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# SHORT PAPER

M. LADIER-FOULADI – Iranian Families between Demographic Change  
and the Birth of the Welfare State



# Iranian Families between Demographic Change and the Birth of the Welfare State

Marie LADIER-FOULADI\*

The dominant model in Iran used to be the patriarchal extended family. Its members, linked by blood and by alliance, would include an initial couple, its children, and the families of these children. This family model was characterized by the absolute power of the father, head of the family; by strong solidarity between the sons, who had equal rights of succession; and by a high frequency of endogamy, usually between first cousins, the ideal being marriage between the children of two brothers.

The tasks and responsibilities of the traditional family were multiple and substantial. The family was charged with the welfare of its members from birth to death, covering all aspects of social life. In addition to giving its members emotional support, the family also supplied them with — to use modern terminology — educational, medical, and financial assistance. Among the family's multiple roles were those of employment agency, marriage agency, and retirement fund. Familial involvement was based on the primacy of lineage solidarity, and required continued interdependence among its members.

Recent decades, however, have seen the modernization of social and economic conditions in Iran linked to the development of a market economy and wage labour, urbanization, and access to state-funded education and social services. This appears to have induced substantial changes in the size and structure of the family, as well as in its social functions. In this article, we begin by presenting the evolution and current characteristics of the Iranian family, such as this can be established from the available sources. Next we describe the state's policy of social assistance from its origins to the present day, and finally we advance some hypotheses concerning the state's impact on the functions of the family.

## I. Portrait of Iranian families

Data on the family in Iran are scarce. The few surveys and monographs on the family carried out during the 1960s and early 70s are too fragmentary and incomplete to allow the study of changes over time in the Iranian family. Furthermore, the results of the 1966 and 1976 censuses present only age and sex distributions of individuals by relationship to head of household, and therefore do not enable the researcher to distinguish between different family types that may make up a household. The portrait of the family can therefore only be sketched using data collected in the 1986 and 1996 censuses.

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### **1. Family composition in 1986 and 1996**

Censuses taken in 1986 and 1996 show that the nuclear family dominates in both urban and rural areas of Iran (Table 1). The proportion of nuclear families (categories 1, 3, and 5) in the total number of households grew from 79.2% in 1986 to 82.3% in 1996. Conversely, the proportion of extended families (categories 2, 4, and 6) appears to be in decline: 6.4% of households in 1986 as opposed to only 0.5% in 1996. Category 7 (other compositions) has shown significant growth: from 14.4% in 1986 to 17.2% in 1996. This category consists of households composed of a single person or several people who cohabit and who may or may not be related.

### **2. Family size**

Census statistics are the only source of adequate data to determine average family size. In 1976, each household had on average 5 members (4.9 in urban and 5.2 in rural areas). In 1986, household size was slightly larger, averaging 5.1 persons (4.9 in urban and 5.5 in rural areas). This increase, wholly driven by the increase in the rural household size, can be attributed to the substantial mortality decline during the 1980s (Ladier-Fouladi, 1999). Ten years later, however, average household size had decreased. In 1996, average family size was 4.8 people (4.6 in towns and cities and 5.2 in rural areas).

Fertility levels can be used to evaluate the size of nuclear families. In the 1970s, the Iranian nuclear family was much larger than the Western model; Iranian women had on average 7 children (Ladier-Fouladi, 1996 and 1999). Fertility declined rapidly starting in the mid-1980s, from 6.4 children per woman in 1986 to 2.5 in 1999. This decline suggests that during the past decade, the Iranian nuclear family began to approach the Western model, at least as regards its size. The reduction in family size, which certainly also changed affective relations between spouses and between parents and children, has considerable social impact.

## **II. The family and the state**

Until fairly recently, the Iranian nuclear family was distinguished from the Western model by a strong intergenerational dependence. This was indispensable if the family was to perform the social functions that fell to it in the absence of a social welfare system. The surveys mentioned above note the resilience of the bonds of family solidarity that were grounded in the interdependence of the members and the obligation of mutual assistance between the family unit and its kinship network (Behnam, 1971 and 1973).

From the 1950s, economic modernization, urbanization, and growing school enrolment, particularly in towns and cities, began—very slowly—to relieve the family of some of its traditional functions. The relatively late involvement of the state in the field of social protection meant that the family institution retained its support functions and its power of control until a recent date. It is of interest, therefore, to examine the relationship between the family and the state in Iran from this perspective. Over the past two decades, general living conditions have improved, access to schooling and levels of educational attainment have risen spectacularly, and there has been an expansion of urban centres and of an urban way of life (Ladier-Fouladi, 1999). While recognizing the possibly determinant role of these changes in the adoption of new patterns of family behaviour, in what follows we will focus on the impact of the state's creation of a system of social welfare.

### **1. Social protection before the 1979 Islamic Revolution**

Despite the adoption of several laws dealing with workplace accidents and health insurance since the 1930s, it was not until 1960 that the government began to put in place an adequate financial and administrative structure to implement a wel-

TABLE 1.— DISTRIBUTION OF IRANIAN HOUSEHOLDS BY FAMILY TYPE (IN %)

Household composition	1986			1996		
	Total	Urban	Rural	Total	Urban	Rural
	1. Head of household (HH) and his wife	8.3	8.1	8.6	9.0	8.9
2. HH, his wife, and relatives in the first degree* of the HH	0.7	0.6	0.7	0.1	0.1	0.2
3. HH, his wife, and their children	67.1	68.0	65.8	68.4	69.8	65.8
4. HH, his wife, their children, and relatives in the first degree of the HH	5.4	5.3	5.6	0.4	0.3	0.5
5. HH and children	3.8	4.0	3.4	4.9	4.8	5.0
6. HH, children, and relatives in the first degree of the HH	0.3	0.3	0.2	0.01	0.02	0.01
7. Other compositions	14.4	13.6	15.6	17.2	16.1	19.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
of which:						
Subtotal, nuclear families (1+3+5)	79.2	80.1	77.9	82.3	83.5	80.1
Subtotal, extended families (2+4+6)	6.4	6.3	6.5	0.5	0.4	0.7

\* The first degree of relationship includes parents and brothers and sisters.  
 Source: National censuses of population and housing of 1986 and 1996.

fare state model. In 1960, the government approved new laws on health insurance and social protection for government employees and workers (Mahbubi Ardakani, 1978). These laws guaranteed a pension to all government employees transferable after their death to their widows (or widowers) and to their children under 18 (or under 21 if still in education). However, the system of insurance for state employees was not centrally administered<sup>(1)</sup>.

For manual workers (in both the public and private sectors), the 1960 law established two types of insurance, one complete and the other partial, administered by the Organization for Workers' Social Insurance (OWSI).

Concerning employees and other private sector workers, the legislation was less specific. Employees could either join the OWSI plan or enrol in insurance provided by their company.

The 1960 law on insurance for manual workers was revised twice before the government proposed a law on social security in 1975. After this law was passed, the OWSI, now named the Social Security Office (SSO), became the main insurance fund for all those employed in the private sector and for their families.

The changes to the legislation and the multiplication of insurance funds, most of which do not publish statistics, make it impossible to know the exact number of insured people and their dependents. It is likewise impossible to evaluate precisely the extent to which these laws are implemented and thus to assess their impact on aid to families. We will attempt here to estimate the proportion of insured among salaried workers, until now the main beneficiaries of the law, and to calculate, at least approximately, the proportion of the total population that is covered by social insurance (Table 2).

TABLE 2. – ESTIMATION OF THE NUMBER OF THE INSURED AND THEIR DEPENDENTS IN DIFFERENT PUBLIC SECTOR INSURANCE FUNDS AND THE SOCIAL SECURITY OFFICE IN IRAN IN 1966 AND 1976

Year	Total population	Wage earners in the public sector	People employed in the private sector	Number insured of those employed in the private sector	Estimate of the number insured and their dependents*	Proportion of the total population covered by social insurance (in %)
1966	25,788,722	662,666	5,447,081	451,000	5,568,330	21.6
1976	33,708,744	1,673,092	6,064,367	1,578,000**	16,255,460	48.2

\* Sum of insured wage earners in the public and private sectors multiplied by 5 (the average family size).  
 \*\* Estimate based on figures from 1973 and 1974, years with available data.  
 Sources: 1975 Iran Statistical Yearbook, national censuses of population and housing of 1966 and 1976.

According to these figures, which must be treated with caution, the proportion of the population covered by health insurance and social security rose sharply between 1966 and 1976. Statistics from the SSO show a significant increase in the number of people insured between 1971 and 1974. It should be emphasized that those insured were mostly salaried workers living in urban areas, and that the rural working population (62% of the active population in 1966 and 53% in 1976), composed largely of self-employed workers and unpaid family workers, did not yet benefit from social insurance.

The delay in setting up a social welfare policy, limited primarily to wage earners in urban areas, probably explains why many families maintained their function in

<sup>(1)</sup> Following the example of the Ministry of Defense, the National Petroleum Company, and the Central Bank, which have long had their own clinics and insurance funds, administrations have organized the provision of medical services and social insurance for their employees.

this field for so long. The sick, the disabled, the unemployed, and the elderly remained dependent on their families; the modernization of family relations could not proceed as long as the system of “intergenerational dependence” remained intact (de Singly, 1993).

## 2. *The emergence of a social welfare system under the Islamic Republic*

### *The foundations*

After the Revolution, several foundations were created to support and improve living conditions for the most deprived, known as the *mostaz'afin* (dispossessed). These foundations had — and still have — considerable financial resources derived in large part from government grants, taxes, and religious donations.

After the upheavals of the first years of the new regime — exacerbated by the beginning of the war against Iraq and the new burden the conflict imposed — the Imam Khomeini Relief Committee (IKRC, founded in 1979) divided its activities into distinct services. The most significant of these services were financial aid to individuals or families without resources, health insurance and medical care, interest-free loans, financial aid for housing restoration, scholarships, and small pensions granted to people aged 60 and over living in rural areas. Several million people<sup>(2)</sup> from the most disadvantaged sectors of the population benefited and continue to benefit from the different forms of aid and services provided by this foundation.

The Martyrs' Foundation (created in 1980) and the *15 khordad* Foundation (created in 1981) provide for the families of those who died for the Islamic Republic (victims of the revolutionary period and of the war against Iraq), of disabled ex-servicemen, prisoners of war and the missing, and for the destitute. The number of impoverished families has grown from 164,306 in 1983 to 232,431 in 1996 (Iran Statistical Yearbook, 1986 and 1996). At the end of the war, the Foundation of the Dispossessed took over responsibility for assistance to disabled veterans, including both medical care and programmes designed to reintegrate them in familial, social, and occupational life. In 1996, this foundation cared for 325,612 disabled veterans (Iran Statistical Yearbook, 1998).

The financial support and the pensions provided by these foundations are, of course, extremely modest, but this provision for the most deprived, especially in rural areas, established their right to social protection. We assume that these foundations took the place of the family groups and local networks who would otherwise have continued to support their members. By their influence on the traditional organization of family solidarity, these foundations certainly helped to undermine the principle of family interdependence and favoured the emergence of the autonomous individual.

### *The insurance system*

Since 1975, the SSO had been responsible for health insurance and social protection for workers in the public and private sectors, as well as for the self-employed. A 1979 law changed the SSO into the Organization for Social Security (OSS). The organization registered a rapid rise in the number of people it insured.

The number of government employees increased after the Revolution thanks to the nationalization of the Iranian economy. They had job security and together with their families were covered by health insurance and social welfare.

For the years 1986 and 1996, the OSS has published statistics from which the number of insured people and their dependents can be obtained. The other public sector insurance funds supply only the number of people insured; in these cases, we

<sup>(2)</sup> It is impossible to make a complete count of the people covered by the IKRC, since individuals and families are counted multiple times, once for each aid or service that they receive.

have estimated the number of beneficiaries by multiplying the number of the insured by five, the assumed average family size (Table 3).

Between 1976 and 1986, the proportion of people benefiting from social insurance grew by only 4.4 percentage points, no doubt because of the turmoil of the Islamic Revolution and the war. The increase in the number of insured was much greater between 1986 and 1996; by 1996, the insured and their dependents made up 73% of the total population. If the people receiving assistance from the foundations and from the Organization of Well-Being are included, the proportions for 1986 and 1996 are even slightly higher. The Organization of Well-Being supports the physically and mentally handicapped, orphans, and disadvantaged families or those without a family head, in both the towns and cities (from 1985) and the countryside (from 1990). It provides financial aid for these families, whose number has risen from 245,331 in 1986 to 555,870 in 1996 in urban areas and from 29,625 in 1990 to 88,265 in 1996 in rural areas (Iran Statistical Yearbook, 1998).

TABLE 3. – ESTIMATION OF THE NUMBER OF INSURED AND THEIR DEPENDENTS IN DIFFERENT PUBLIC SECTOR INSURANCE FUNDS AND THE ORGANIZATION FOR SOCIAL SECURITY IN IRAN IN 1986 AND 1996

Year	Total population	Wage earners in the public sector	People employed in the private sector	Number insured of those employed in the private sector	Estimate of the number insured and their dependents	Proportion of the total population covered by social insurance (in %)
1986	49,445,010	3,454,437	6,620,880	1,952,424	26,000,854	52.6
1996	60,055,488	4,254,046	8,954,869	5,120,000	44,042,845	73.3

*Sources:* Iran Statistical Yearbooks, 1986 and 1998; national censuses of population and housing of 1986 and 1996; Teheran, Iranian Centre for Statistics and General System of Well-being and Social Welfare (summary report), year 1378 (1999).

These activities of the governmental and quasi-governmental institutions of the Islamic Republic seem to have played a decisive role in raising the Iranian population's demand for support and public intervention. In response, the state was forced in 1994 to establish universal health insurance, and agreed to pay part of the contributions for the rural population (Rassâi-nia, 1997). From that point on, the Insurance and Medical Service Organization created for this purpose within the Ministry of Health began to take over the central administration of health insurance for a large part of the population. In 1995, during its first year of operation, it insured 6.3 million people, including 116,901 rural residents (Iran Statistical Yearbook, 1995). In 1998, it insured 28.4 million people including 20.8 million rural residents, or 90% of the rural population (Iran Statistical Yearbook, 1998).

Since the 1980s, the gradual extension of social protection suggests the emergence of an authentic welfare state in Iran. Although its resources and its achievements are still limited, we assume that the state is gradually taking over the functions formerly performed by the family, thus contributing to the modification of a community structure based on mutual aid and family solidarity. It is therefore likely that, in the years since the 1979 Revolution, the Iranian family has moved closer to the Western model of the nuclear family in both its functions and its family relations.

Paradoxically, the Islamic state has itself contributed to this change, despite appearing a priori more favourable to the model of the integrated and self-sufficient family, whose members are not promoted as individuals. In introducing this social welfare policy, the Islamic Republic was motivated by respect for the religious ideal of charity, but also by populist considerations. By its action, like any modern secular state, it established the right to social protection and encouraged the population to

demand ever more intervention in this field, as part of a movement toward individual autonomy. The question of the evolution of the structure and social functions of the family in post-revolutionary Iran cannot be addressed without taking this context into account.

### III. The urban family in Shiraz

Data from the Family and Fertility Survey taken in Shiraz in 1996<sup>(3)</sup> enable us to observe the characteristics of the modern family, at least in this large city<sup>(4)</sup>, and to test the validity of the explanatory framework proposed above. This study focuses on complete nuclear families (that is, couples with children), but we also present a comparison with extended families (couples living with married children and their families).

#### 1. Family structure in Shiraz

The survey was carried out in summer 1996, with a sample of 1,242 households representative of the population of Shiraz. Of these households, 84.5% consisted of nuclear families (75% were complete nuclear families) and 15.5% consisted of extended families.

The nuclear families had an average of 3 children, including one child aged 15 years or older; the average age of these older children was 19.9 years. The average size of the extended families was 6.8 people, with 2.2 children over 15 years, including one who had been married. The average age of children over 15 was 21.8 years for single children and 28 years for those ever married.

In nuclear families, only 10% of fathers, 10% of mothers, and 1% of children aged 15 or more were illiterate. In the extended families, the proportion of illiterate parents was greater — 15% of fathers and 27% of mothers, against only 1% of the children. None of the sons- and daughters-in-law were illiterate.

#### 2. Relations between family members

During the survey, ever-married women aged 15 to 49 years were asked about relations between parents and children, between husband and wife, and between older and younger siblings. The assumption was that patriarchal order is still dominant in Iranian families.

In complete nuclear families, only 10% of women thought that children should obey their parents unconditionally, while 42% advocated friendly relations and 48% thought that children should respect their parents as long as parents made “reasonable” use of their authority (Table 4). With respect to relations with their husbands and between younger and older siblings, the proportion of women who favour an attitude based on obedience according to the age hierarchy is much lower than the proportion who support a friendly attitude or one based on mutual respect. It should be noted that the proportion of young mothers who support non-authoritarian relations is only slightly higher than the proportion of older mothers.

Contrary to our expectations, the opinions of women in extended families are similar to those of women in nuclear families on the subject of relations between family members.

These responses are only statements of opinion; there is no way of knowing whether they reflect actual relations between family members in Shiraz. From their answers, however, women do appear to have rejected the patriarchal order based on

<sup>(3)</sup> This survey was carried out within the framework of a research agreement between INED, CNRS (Monde iranien), and the Institute for Research on Planning and Development of the Iranian Planning and Budget Organization.

<sup>(4)</sup> With slightly over one million residents in 1996, the city is the fifth largest in Iran.

the hegemony of the age and sex hierarchy. One possible determining factor that could explain the attitudes expressed by women is the presence in the family of children aged 15 or over, whose level of education exceeds that of their parents. In nuclear families, children had an average of 10.3 years of schooling, compared with 8.3 years for fathers and 7.5 years for mothers. In extended families, the averages were 10 years for children, 6.3 years for fathers, 5 years for mothers, 10.8 years for sons-in-law, and 9.4 years for daughters-in-law.

This situation is very recent in Iran. In the 1990s, for the first time, the younger generation—born around 1975 and educated in very large proportions—had an education level higher than that of their parents (Ladier-Fouladi, 2001). This fact no doubt influences parents' behaviour and transforms relationships in the family unit. Parent/child relationships become based on dialogue—or conflict!—rather than on the traditional values of obedience and submission. In addition, women's education level is close to that of men, and this encourages the establishment of more egalitarian relationships between spouses.

TABLE 4.—ATTITUDES RECOMMENDED BY WOMEN FOR RELATIONS BETWEEN FAMILY MEMBERS IN SHIRAZ (DISTRIBUTION IN %)

Relations between family members	Attitude recommended				
	Obedience according to age hierarchy	Mutual respect <sup>(1)</sup>	Friendly relations	No answer	Total
Women in complete nuclear families					
Between parents and children	10	48	42	0	100
Between a woman and her husband	11	35	54	0	100
Between older and younger siblings	8	63	29	0	100
Women in extended families					
Between parents and children	7	53	31	9	100
Between a woman and her husband	12	31	48	9	100
Between older and younger siblings	4	50	37	9	100

<sup>(1)</sup> This notion does not imply equality between the individuals in the relationship; it was defined as "respect" for the authority of the other person conditional on the reasonable exercise of this authority.  
*Source:* Shiraz Family and Fertility Survey, 1996.

This explains the surprising similarity of attitudes toward child-rearing expressed by women in complete nuclear families and in extended families: 69% of women in nuclear families and 68% of women in extended families report having adopted a gentle approach, based on dialogue and persuasion, as opposed to only 28% and 19% who say they use a more rigorous method, including physical punishment if necessary. The marked preference of the majority of women, young or less young, for persuasion and dialogue, is further evidence of their questioning of the patriarchal order.

### 3. *Solidarity and family mutual aid networks in Shiraz*

The intensity of family relationships within kin groups can be evaluated by using survey data on the help and services supplied by the family of origin. (The extended family, which provides mutual aid and solidarity between generations on a permanent basis, is excluded from this analysis).

The proportion of nuclear families that regularly receive assistance from their parental family is relatively small. Moral support (53.1%) followed by child care (45.1%) and *ad hoc* assistance when the need arises (45.0%) are the most frequently reported forms of help. Conversely, services and assistance with a financial component, or that involve relations outside the immediate family unit and extend to the kin group or even beyond it, are rarely reported (from 10% to 11.2%). Solidarity within the kin group consists mainly of support and mutual aid of a purely emotional kind. Over the past two decades, specialised institutions have been created in the fields of social welfare, employment and bank credit. These institutions — especially the interest-free loan agencies, which have expanded greatly since the Revolution — have undermined the social functions of families. The serious economic crisis affecting the country may also have reduced the ability of the family group to provide financial support. This has probably led to the establishment of relations based more on feelings of affinity than on reciprocal obligations and responsibilities.

In a country marked by the development of communication networks, by progress in the diffusion of information, and by growing access to education, it is reasonable to conclude that the results of this survey carried out in Shiraz, which show that the nuclear family is conforming more and more to the isolated conjugal family model, also hold in most other large cities and their suburbs.

## Conclusion

The dominant urban family type in Iran is undoubtedly the nuclear family. Until the early 1970s, however, the Iranian model still differed sharply from the one that prevailed in the Western world, by the large size of families and by their greater dependence on the kin group.

Since the 1980s, fertility has declined, and the development of governmental and quasi-governmental institutions that intervene in the area of social welfare is promoting significant changes in the social functions of the family. The results of a survey carried out in Shiraz suggest that the urban nuclear family is moving closer to the Western nuclear family model. Analysis shows a large reduction in family size, the establishment of more egalitarian relations between generations, and family solidarity based primarily on emotional affinities.

The demographic transition on the one hand, and the substitution of state institutions for family support on the other, have resulted in the modernization of the Iranian nuclear family. These forces have in turn initiated a transformation of socio-political relations whose full effects have yet to be felt.

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