



Is Tehran an Age-Friendly City?; Infrastructures Criteria Speech

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ABSTRACT

Aims One of the most common problems in the world is the growing aging population. The present study was examined the age-friendly city of Tehran based on indicators from the elders perspective.

Instrument & Methods This cross-sectional study was examined four indicators of the age-friendly city of Tehran from the perspective of the elderly (n=418) in 2018. The data collection tool was the World Health Organization (WHO)'s questionnaire of age-friendly city indicators: Social Participation, Civic-Participation and Employment, Respect and Social Inclusion, and the Communication and Information index. Statistical analysis was performed using SPSS 18 on the collected data, assuming a significance level of <0.05.

Findings The mean age of the elderly was 66.86±6.31 years. Comparing the means of the age-friendly city indicators revealed the social participation index mean of 35.0, the civic participation and employment index mean of 18.9, respect and social inclusion mean of 18.2, and the communication and information mean of 24.5.

Conclusion Tehran metropolitan is only able to fulfill the basic needs of the elderly and is far from being the ideal situation and cannot achieve active aging for its people.

Keywords Aging; Health; Age-Friendly City; Assessment; Criteria

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Introduction

The world is rapidly aging such that the number of people over 60 years is expected to grow from 11% in 2005 to 22% in 2050 [1, 2]. Decreased fertility and increased lifetime have contributed to changes in demographic structure, leading to a decline in the children's population and a rise in the elderly population [3]. In developing countries, including Iran, the rate of aging is higher than in developed countries [4], and 79% of the world's elderly population is expected to live in developing countries by 2050 [5]. According to the results of the last census of Iran in 2016, the proportion of the population over the age of 65 years is estimated to be 6.1%, while it was 3.1% in 1986 and 5.2% in 2006 [6]. According to the findings of Iran's last census in 2016, 9.3% of the elderly were aged 60 years and older [7].

The emerging problem of aging in Iran is seen as a new phenomenon for different reasons, including decreasing birth rates, advancements in medical science, health, education, and rising life expectancy [8, 9]. Urbanization is expanding as the population increases, and the world is moving toward this issue. In developing countries, population development will also be much higher than in developed countries. It is estimated that three out of five people in the world will live in cities by 2030 [1]. According to research, the rate of urbanization in Iran is also rising [6]. In this respect, population aging and urbanization are two global trends that form one of the challenges of the 21st century. The number of urban dwellers over the age of 60 is growing along with the growth of urbanization and cities [1]. Increasing the risk of disability and reducing the quality of life due to chronic diseases are challenges in developing countries [4, 10]. Active aging is the preferred policy to deal with these implications [1]. To improve the quality of life of the elderly, active aging involves individual health processes and social structures, participation, and security mechanisms [11]. The concept of an age-friendly city has been created to achieve active aging. In an age-friendly city, policies, services, and structures are such that active aging is achieved [12, 13]. The Age-Friendly City project instantly attracted many people's enthusiastic interest and involvement [13].

Following the World Health Organization (WHO)'s appeal, eight indicators, including Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect, and Social Inclusion, Civic-Participation and Employment, Community Support and Health Services, and Communication and Information were accepted to decide on key indicators and urban spaces suitable for active aging. These indicators cover cities, facilities, and urban policies regarding structural and environmental characteristics. They also represent

active aging published as a guide to age-friendly cities [1]. The WHO founded the Global Network of Age-Friendly Cities in 2006 [14, 15]. Age-friendly cities are linked to each other in this network and the WHO, exchanging information. Then, appropriate, stable, and cost-effective interventions for improving older people's lives are promoted, and professional training is provided. Network Member Cities are committed to continuously assessing and developing age-friendly cities [16].

The Global Age-Friendly City Project has had a major impact on raising the awareness of the effects of an aging population, especially in the management and planning of urban space [12] such that several countries have committed to the use of these models, and several studies have been performed accordingly [14, 17]. As Iran's political, administrative, and economic center, Tehran has grown rapidly in recent decades and has a significant percentage of Iran's urban population [18]. Few studies [8, 19, 20] have been done to examine the situation in cities based on the WHO's age-friendly indicators.

Previous studies have examined the indicators of an age-friendly city based on urban planning criteria from urban management. Therefore, the present study was conducted to investigate the city of Tehran based on the views of the elderly. The present study planned to examine the Tehran situation concerning the age-friendly indicators of the WHO.

Instrument and Methods

This cross-sectional study was examined four indicators of the age-friendly city of Tehran from the perspective of the elderly in 2018. Four hundred eighteen older adults using a similar study [2]. Twenty-two districts were considered stratified according to the divisions of the municipality. Twenty-one people living in selected areas of Tehran were selected from each district by stratified random sampling; in this way, parks assigned for the elderly in each municipality area were identified, and a park was selected based on a lottery. Finally, the elderly with inclusion criteria were selected randomly based on the elderly count and the number of individuals. Inclusion criteria were the age of 60 years and older, being a Tehran citizen, fluency in Persian, and ability to answer the questionnaire's questions.

A questionnaire of demographic information and an Age-Friendly City Assessment Questionnaire was used as the data collection tools. Demographic information included age, sex, marital status, educational level, employment status, income, house members, health insurance, health status, and history of the disease. The Community Assessment Survey for Older Adults (CASOA) questionnaire [21]

and a questionnaire that has been used in several studies in Iran [2, 22, 23] were incorporated in this study to evaluate the Age-Friendly City indicators. Four indicators of social participation (14 items), civic participation and Employment (eight items), Respect and Social Inclusion (six items), and Communication and Information (10 items) were examined. In addition, the opinions of the elderly participants were rated on a five-item Likert scale scored as strongly disagree: 1, disagree: 2, no idea: 3, somehow agree: 4, and strongly agree: 5. Content and face validity were used in this study to assess the validity of tools. The Content Validity Index was determined quantitatively to report the content validity. For this purpose, the questionnaire was given to 10 experts, including geriatric nursing professors (4 people), geriatric specialists (2 people), and urban design specialists (4 people), after preliminary approval by the supervisors and consultants. Experts received the questionnaire. Test-retest approaches were used to assess the instrument's reliability. Next, questionnaires were given to 25 elderly samples in Tehran, selected by convenience sampling and asked to complete them. The reliability coefficient (i.e., internal consistency) was estimated using Cronbach's alpha method. For these indices, Cronbach's alpha was as follows: 0.679 for the communication and information index, 0.845 for social participation, 0.799 for respect and social inclusion, and 0.764 for civic participation and employment.

Present study was approved by Shahid Beheshti University of Medical Sciences. The anonymity of the participants was considered in the questionnaires, and the purpose of the research was stated to them before starting the research. They were assured that their information was confidential and used only for the research and published anonymously. Before completing the questionnaire, written informed consent was obtained and completed face to face. SPSS 18 software used for data analysis. Descriptive statistics of frequency, percentage of frequency, mean and standard deviation were used for data analysis.

Findings

The mean age and standard deviation of the elderly were 66.86 ± 6.31 years. Their health status was considered moderate by 50.7% of the samples. The diploma had the highest frequency with 33.9%, and illiteracy with an average of 10.9% had the lowest frequency (Table 1).

The results of the social participation index show that the presence of appropriate facilities for the

elderly and sports centers in the city, especially in green spaces and parks (Item 7), had the highest mean (3.14). Meanwhile, delivery of books, magazines, newspapers, and CDs to nursing homes (Item 11) had the lowest mean score (1.89) (Table 2).

According to the results of the Civic-Participation and Employment Index, participation in the latest presidential elections showed the highest score for members of parliament or local councils (eight items) with a mean of 3.63, while the lowest mean score for the employment of the elderly (Item 1) was 1.76 (Table 3).

According to results relating to the index of Respect and Social Inclusion, respect for the elderly (grandparents) was defined as a basic pillar (Item 2 and had the highest mean value (3.73). Meanwhile, prioritizing the elderly in providing the services (e.g., a special queue for the elderly or a special place to receive services) (Item 6) had the lowest mean score (2.24) (Table 4).

In the Communication and Information Index, the use of upper case buttons in electronic equipment such as ATMs and public telephones (Item 3) obtained the highest mean score (2.83) and the readability and clarification of the information requested by the elderly in posters or brochures (Item nine) had the lowest mean score of 2.25 (Table 5).

Table 1) Frequency distribution of demographic variables of the samples participating in the study

Variables		Number	Percent
Sex	Men	235	52.5
	Women	213	47.5
Marital status	Single	60	13.4
	Currently married	301	68.1
	Divorced/separated	13	2.9
	Widowed	70	15.6
Educational Level	Illiterate	49	10.9
	Elementary	82	18.3
	Secondary	68	15.2
	Diploma	152	33.9
	University degree	97	21.7
Employment activity status	Retired	227	50.7
	Full time	42	9.4
	Part-time	44	9.8
	Unemployed	35	7.8
	Others	100	22.3
Adequacy of monthly income	Yes	246	57.1
	No	192	42.8
Perceived health status	Good	177	39.5
	Intermediate	227	50.7
	poor	44	9.8
Insurance coverage	Yes	379	84.6
	No	69	15.4
Chronic disease	Yes	164	36.6
	No	284	63.4

Table 2) Descriptive information on the index of social participation from the perspective of the elderly by questions

Items	Strongly Disagree	Disagree	No Idea	Agree	Strongly Agree	Mean±SD
1- There are advisory councils in Tehran with the presence of the elderly	130 (31.1)	116 (27.8)	105 (25.1)	52 (12.4)	15 (3.6)	2.29±1.13
2- There is necessary support for the active participation of the elderly in social meetings and ceremonies.	130 (31.1)	131 (31.3)	98 (23.4)	45 (10.8)	14 (3.3)	2.23±1.1
3- It is likely for the elderly to participate in gatherings and activities. In addition, the elderly can meet each other	115 (27.5)	76 (18.2)	95 (22.7)	115 (27.5)	17 (4.1)	2.62±1.25
4- National, religious and international ceremonies, celebrations, and occasions are held by awarding prizes and commendation plaques to the elderly.	132 (31.6)	121 (28.9)	82 (19.6)	66 (15.8)	17 (4.1)	2.31±1.18
5- There is a cultural center or an association for the elderly.	83 (19.9)	78 (18.7)	125 (29.9)	99 (23.7)	33 (7.9)	2.81±1.22
6- Non-governmental organizations (NGOs) supporting the elderly have a quality performance.	101 (24.2)	90 (21.5)	165 (39.5)	56 (13.4)	6 (1.4)	2.46±1.04
7- In the city and especially in green spaces and parks, sports centers with equipment suitable for the elderly.	78 (18.7)	54 (12.9)	55 (13.2)	191 (45.7)	40 (9.6)	3.14±1.3
8- Sports coaches work in the morning exercise program of parks and gardens to train and perform sports and flexibility exercises for the elderly.	113 (27.0)	70 (16.7)	66 (15.8)	132 (31.6)	37 (8.9)	2.78±1.36
9- Special sports spaces with all kinds of games and sports suitable for the elderly have been built in parks and gardens.	94 (22.5)	95 (22.7)	62 (14.8)	138 (33)	29 (6.9)	2.79±1.3
10- There are enough clubs and sports centers for the elderly.	155 (37.1)	121 (28.9)	82 (19.6)	50 (12)	10 (2.4)	2.13±1.11
11- The project of delivering books, magazines, newspapers, and CDs to the doors of homes of the elderly is being implemented.	197 (47.1)	120 (28.7)	58 (13.9)	33 (7.9)	10 (2.4)	1.89±1.06
12- The elderly have free membership in all governmental and non-governmental libraries.	123 (29.4)	84 (20.1)	107 (25.6)	72 (17.2)	32 (7.7)	2.53±1.28
13- In governmental, cultural centers such as cultural centers, libraries, and cinemas, the elderly have a discount on the use of cultural, artistic, sports, and social services.	126 (30.1)	100 (23.9)	103 (24.6)	71 (17.0)	18 (4.3)	2.41±1.2
14- There are special facilities for transporting the elderly to pilgrimage and touristy places.	92 (22.0)	106 (25.4)	81 (19.4)	94 (22.5)	45 (10.8)	2.74±1.31

Table 3) Descriptive information on the index of civic participation and employment from the perspective of the elderly by questions

Items	Strongly Disagree	Disagree	No idea	Agree	Strongly Agree	Mean±SD
1- There are opportunities for employment of the elderly	208 (49.8)	132 (31.6)	51 (12.2)	22 (5.3)	4 (1.0)	1.76±0.92
2- There is an opportunity for the elderly to enroll in Skill-training or personal development classes	155 (37.1)	132 (31.6)	82 (19.6)	40 (9.6)	9 (2.2)	2.08±1.06
3- There is access to financial services for the elderly.	135 (32.3)	112 (26.8)	85 (20.3)	74 (17.7)	12 (2.9)	2.32±1.18
4- There is an opportunity for seniors to attend local meetings about government.	153 (36.6)	115 (27.5)	89 (21.3)	43 (10.3)	18 (4.3)	2.18±1.16
5- I have special skills to do free or paid work.	127 (30.4)	91 (21.8)	89 (21.3)	75 (17.9)	35 (8.4)	2.51±1.31
6- There is an opportunity to participate in the meeting of city councils.	165 (39.6)	121 (29)	83 (19.9)	37 (8.9)	11 (2.6)	2.06±1.08
7- It is possible to watch city council meetings on TV or the Internet.	136 (32.6)	119 (28.5)	65 (15.6)	80 (19.2)	17 (4.1)	2.33±1.22
8- I have participated in recent presidential elections and selected members of parliament or city councils.	59 (14.1)	43 (10.3)	51 (12.2)	102 (24.5)	162 (38.8)	3.63±1.43

Table 4) Descriptive information on the index of respect for the elderly and social inclusion from the perspective of the elderly by questions

Items	Strongly Disagree	Disagree	No idea	Agree	Strongly Agree	Mean±SD
1- Respect for the elderly in public places (such as public transportation and their priority) is observed.	104 (24.9)	68 (16.3)	27 (6.5)	178 (42.6)	41 (9.8)	2.96±1.41
2- In families, respect for the elderly (grandparents) is defined and is an essential element.	35 (8.4)	50 (12.0)	40 (9.6)	160 (38.3)	133 (31.8)	3.73±1.25
3- Society promotes and institutionalizes respect for the elderly in various ways.	70 (16.7)	79 (18.9)	74 (17.7)	130 (31.1)	65 (15.6)	3.09±1.33
4- Public media (television, newspapers, etc.) have a positive and effective role in showing the importance of the role of the elderly and the need to respect them socially.	54 (12.9)	56 (13.4)	62 (14.8)	163 (39.0)	82 (19.6)	3.39±1.29
5- The new generation understands and observes the necessity of using the experiences of the elderly and respecting them.	94 (22.5)	102 (24.4)	66 (15.8)	107 (25.6)	49 (11.7)	2.79±1.35
6- There is a priority for the elderly in providing services (such as a special queue for the elderly or a special place to receive services).	145 (34.7)	134 (32.1)	54 (12.9)	60 (14.4)	25 (6.0)	2.24±1.23

Table 5) Descriptive information on the index of communication and information from the perspective of the elderly by questions

Items	Strongly Disagree	Disagree	No idea	Agree	Strongly Agree	Mean±SD
1- The elderly have a good opportunity to communicate with educational centers such as computer training, Internet, etc.	138 (33)	102 (24.4)	91 (21.8)	61 (14.6)	26 (6.2)	2.36±1.24
2- There is an old counseling phone.	124 (29.7)	97 (23.02)	124 (29.7)	44 (10.5)	29 (6.9)	2.41±1.21
3- Large buttons with capital letters have been used in electronic equipment such as ATMs and public telephones, etc.,	92 (22)	89 (21.3)	77 (18.4)	116 (27.8)	44 (10.5)	2.83±1.32
4- In-service centers such as banks and post offices have panels with different heights for people of different heights.	110 (26.3)	94 (22.5)	94 (22.5)	78 (18.7)	42 (10.0)	2.63±1.31
5- There is access to information about available resources for the elderly.	111 (26.6)	128 (30.7)	112 (26.9)	56 (13.4)	10 (2.4)	2.34±1.08
6- There is awareness about available services and activities for the elderly.	119 (28.5)	137 (32.8)	101 (24.2)	54 (12.9)	7 (1.7)	2.26±1.06
7-informing about programs for the elderly is done	119 (28.5)	42 (34)	79 (18.9)	58 (13.9)	20 (4.8)	2.32±1.16
8- Information in public places is portable to carry homes, such as booklets, posters, or brochures.	119 (28.5)	103 (24.6)	101 (24.2)	68 (16.3)	27 (6.5)	2.47±1.23
9- The information needed by the elderly in the poster or brochure is completely clear and readable.	136 (32.5)	118 (28.2)	101 (24.2)	46 (11.0)	17 (4.1)	2.25±1.14
10- The elderly are aware of social events in Tehran	82 (19.6)	89 (21.3)	105 (25.1)	112 (26.8)	30 (7.2)	2.81±1.23

Discussion

The present study aimed to analyze the views of the elderly in the Tehran metropolis on the indicators of social participation, respect and social inclusion, civic participation and employment, and the index of communication and information. According to the obtained results, the overall mean of the social participation index was above the expected mean. The city of Tehran has had better conditions in terms of green spaces and parks and sports centers with suitable facilities for the elderly. However, in terms of the delivery of books, magazines, newspapers, and CDs to the doors of older households, the conditions were not good.

The remoteness of social activities, the transportation system, and nighttime insecurity was also listed as barriers for the elderly in a study conducted in some cities of Rio de Janeiro. In this regard, some other cities in Rio de Janeiro have also provided free leisure activities for the elderly [1, 24].

In addition, the elderly's self-ignorance of existing programs in the city can be considered a barrier to their participation in social activities. Studies have shown that elderly social participation, including participation in purposeful occupations such as work or leisure, has an important and positive impact on people's health and well-being. Older adults with disabilities experience limited social participation and social isolation [25].

Studies have confirmed a significant relationship between elderly social participation and health. In other words, the more participation and social relations the elderly experience, the higher is their social health level [26]. According to studies in Canada, the most significant factors concerning older people's social involvement were sickness, life responsibilities, and commuting problems [27]. In a study by Lee *et al.*, it was found that social participation in individuals decreases significantly with age [28, 29]. A similar study undertaken in Iran showed that the elderly exposed to less social

isolation were supported to establish and maintain contact with society [19].

According to the results of the study conducted by Fatmah *et al.* in Depok City, Indonesia, many older people are still actively involved in community activities such as reciting the Qur'an or participating in religious and sports activities, usually in public places and in residential areas [30]. This result is consistent with the findings of the present study. The reason for this relation is that the two countries' cultural, social, and religious contexts are similar. According to the study of Sharghi *et al.* on geriatricians, the opportunity of the elderly in Tehran for social participation is not favorable, and the situation is unfavorable and almost poor [20]. This result is inconsistent with the results of the present study. Examining the views of experts in the noted study can be the reason for the inconsistency of the findings.

For the index of civic participation and employment, the overall mean of the index was lower than the mean. In this index, participation in recent presidential elections, members of parliament, or city councils had the highest mean. In contrast, the availability of employment opportunities for the elderly had the lowest mean. According to a study by WHO, it was indicated that the elderly like to feel beneficial by volunteering in the city of Ponce. The elderly in Udine said that volunteering prevents them from being isolated.

Moreover, it was reported that seniors in Geneva work voluntarily in clubs and organizations. In many cities, older adults mentioned their interest in continuing their work and stated that they have enough experience and expertise [1]. Older people pursue different goals and motivations for work compared to younger people. A better understanding of their motivations can help organizations successfully attract older people [31]. According to Schwingel *et al.*, older people who continue to work, the elderly who do voluntary

work after retirement, and those who retire by their request have better mental health and are more satisfied with their lives [32]. Ali Sharghi's study on geriatricians and experts showed that the Civic Participation and Employment situation in Tehran is not favorable for the elderly [20], consistent with this study. Meanwhile, in the study on elderly members of the municipal center by Shariat *et al.*, the civic participation and employment index was moderate [19].

According to the study of Masud *et al.* on the elderly in Malaysia, the elderly were highly vulnerable to poverty. Therefore, increasing living costs, migration of their children, lack of financial resources, difficulty paying for daily expenses such as food, medical expenses, transport services, and the purchasing of goods required can cause economic difficulties, negatively impacts their health status [33]. Measures such as the possibility to re-employ the elderly in lighter-income part-time positions with more flexible working hours (in terms of both cost and economy) can be of great importance in this regard. In this way, their talents and experiences can be used to keep their sense of usefulness alive, leading to their enhanced quality of life.

The overall index mean was lower than the expected mean in the Respect and Social Inclusion Index. In this index, as the key pillar, respect for the elderly in families had the highest mean, and service delivery to them (such as a special queue for the elderly or a special location for receiving services) had the lowest mean. According to another WHO study, elderly experience contrasting behaviors and attitudes toward themselves. Many of them also feel respected, but others feel neglected by the community, the provided services, and the family. This is explained by changing societies and behavioral norms, the absence of contact between generations, and widespread neglect of old age and the elderly. Factors such as culture, gender, health status, and economic status are more dependent on the respect and social status of the elderly [34].

Prioritization of the provision of services in public places and occupations for the elderly (e.g., assigning bus seats to them and assigning special services to people with an auditory and visual disability), respecting them, treating them pleasantly, not treating them childishly, speaking quietly, not addressing them as an older man or older woman, the absence of aggression, as well as verbal and physical abuse, can be counted among the ways of retaining respect and Social Inclusion for the elderly.

Doing so requires universal education for the elderly and families and children alike. Academic subjects, such as learning about the physical challenges of old age and common disorders, should initiate in childhood and spread to all parts of society.

The elderly have a high status such that parents and grandparents are honored by families and society.

This is a desirable advantage regarding the culture prevalent in Iranian society and the lives of the elderly along with the family. In such a culture, older people advise their families, but their viewpoints are also accepted. However, due to the generation change (particularly the shift in family relationships and the growing number of nuclear families), young people do not have much time to spend with older family members [2, 7, 35].

The relationship that the elderly have with friends, family, and other people and the support they receive from their community make them feel the sense of belonging to the group and their relatives and have dignity and respect. Ultimately, this feeling would affect their social security [36]. Living with the family is an advantage for the elderly as it strengthens the acceptance of the elderly in the company of family and friends.

For religious and cultural reasons, the degree of satisfaction and assessment of the elderly in Iranian society has been favorable relative to other societies. In a related study in Thailand, because of regard for the elderly and their use in social activities, the index of respect and social inclusion had favorable conditions [34].

The overall mean of the communication and information index was lower. In this index, in electronic devices such as ATMs and public telephones, the use of large buttons with capital letters had the highest mean. Meanwhile, the consistency and readability of the information required by the elderly in the poster or brochure had the lowest mean score. The fields of communication and information are affected by other areas of an age-friendly city, as communicating and finding information is a major factor for social interaction and access to services [37].

It is of note that the elderly prefer verbal contact in communicating with family and friends or clubs and public meetings [7]. One of the greatest challenges to communicating with the elderly is their visual and auditory problems, along with the lack of readability of the information. This is due to the limited size of the letters and the rapid presentation of radio and television information, which also increases its severity [1]. Usually, the elderly are resistant to new technology as it makes them nervous. The most important causes of resistance and anxiety in older people are the rapid development of emerging technology and the lack of mental preparation to use new technologies [38].

However, in advanced societies, most of the elderly's affairs, including communication, data, shopping, access to information and medical services, entertainment, etc., are carried out using a computer. Therefore, educating middle-aged and older adults about the use of emerging communication tools, how to search databases, in addition to promoting their social relations, enhances brainpower, especially decision-making.

Moreover, it strengthens their brain thinking [39] and thus helps overcome the physiological changes caused by aging and decreased brain activity [40].

According to recent research, 'Internet surfing' reduces the risk of developing forgetfulness due to aging [40]. In previous studies undertaken in Iran, it was found that the information and communication technology (ICT) system in the cities of Iran has not been adequately provided for the elderly and is in an unfavorable and nearly poor condition [2, 7, 20, 22].

The most important causes for vulnerability in this region might be economic development strategies in metropolitan areas, accessible services and facilities, as well as factors linked to the elderly themselves, such as age, sex, educational level, employment, and their physical and physiological circumstances. Therefore, it is recommended to develop, prepare, and implement a systematic curriculum focusing on effective factors for overcoming current obstacles since linking to the Age-Friendly Cities network is one of the most important available resources. It is hoped that by joining the path of the age-friendly city, the elderly can enjoy a good life with active aging. One of the strengths of the present research is the study of Tehran based on a researcher-made questionnaire consistent with Tehran and Iran's cultural context. Sampling was also carried out from all areas served by the Tehran municipality. One of the limitations of the present study was the sampling process and the characteristics of the survey participants.

One of the limitations of the present study was the sampling of parks. Then participants in this research included the elderly traveling in the town. As a result, isolated older adults and those living in nursing homes were not included in the study. It is an important limitation and must be considered a problem in the Generalizability of the study. To deal with this shortcoming, including all the elderly in future studies is proposed.

Conclusion

The mean indices of social participation, civic participation and employment, respect and social inclusion, and communication and information were below the mean standard score. Therefore, the conditions of Tehran in this region only satisfy the basic needs of the elderly, and there is a long way from being ideal. In other words, the present study showed that Tehran could not achieve active aging for its people. Through links to the network of age-friendly cities and dedication to achieving its goals, the elderly hoped to enjoy a high-quality life with active aging.

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