



Aging in Iran: Demographic Change and Emerging challenges

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Iran is currently undergoing one of the fastest demographic aging processes in the Middle East, a phenomenon that is expected to carry profound social, economic, and healthcare consequences. Although population aging poses policymakers considerable challenges, it offers opportunities for institutional innovation and social transformation and sustainable development if managed strategically.

Understanding the underlying causes of this transformation and preparing for its long-term consequences will be essential for ensuring social stability and enhancing quality of life in the decades ahead. A country's demographic shift is primarily driven by two interconnected trends: declining fertility rates and increasing life expectancy (1). In the early 1980s, Iranian women gave birth to an average of more than six children, whereas today, the fertility rate has fallen to nearly the replacement level. At the same time, improvements in healthcare services, nutrition, sanitation, and public health have increased life expectancy to approximately 76 years (2). Together, these developments have contributed to a steady rise in the population's median age.

By 2020, individuals aged 60 and older constituted about 10 percent of Iran's population, and this proportion is expected to exceed 25 percent by 2050 (3). This rapid population aging reflects broader demographic and socio-economic transformation in the country. In particular, rapid urbanization, along with the migration of younger generations from smaller towns and rural areas to the larger cities have further accelerated changes in traditional family structures. Consequently, intergenerational support systems which historically served as the primary source of elderly care have gradually weakened. The implication of population aging in Iran extend beyond demographic changes and are reshaping various dimensions of Iranian society.

Traditionally, older adults have depended heavily on extended family networks for emotional, financial, and physical support. However, several interrelated factors including smaller household sizes, increased participation of women in the labor force, and migratory patterns of individuals from rural areas into urban areas have reduced the families' capacity to fulfill these traditional caregiving roles. As a result, many older adults, particularly those living alone, are exposed to growing risks of social isolation, depression, and limited access to healthcare and community services. Importantly,

the burden of aging is not distributed equally across all parts of a society. While changes in family structures have affected older adults, their effects vary significantly by gender and place of residence.

Similarly, rural populations also face distinct disadvantages, including limited healthcare infrastructure, lower educational attainment, and inadequate access to specialized social and medical services. These inequalities indicate that population aging in Iran shouldn't be considered not only a demographic challenge, but also a critical issue of social justice and policy equity (4).

At the economic level, the aging transition imposes additional pressure on public finances. As the proportion of working-age individuals declines relative to retirees, the dependency ratio is expected to increase significantly, placing increasing strain on pension systems, healthcare financing, and social welfare programs. In addition, a shrinking labor force may also hinder long-term economic growth unless productivity improvements or structural reforms compensate for demographic decline.

Beyond its above-mentioned implications, aging also imposes more pressure on healthcare system. For example, healthcare expenditures are expected to increase substantially as chronic noncommunicable diseases become more prevalent among older adults. Conditions such as cardiovascular diseases, diabetes, cancer, and musculoskeletal disorders have already represented major public health concerns in Iran. Beyond their direct medical costs, these conditions can reduce older adults' ability to remain socially and economically active, thereby increasing reliance on public welfare systems and family caregivers (5).

Iran's healthcare infrastructure must therefore evolve to address a changing disease burden and population structure. Although the country has achieved considerable progress in expanding healthcare access over recent decades, geriatric medicine and long-term care services for older adults remain relatively underdeveloped. Specialized geriatrics services, rehabilitation programs, and home-based care systems are still limited, while preventive and community-centered health initiatives require wider implementation across the country. Expanding and strengthening these services could reduce long-term healthcare costs while improving the quality of life for aging populations.



Despite these challenges, Iran still has an opportunity to respond to proactively demographic aging. The experiences of countries such as Japan and South Korea demonstrate that early planning and integrated aging policies can significantly mitigate the impacts of social and economic pressures resulting from demographic transformation. Expanding social protection systems, strengthening pension coverage, and improving economic security for vulnerable elderly populations should be established as national priorities.

Equally important is investment in geriatric healthcare, preventive medicine, and professional training for elderly care, particularly as telemedicine and home-care technologies become increasingly available. In addition to these policy and healthcare measures, promoting active aging will also be essential. Encouraging older adults to remain engaged in the workforce, volunteer activities, and community life can improve mental well-being, reduce social isolation, and preserve valuable social capital. At the same time, urban planning and housing policies must evolve to create age-friendly environments characterized by accessible transportation systems, inclusive public infrastructure, and safe living spaces that promote independence and mobility.

In conclusion, Iran's aging population represents not merely a demographic change, but a major social transformation with long-lasting implications for the country (4). The manner in which Iran responds to this challenge will influence the future of its healthcare system, economic stability, and social cohesion. Rather than viewing aging solely as a burden or a financial constraint, it should be recognized as a reflection of

improved healthcare, higher living standards and increased life expectancy. Through careful planning, stronger healthcare and social support systems, and policies that facilitate active participation of older adults in society, Iran can transform these challenges of aging into an opportunity for sustainable development and progress. Ultimately, the way a society treats its elderly population reflects its values, priorities, and level of development; thus, Iran's response to aging will play an important role in shaping its future.

Conflict of Interests

The author has no conflict of interests to declare.

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