases it happens due to divorce, and in most cases, as a natural event, it appears because of the death of a spouse. Research shows that in both cases, women tend to suffer long-term negative social and economic consequences while men do not (Neubeck et al., 1996, 478). While marital dissolution tends to improve men's standard of living, the ratio of income of women drops to a large extent. Also, the widows' social relations drop since they are mostly left in an isolated atmosphere. So far as Iran and many other developing societies are concerned, the extent of lonely women's decline in economic status is quite considerable. The greatest decline following the death of a partner occurs for women whose pre-widowhood family incomes were high (before the death of the husband). Under such conditions, women suffered a 71-percent drop in income in the U.S. (Weitzman, 1985, 251). Researchers have also demonstrated that in many countries including Iran, the economic effects of widowhood are just as disadvantageous for women as divorce, i.e. their poverty rate tends to increase as compared to their pre-widowhood, and before the death of their husbands (Hurd et al., 1989, 177). While many husband-lost women in developing countries such as Iran do not have any social security at all, in the developed world like the U.S., widows under the age of 60 are more likely to fall into poverty. That is because in many insurance policies, greater benefits accrue to an older widow (Holden et al., 1991).

Upon losing a husband, women may experience a whole range of emotions including chaos, anger, resentment, denial and disbelief. This may be followed by intense grief, and a search for the lost person, and that usually happens in every society. Eventual acceptance of the death of one's partner can lead to depression and apathy. To successfully survive, the lonely woman or man has to recognize her/his life in an entirely new and unexpected way (Bernardes, 1997, 104). Under the hard social and economic conditions, many, especially women, fall into deep poverty from which the only escape is one's own death. Such a status may be more severe even in the industrial societies where the network of family relations does not function in a strong manner.

As a social phenomenon, loneliness must have been in existence as long as socially-regulated marriage. The consequences of loneliness are many and grave. Between birth and death of a person, the most important event in life is marriage; it changes the personalities, the attitudes and lifestyle of women and men. Marriage is entered into with great hopes and expectations. On the contrary, family dissolution due to the death of a partner, and the failure of marital life, has serious repercussions on the individual, family and the community. Much research and many observations have shown the negative results of loneliness after the death of a partner. In a way, dissolution of marriage in the form of loneliness brings about personal, familial and social disorganization, the effects of which are more severe for women (Pothen, 1996, 26, 180, 182).

On the basis of research done, as a result of the emotional crises to which lonely women have been subjected, many develop symptoms of personality disorganization. These psychosociological manifestations include suppressions, repressions, regressions, ambivalent motivations, loss of self confidence, doubts, indecisions, nightmares etc. As a whole, loneliness for both women and men is nearly always a tragedy.

In the present article, the author tries to find out the socio-economic background of the partner-lost women and men, and know as to how far the age, education, income etc. affect their new life course. Likewise, through the research, the author hopes to trace the adjustment process of the widows in starting a new life. Loneliness as an institutionalized way of compulsory ending of a marriage, is demonstrated differently in various cultures and societies (Devir, 1998, 29). However, losing a husband is the largest social and emotional loss which the women face and suffer from it in the course of their ordinary life. It is initially an experience which we must live with, and secondly, it is a social condition which we should get used to, and put up with (Sadrusadat et al., 1999, 364).

Assuming that widowhood is such a major feature of later life, it is surprising to discover that research on the lives of older widows is so scarce (Bernard, 2000, 127). Under such conditions, the author was motivated to demonstrate a sociological perspective of the lonely women and men in Tehran. However, loss and bereavement felt by such lonely women and men, though problematic, is worth probing. The vast quantity of problems faced by widows in society, convincingly portrays widowhood as an experience fraught with poverty, ill-health, loneliness, grief and readjustment. However, poverty has many causes and manifestations, making it difficult to describe with a single indicator with reference to partner-lost women and men (Jaiyebo, 2003, 111). To better understand and identify the problem, the whole scenario needs scientific sociological research.

Methodology

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

Theoretical Analysis

It is often thought that loneliness is a common problem everywhere regardless of race, religion, poverty or affluence, geographical position etc. One of the main constraints of the lonely women and men, especially in countries like Iran, is their social isolation which highly stems from cultural norms and values prevalent in the society.

Loneliness is also reflected as a psycho-social transition in which the phenomenon is seen as a disruption to an accustomed way of life. Individuals will cope differently, depending on their personality, culture, education and social status (Kimmel, 1995, 48).

Increasingly, research on older lonely women and men is beginning to consider issues of reciprocity and/or exchange. In this model, older women are not seen as powerless victims. Social exchange theory (Antonucci, 1985) identifies loss of reciprocity as a condition under which social support may have negative consequences. For example, the support given to older partner-lost women, particularly by family, often leaves them in the role of passive recipients, or patients receiving treatment, and can leave them feeling powerless and dependent. Other social scientists like Watanabe, Green and Field (1989), who looked at the well-being of older partner-lost women linked to support, also found that too much support and lack of reciprocity had a negative effect on the women, perhaps because they felt they had less control. Such a focus on reciprocity allows us to see older widows as active participants in their social world, and thus builds in them the possibility of growth.

From the demographic perspective, the process of ageing is often confounded with other associated factors, such as, deteriorating physical health, poor nutrition, bereavement, social isolation and depression (Kuper and Kuper, 1996, 10), - all likely at the stage of losing a partner. That is to say, all the above situations are mostly experienced by the older lonely women and men in any society. To better elaborate the subject-matter, sociologists discuss the social changes brought about as successive generations of people pass through life's stages, i.e. one of them being widowhood (Keller, 1994, 131). Widowhood and the solitude caused by that is also a period of change and new challenges. It is a crisis for many women and men. It is a time for re-evaluating what has been accomplished so far, and for deciding what can realistically be achieved in the years remaining.

Another theory indicates that: as longevity is greater than the past, the number of widows and widowers depending on the timing and variance of death rates, are more than their overall level. If the ages of bride and groom at marriage are the same, and males and females are subject to the same life table, then according to present mortality trends, widowhood would diminish. But, higher age at marriage of men, and specially the superior survivorship of women, introduces a strong element of asymmetry or lack of correspondence that makes the number of widows far greater than the number of widowers (Bongaarts, 1995, 8). However, men and women are born, get married, and eventually die single. Regardless of divorce as a cause of marital dissolution, a marriage persists until the death of one of the

spouses, and that is when the state of widowhood, or widowerhood appears.

To further discuss the theoretical perspectives of later life widowhood, (Blau, 1973, 13) saw widowhood as a "role-less status", lacking any culturally prescribed rights and duties towards others in the social system. On the other hand, Ferraro also in 1984 identified some changes within family roles in the early stages of widowhood, particularly between mothers and daughters, when the daughter might take on the "mothering" role for a period of time. However, the effects of "role loss" in widowhood as Ferraro found, were not consistent, but were more likely to be the result of other factors surrounding widowhood, such as poverty, ill health, and/or very old age, rather than widowhood per se. Nevertheless, older women, though losing the role of "wife", compensate for this loss by adopting to other roles. By using these theoretical ideas, we can explore the cause-and-effect reflections of change in later life widowhood. Finally, life-cycle theory rests on the belief that normal families go through normal stages of birth, growth, and decline. Marriage initiates the family, the arrival of children develops and expands it, their departure contracts it, and it ends with the death of one of the spouses (Bilton, et al., 2002, 255).

Literature Review

Through the review of relevant literature, the author was enabled to design his research. In this review, some research journals, books, dissertations, theses and other sources of information were consulted. Hence, the main planned research was preceded by a review of related literature, followed by some of the works done by others. However, literature review helps the researcher to prescribe and define the proposed problem (Koul, 1993, 84).

So far as the author has investigated, much of the research on later-life loneliness has been conducted in the developed world in the 1970s and 1980s. The focus of the research has mainly been on the problems of loneliness and the support systems available for the lonely elders, and in many cases, studies were conducted within three years of the death of a spouse (Chambers, 1994). However, much of the literature on lonely women and men in the 1980s would be better construed as literature on "widows in bereavement".

The overall review of the literature indicates that lonely elders are a homogeneous group; and widowhood is synonymous with the acute state of bereavement. Older widows being not self-determining, are lonely and isolated. Generally speaking, elderly loneliness has been found out as a period of decline.

More recent qualitative research (Pickard, 1994) and others have started to question some of the prevailing myths of widowhood, i.e. some of the numerous stereotypes and assumptions surrounding loneliness etc.

Extensive relevant literature reflects the fact of elderly loneliness as a major stressful life event (Holmes et al., 1967). On the other hand, Martin-Matthews (1991, 30) reports that a major characteristic of the Canadian widowhood research is its stress-related nature, with a focus on the event of becoming a widow.

However, widowhood is referred to, as the loss of a spouse, namely, a life event which requires most adjustment. Eileen Jones-Porter (1994) suggests that when it is assumed that the death of a spouse is a stressful event, researchers are more likely to frame data collection in terms of grieving and coping.

When we listen to the older lonely women and men talking about their present lives, they first express the difference that older women face in later life, and second, how their experience is shaped both by their own life expectation and the expectations of others. However, the challenges faced by the partner-lost women and men may include: family ties, friendship, residence, social interests, financial issues, loneliness, poor health, solo/alone living, and sometimes lack of confidence.

Although the lonely women and men used to comprise the largest group of the elderly people in the industrial world in the last three decades, many Asian countries including Iran are appearing the same in recent years. However, while the industrial societies have developed their social security systems to protect and handle the elderly widows and widowers, the developing societies including Iran, have a long way to go, to be able to handle these people favourably. It is remarkable that although the number of widows is increasing more due to the socio-demographic changes that have occurred, yet, very little information of these vulnerable people is within reach (Kinsella, 1996, 26). Therefore, to obtain a picture of the myths and realities of the widows, one must search a number of different sources of medical profession, research done by sociologists, psychologists, social workers, and many other different viewpoints.

However, in modern times, due to increasing socio-economic developments, governments have compulsorily intervened in the private affairs of families such as birth control etc. Though they compassionately try to promote social welfare, health and food standards, and quality of life of the families (Ezazi, 2002, 16), yet, the problems of the widows are not well recognized and touched, especially in Iran.

Historical literature review on widows denotes that in earlier centuries in the Western world, widows dominated the category of women without husbands, and death was a major source of instability in marriage. Estimates assert that, from medieval times to the mid 19th century, about half of those who married in their mid-twenties had lost their partner before they reached 60, and another view suggests that marriages in the last century were as fragile as those today: in the 1960s, a third of all marriages dissolved with the death of a partner within twenty years of being formed (Chandler, 1991, 15). However, widows are seen as an historically vulnerable group, with varied position due to their socio-economic structure.

Widowhood in its radical context could be found and followed in ancient India in the form of Sati wherein widows were obliged to burn themselves on the cremation ceremony/ funeral of their husbands. Though not practiced in modern era, yet, it could be sought among the very religious Hindus.

Gender and Marital Status

One of the most paining social problems that has long preoccupied sociologists of gender and mental health is that women have higher rates of depressive disorders than men due to the death of a partner. Recent studies indicate that women are twice as likely as men to experience such mental health (Kessler:2003). Similarly, in most studies conducted, from the 1970s to the present, women report significantly more symptoms of depression than men (Rosenfield and Mouzon:2013).

The present survey mainly depends on vulnerability hypothesis, with respect to the etiology of women's greater emotional distress after the death of one's husband. They usually express more emotional upset relative to men. By vulnerability hypothesis it is meant that: "Women are more vulnerable than men to the impact of the death of one's spouse". However, while women tend to be more reactive to family-related stress, men tend to be more reactive to employment-related stress (Simon and Lively:2010). Several longitudinal studies find that becoming married (and remarried) results in a significant decrease in symptoms of depression, whereas becoming divorced, widowed and losing spouse results in a significant increase in these symptoms of distress (Barrett:2000).

However, socio-structural, socio-psychological and socio-cultural factors contribute to persistent gender, marital status and quality-of-life differences in emotional well-being of women and men after the death of one of the partners. Loneliness after the death of one of the two spouses has also been described as a social pain; it is meant to alert an individual of isolation, and motivate her/him to seek social connections (Cacioppo:2008).

Gender Differences in Loneliness

Women in the industrialized world living seven to eight years longer on average than men do, is more or less becoming apparent in developing societies, and such a gap is widening further and further for the Iranian elderly lonely women too. This simple fact has many implications for the society's social structure. For example, there are five times as many widowed women in the U.S. as there are widowed men. Likewise, since women tend to marry older men in Iran as in many other societies, they are much more likely to be widowed during a large portion of their old age. As investigated in countries like the U.S., by their 65th birthday, about 25% of married women will be widowed; and half of the remaining ones will be widowed by age 75. Only one man in five will lose his wife during the same time span (Clausen, 1986, 55). Putting it another way, for people aged 65 or older, 75% of men, but only 40% of the women were living with their spouse (U.S. Bureau of the Census, 1990).

The experience of loneliness itself is different for women and men. Either of the partners after separation, i.e. loss of one spouse, will begin a difficult life, especially at the initial stages, and either woman or man will experience different phases/aspects, depending on one's social, familial and cultural conditions (Asgari, 2001, 315). In some ways, it is more difficult for men to adjust to, for they, not only lose their wives, but a system of domestic support is impaired as well; one that they

have always taken for granted. As many men currently in their sixties and seventies tend to be unfamiliar with cooking and household chores, so partner-lost lonely men may experience physical decline due to skipped meals and poor nutrition. Loneliness also clashes with men's self-definitions as independent and resourceful. They are not accustomed to asking for help, so they may get less assistance than they need from relatives and friends, because they are not seen as "needy". Among those over the age of 65, rates of suicide are much higher for widowed men than for those whose wives are still alive (Keller, 1994, 148). Though in this regard, there is not clear statistical evidence in Iran, but the case is very close to that of an industrial society with special reference to Tehran.

At the same time, remarriage however, being predominantly a male prerogative, for both demographic and cultural reasons, in 1981, there were only twenty-three unmarried men aged 65 and older for every one-hundred unmarried women in an industrial society like the U.S. which could be generalized to other developing societies like Iran. In addition, older men still have the further option of marrying younger women. As a result, men aged 65 and older are eight times more likely to remarry than women at this age (Horn, 1987). Interestingly, social status affects remarriage rates among the widows and widowers in opposite ways. The more education a woman has, and the higher her income, the less likely she is to remarry, while the reverse is true for men.

Statistically speaking, about half the women householders in Africa, Asia, the Pacific, and the industrialized regions are partner-lost. This is generally due to the trend for women to marry older men in most developing regions, and to greater female longevity.

Fewer Lonely Elders in Future

As life expectancy for both sexes is rising, the proportion of the elderly who are widowed at any given age will decline sharply. Women will be in particular affected because they are much more likely than men to be widowed. Today, for example, just over one-half (52%) of all South Korean women age 65 to 69 are lonely. This proportion is expected to drop to 17% in 2050. In Thailand too, 32% of women in this age group who are widowed today, is projected to drop to 17% in 2050. It is estimated, among men aged 65-69, only 8% are widowers in South Korea, and only 10% in Thailand. Since the proportions of men widowed are already low, the decline will be more modest for men than for women in future (East-West Center, 2002, 85). So far as Iran is concerned, loneliness will be increasing in the country for the next few decades, and then will drop as happened to South Korea and Thailand.

Findings and Data Analysis

Abridged Table 1: Classification of lost-spouse women/men by gender in Tehran City (No.,%)

Gender	Number	Percent
Total	584	100
Females	395	67.64
Males	189	32.36

Abridged Table 2: Classification of lost-spouse women/men by gender and the duration of loneliness in Tehran City (No.,%)

Age	Total		< 1 year		1-5 years		6-10 years		11-15 years		16-20 years		21-25 years		26-30 years		30+ years	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	584	100	92	15.75	178	30.48	130	22.26	67	11.47	51	8.73	32	5.48	16	2.74	18	3.08
Females	395	67.64	52	8.9	107	18.32	87	14.9	47	8.05	42	7.19	30	5.14	15	2.57	15	2.57
Males	189	32.36	40	6.85	71	12.16	43	7.36	20	3.42	9	1.54	2	0.34	1	0.17	3	0.51

Abridged Table 3: Classification of lost-spouse women/men by age, gender and the state of monthly pensions in Tehran City (No.,%)

Age	Total		Self pension		Own pension from ex-spouse		Without pension	
	No.	%	No.	%	No.	%	No.	%
Total	584	100	225	38.53	222	38.01	137	23.46
Females	395	67.64	80	13.7	218	37.33	97	16.61
Males	189	32.36	145	24.83	4	0.68	40	6.85

Abridged Table 4: Classification of lost-spouse women/men by age , gender and the state of safety/illness in Tehran City (No.,%)

Age	Total		Safe		Having 1 illness		Having 2 illnesses		Having 3 illnesses and more	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total	584	100	216	36.99	202	34.59	93	15.92	73	12.5
Females	395	67.64	131	22.43	144	24.66	66	11.3	54	9.25
Males	189	32.36	85	14.55	58	9.93	27	4.62	19	3.25

Abridged Table 5: Classification of lost-spouse women/men by age , gender and the state of medical insurance in Tehran City (No.,%)

Age	Total		With medical insurance		Without medical insurance	
	No.	%	No.	%	No.	%
Total	584	100	445	76.2	139	23.3
Females	395	67.64	309	52.91	86	14.73
Males	189	32.36	136	23.29	53	9.08

Abridged Table 6: Classification of lost-spouse women/men by age , gender and their state of accommodation in Tehran City (No.,%)

Age	Total		Owning private residence		Tenant	
	No.	%	No.	%	No.	%
Total	584	100	479	82.02	108	17.98
Females	395	67.64	315	53.94	80	13.7
Males	189	32.36	164	28.08	25	4.28

Fewer Lonely Elders in Future

Out of the 395 (67.64%) female samples, 1 (0.17%) of women declared that they had lost their husbands for less than one year, 14 (2.4%) asserted that they had lost their spouses for 6 to 10 years. Similarly, 19 (3.25%) of women denoted the loss of their husbands between 11 and 15 years. In another group, 35 (5.99%) of the sample women asserted to have lost their husbands for 16 to 20 years. While 28 (4.7%) of women declared that they had lost their spouses for 21 to 25 years, 41 (7.02%) of the sample women asserted the loss of their husbands for 26 to 30 years. Finally, 236 (40.41%) of the sample women asserted that the death of their husbands had happened 31 years ago or more.

Out of the 189 (32.36%) sample men studied, the highest number 147 (25.17%) is related to the men who had lost their wives for 31 years or more. High rate of maternal death and other health-related issues is responsible for the high frequency of loss of wives among the men.

So far as the problems of the widows and widowers are concerned out of the total 395 (67.64%) female samples, 177 (30.31%) stated their most serious problem as the loss of spouse, 76 (13.01%) declared their problem as the lack of enough

income, 79 (13.53%) of the widows expressed their problems stemming from illness, and finally 63 (10.79%) of the sample women expressed their problems as others.

Similarly, out of 189 (32.36%) of the total male respondents, 111 (19.01%) declared their most serious problem as the loss of their wives, 32 (5.48%) suffered from inadequate income, 25 (4.28%) expressed their problem as suffering from some illness, and at last 21 (3.6%) declared their problems as others.

Some findings denote the quality of life of those who lost their spouses. Out of 395 (67.66%) female sample respondents, 141 (24.14%) suffered from social isolation, 148 (25.34%) suffered from material poverty, 35 (5.99%) had limited relationships with friends, and finally 71 (12.16%) of the females expressed to have limited relationships with the relatives.

As far as the male respondents are concerned, out of the total 189 (32.36%) male samples, 92 (15.75%) suffered from social isolation, 17 (2.91%) suffered from material poverty, 27 (4.62%) had limited relationships with friends, and 53 (9.08%) stated to have limited relationships with relatives.

Similarly, out of 395 (67.64%) of the female samples who had lost their husbands, only 10 (1.71%) were positive to reside in nursing homes, whereas 367 (62.84%) did not like to live in nursing homes, and finally 18 (3.08%) stated that they to some extent like to stay in nursing homes. Similarly, out of the 189 (32.36%) of male respondents, 19 (3.25%) were positive, and 149 (25.51%) were negative to stay in nursing homes, and finally 21 (3.6%) to some extent preferred to stay in nursing homes.

So far as leisure time pursuit of the widows and widowers is concerned out of the total number of 395 women, 133 (22.77%) preferred to participate at religious meetings, similarly, the same number of 133 (22.77%) used to spend their leisure time by visiting their children, 26 (4.45%) nursed their grandchildren, 39 (6.68%) used to spend their leisure time by seeing their kin, and 64 (10.96%) by other means. As far as male respondents in this category are concerned, out of a total of 189 lonely men, 30 (5.14%) expressed to spend their leisure time in religious meetings, 67 (11.47%) stated to spend their leisure time by visiting their children, 12 (2.05%) used to spend it by nursing their grandchildren, 14 (2.4%) used to spend their leisure time by visiting kin, and finally 66(11.3%) stated as others.

The survey tried to measure the feelings of such lonely women and men. Out of 395 such female sample respondents, 183 (31.34%) asserted to feel isolated and lonely, 32 (5.48%) felt poor, 107 (18.32%) used to feel dependent, and finally 73 (12.5%) stated to feel fortunate and happy. In the males section, out of 189 without - spouse men, 120 (20.55%) stated the feeling of isolation and loneliness, 15 (2.57%) stated to feel poor, 35 (5.99%) felt dependent, and finally 19 (3.25%) stated to feel fortunate and happy.

Discussion

As a result of the death of one of the spouses, the remaining other spouse, particularly the woman, faces various social, economic, psychological and emotional constraints. Therefore, widowhood is strongly associated with poor mental health (Das, Friedman and McKenzie: 2008). The state of having lost one's spouse to death could leave the wife with increasing problems regardless of where it happens. If we go back in history, widows in many cultures used to wear black for the rest of their lives to signify their mourning. Though it has been loosened in many societies and cultures, yet many widows comply with that. In the meantime, and as far as the remaining female spouses are concerned, their social networks are severely and negatively affected. Such an invisible group of women are usually excluded; they are painfully absent from the statistics of many developing countries. In such countries the exact number of such women (widows), their ages and other social and economic aspects of their lives are unknown.

Widows or those who lost their husbands comprise a significant proportion of all women; ranging from 7% to 16% of all adult women (UN: 2001). However, older women are far more likely than older men to be widowed. The proportion of which in Western Asia where Iran also is situated, is 48% for women aged 60+ as compared to 8% for men aged 60+ between 1985-1997. As far as women are concerned, the maximum proportion is 59% for women in Northern Africa and 39% in developed

regions of the world. Similarly, as far as men are concerned, the lowest proportion is 7% in Africa and 14% in Eastern Europe. However, in order to achieve real advancement, women who have lost their husbands need support to get organized.

Conclusion

Not only in Iran, but across the globe, the women who have lost their husbands share two common experiences: a loss of social status and reduced economic circumstances. Even in developed countries the older generation of widows, those now over 60, may suffer a dramatic, but subtle change in their social position. Similarly, the monetary value of widows' pensions is a continuing source of grievance, since the value often does not keep up with fluctuations in the ever-changing cost-of-living indices. A global overview indicates that countries like India has the largest recorded number of widows in the world, 33 million, (10% of the female population, compared to only 3% of men); it is creating increasing problems for such women. Iran too, is in the same position relative to its population.

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

End Notes

Quality of life: The concept being rather new in sociology, describes a social atmosphere in which standard of living lies in economic progress of a given society. In the course of quality of life, on a comprehensive and planned basis, however, social economy, social well-being, family happiness, national planning etc. could be expected and accessible. Quality of life also denotes to the manner in which an individual or group lives. It is currently used in a variety of contexts such as sociology, family, economics etc. The notion of quality of life among its other applications, is used to describe and distinguish between rural and urban, married and widowed life etc. Quality of life as a social manifestation has constitutive social elements; including social, economic and well-being indicators.

Life cycle: The process of personal change from infancy through to old age and death, brought about as a result of the interaction between "biological events" and "societal events".

The sociological concept of life cycle does not refer to the purely biological process of maturation, but to the transitions of an individual through socially constructed categories of age, and to the variations in social experiences of ageing. For example, while men and women have very different social experiences of biological ageing, the length and importance of "childhood" varies among cultures. In alternative sense, the life cycle of a family is a process which includes courtship, marriage, child-rearing, children leaving home, widowhood/widowerhood, and finally dissolution of the family unit.

Emotional crises: The term used for emotional behaviour in disconformity with, that expected from an individual's age level within a given society. However, emotional crises may be any disruptive life events, possibly entailing the loss of important relationships and social status, which may threaten the integrity of the self and its social relationships. An indicative list is bereavement, divorce, marriage, widowhood/widowerhood, job loss or change, disability, retirement, migration etc. which may involve stress and anxiety, are implicated in the causation of some diseases and emotional crises. They form an important area of study for sociology of health and medicine. It is also counted as a central factor for consideration in the fields of counselling and psychotherapy.

Cultural norms and values: These characteristics are essential for the survival of any society. Cultural norms are the prescriptions which are serving as guidelines for social action. Human behaviour exhibiting certain regularities, are the product of adherence to common expectations or norms. While deviation from norms is punished by sanctions, norms are acquired by internalization and socialization. The concept is central theories of social order. On the other hand, social order and cultural survival depend on the existence of general and shared values which are regarded as legitimate and binding, and act as a standard by the means of which the ends of action are selected. The linkage between norms and values is achieved through the process of socialization.

Sati or Suttee: A Hindu custom known as a solution to widowhood was found in ancient India. In that, Hindu women who had lost their husbands were obliged to commit suicide on the funeral pyres of their dead husbands. There are a number of explanations for this practice. Sati has an economic basis. It was customary in India for a husband's property to be distributed between his mother and his sons. The widow, not having any means to live on, and no support, her only option was suicide. Another explanation expresses Sati as a part of Hindu culture, and the caste system. It is an act of self-sacrifice to assist the spiritual progress of the husband after death, and was practised more by higher caste women (Chandler, 1991, 17).

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