

Investigating Intergenerational Relationship Quality among Persian and Arab Ethnic Groups in Aging Community of the Southwestern Iran

Abdolrahim Asadollahi¹, PhD; Mahin Nazari², PhD; Khadijeh Jafarpour³, PhD; Leila Ghahremani⁴, PhD; Nasim Pirzadeh⁵, MSc

¹Department of Gerontology, School of Health, Shiraz University of Medical Sciences, Razi Ave., Shiraz, Iran

²Department of Health Promotion, School of Health, Shiraz University of Medical Sciences, Razi Ave., Shiraz, Iran

³Department of Health Education, Shoushtar Faculty of Medical Sciences, Shoushtar, Iran

⁴Research Center for Health Sciences, Institute of Health, Department of Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

⁵Department of Geriatric Health, School of Medical Sciences, Esfaryen Faculty of Medical Sciences, Iran

Correspondence:

Abdolrahim Asadollahi, PhD;
Department of Gerontology, School of Health, Shiraz University of Medical Sciences, Razi Ave., Shiraz, Iran
Email: a_asadollahi@sums.ac.ir

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Abstract

Background: Old age is a sensitive period of life and paying attention to its needs is a social necessity. The older adults are exposed to threats such loneliness, isolation, and lack of social support. The aim of this study was to investigate the index of intergenerational quality in Persian and Arab ethnic groups in aging society in Iran.

Methods: This is a cross-sectional descriptive study on Persian and Arab ethnic groups. The statistical population of this research consisted of the elderly belonging to two ethnic groups: Persians and Arabs. The sampling was done using the quota random method. The sample size of this research was estimated based on Morgan's table to be 217 older adults.

Results: In terms of health status, there was a statistically significant difference between the two groups. Associational Structural Correlation, Normative consensus correlation, Normative consensus correlation, Emotional closeness, Intergenerational conflict, Ambivalence in the two groups were not significantly different. The general scale of the intergenerational quality questionnaire responses showed the closeness of the general scale of the questionnaire between the two groups.

Conclusion: The comparison of the results of the two groups in this study showed that the Arab people had a better health status than the Persian ones.

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Introduction

Old age is a sensitive period of life and paying attention to its needs is a social necessity.¹ During this period, the elderly are exposed to threats such as increasing disease, loneliness and isolation, and lack of social support;² also, due to physical and mental disabilities, their individual independence is also threatened in many cases. According to forecasts, the world's older adult population in 2050 will be equal to about 13.7% of the total population.³ Iranian National Statistics Portal has also announced an increase in the country's aging population index from 3.97 in 1335 to 1.6 in 1395.

According to United Nations statistics, the mean age of Iranian population will increase from 29.5 in 2015 to 49.4 in 2100.^{4,5} Intergenerational relationship and generation gap in families are challenges of family pathology. Intergenerational communication and generation gap include knowledge, attitudes, and behavioral differences between generations in a family.⁶ It can also be said that mass communication is affected by social, cultural, and historical structures.⁷ Compared to old and middle-aged people, children who live in a cultural environment have different information, tendencies, and behaviors.⁸

In the geographical area of Iran, there are several ethnic groups who have had a relatively peaceful

coexistence for many centuries. However, its study in the world, especially in Iran, was conducted in early 1970s by “Walker Connor”. The most important ethnic characteristics that separate them from others are language, history, descent, religion, style of dressing, and type of adornment.⁹ As racial and ethnic minorities continue to grow, a demographic investigation is required to understand that how to care for these populations.¹⁰ The composition of Iranian population is such that the term multi-ethnic society is not far from the reality.¹¹ The presence and life of different ethnicities such as Persians, Turkmen, Kurds, Lors, Baluchs, and Arabs next to each other and in the geographical-political framework indicate a single expression.^{12, 13} The ethnic-cultural diversity of Iranian society is that Persians and their culture dominate the population of Iran, and according to estimates, they constitute 61% of the country population; Arabs are a much smaller minority in Iran, so that they constitute about 2% of our population.¹⁴ Iranian society has faced a generation gap due to external factors such as the increase in the young population,^{15, 16} but customs and traditions, norms, and, most importantly, the emotional need of parents to support their children have connected three generations together and prevented generational differences from turning into generational conflicts.^{17, 18} Therefore, it is necessary to examine the intergeneration gap between the older adult and the young.⁷ Accordingly, the aim of this study was to investigate the index of intergenerational quality in Persian and Arab ethnic groups in aging society in Iran.

Methods

This is a cross-sectional descriptive study on Persian and Arab ethnic groups. The statistical population of this research consisted of the older adult people belonging to two ethnic groups: Persians and Arabs. The sampling was done using a quota random method. The sample size of this research was estimated based on Morgan’s table to be 217 older adult people. The interviewers were selected based on the relevant BA degrees associated with each ethnic group (two ethnics studied) and received additional training in the case of the sampling method used by researchers although they were familiar with the considered test. In this research, they have also received the required training in the fields, including numerous places considered for data collecting, the status of subjects about inclusion and exclusion criteria, characteristics and domains of the questionnaire, distribution method of the questionnaire, research objectives, explanations about how to fill out the questionnaire, how to interact with and win the trust of elderlies, collection method of the questionnaire, and response methods.

Additionally, a research team referred to daily care centers, for instance, Iran’s Farzanegan Foundations (IFF) in Shiraz, Ahwaz, and Tehran Branches to invite those people who were eligible to participate

in this research and fill out the questionnaires. The intergenerational gap questionnaire was used in the Iranian older adult population. The percentage share of the older adults in each city was defined and selected based on their percentage in the sample size. The percentage of the elderl in the national and regional population of each city was defined, and the sample size was selected according to these percentages. The data were collected during the first mid-year 2020. The inclusion criteria were having grandchildren and living with them, residing at least for 10 years in the target area, and being from an ethnic group belonging to the target area. Exclusion criteria included being non-native, and having cognitive impairment based on the MMSE criteria. Since Folstein first developed the Mini-Mental State Examination (MMSE) in 1975, it has become widely used as a screening test for cognitive impairment and it is routinely used as an inclusion / exclusion criterion and outcome measure in clinical trials. The test covers a variety of cognitive domains, including orientation to time and place, short and long term memory, registration, recall, constructional ability, language and the ability to understand and follow commands,¹⁹ being an immigrant, being never married, and having immigrant children. The questionnaire was delivered in two versions, the dialect of the older adult and the Persian language, at a time interval of 10 minutes.

Data Collections

Out of 217 older adults who filled out the questionnaire, 117 belonged to Persian ethnicity from the cities of Shiraz and Tehran since the majority of Persian population in these two cities and 100 people belonged to Arab ethnicity from Ahwaz, Abadan and Khorramshahr cities. The interviewers were selected based on the expert qualifications related to each ethnic group (the two ethnic groups studied) and received additional training on the sampling method used by the researchers although they were familiar with the test used. The experts (health care workers) who worked in health centers extracted the list of people to be studied using the Sib system; also in this research, the necessary training in many fields, including many places that have been considered for data collection, the condition of the subjects regarding the inclusion and exclusion criteria, features and areas of the questionnaire, distribution method of the questionnaire, research objectives, explanations, was performed. The researcher explained about how to fill the questionnaire, how to interact and gain the trust of the older adult, the method of collecting the questionnaire and the methods of answering.

Ethical Consideration

All the participants received verbal explanation about the study objectives and procedures and then signed written informed consents for taking part in the study.

Table 1: Demographic information of Iranian older adults participating in the study (n=217)

Variable		Ethnic Groups			P value
		Persians	Arabs	Total	
Gender	Male	40(54.1%)	34(45.9%)	74(100%)	0.977*
	Female	77(53.8%)	66(46.2%)	143(100%)	
Marital status	Divorced	5(71.4%)	2(28.6%)	7(100.0%)	0.571*
	Widow	20(52.6%)	18(47.4%)	38(100.0%)	
	Separate	0(0.0%)	1(100.0%)	1(100.0%)	
	Married	91(53.5%)	79(46.5%)	170(100.0%)	
Chronic disease	Single/never married	1(100.0%)	0(0.0%)	1(100.0%)	0.270*
	Osteoporosis	34(55.7%)	27(44.3%)	61(100.0%)	
	Heart Disease	67(56.3%)	52(43.7%)	119(100.0%)	
	Arthritis	4(26.7%)	11(73.3%)	15(100.0)	
	Diabetes	5(71.4%)	2(28.6%)	7(100.0%)	
	Metabolic Syndrome	1(50.0%)	1(50.0%)	2(100%)	
	Depression	2(50.0%)	2(50.0%)	4(100.0%)	
	Immune system disorder	1(20.0%)	4(80.0%)	5(100%)	
	Blood fat	3(75.0%)	1(25.0%)	4(100.0%)	
	Drug misuse	NO	35(50.0%)	35(50.0%)	
Yes		82(55.8%)	65(44.2%)	147(100.0%)	
Meals of breakfast	Some of the Time	8(57.1%)	6(42.9%)	14(100.0%)	0.817*
	Most of the Time	3(42.9%)	4(57.1%)	7(100.0%)	
Meals of Lunch	Daily	106(54.1%)	90(45.9%)	196(100.0%)	0.782*
	Most of the Time	3(60.0%)	2(40.0%)	5(100.0%)	
Meals of dinner	Daily	114(53.8%)	98(46.2%)	212(100.0%)	0.944*
	Never	3(50.0%)	3(50.0%)	6(100.0%)	
	Some of the Time	5(45.5%)	6(54.5%)	11(100.0%)	
	Most of the Time	13(54.2%)	11(45.8%)	24(100.0%)	
Meals of fruits	Daily	96(54.5%)	80(45.5%)	176(100.0%)	0.209*
	Never	57(53.3%)	50(46.7%)	107(100.0%)	
	Some of the Time	4(66.7%)	2(33.3%)	6(100.0%)	
	Most of the Time	30(46.2%)	35(53.8%)	65(100.0%)	
Meals of vegetables	Daily	26(66.7%)	13(33.3%)	39(100.0%)	0.230*
	Never	2(100.0%)	0(0.0%)	2(100.0%)	
	Some of the Time	34(53.1%)	30(46.9%)	64(100.0%)	
	Most of the Time	38(47.5%)	42(52.5%)	80(100.0)	
Health Rank	Unhealthy	43(60.6%)	28(39.4%)	71(100.0)	≤ 0.001*
	Healthy	57(70.4%)	24(29.6%)	81(100.0%)	
Living alone	Yes	60(44.1%)	76(55.9%)	136(100.0%)	0.206*
	No	11(42.3%)	15(57.7%)	26(100.0%)	
Family member	<5	106(55.5%)	85(44.5%)	191(100.0%)	0.751*
	>6	107(53.2%)	94(46.8%)	201(100.0%)	
	2	8(61.5%)	5(38.5%)	13(100.0%)	
	Nothing	1(50.0%)	1(50.0%)	2(100.0%)	
Education	Nothing	1(100.0%)	0(0.0%)	1(100.0%)	0.983*
	No formal school	21(58.3%)	15(41.7%)	36(100.0%)	
	Only reading	33(54.1%)	28(45.9%)	61(100.0%)	
	Elementary	16(48.5%)	17(51.5%)	33(100.0%)	
	Middle school	17(53.1%)	15(46.9%)	32(100.0%)	
	High school	18(54.5%)	15(45.5%)	33(100.0%)	
Pensioning	Graduated	12(54.5%)	10(45.5%)	22(100.0%)	0.293*
	No	49(50.0%)	49(50.0%)	98(100.0%)	
Kind Pensioning	Yes	68(57.1%)	51(42.9%)	119(100.0%)	0.544*
	Public	60(56.6%)	46(43.4%)	106(100.0%)	
	Private	8(61.5%)	5(38.5%)	13(100.0%)	
Pension Income Rank	Nothing	49(50.0%)	49(50.0%)	98(100.0%)	0.278*
	Less than 258.86 US \$, National Household Income 2019	117(54.2%)	99(45.8%)	216(100.0%)	
	More than 258.87 US \$, National Household Income 2022	0(0.0%)	1(100.0%)	1(100.0%)	
Age		59.47±9.34	58.50±10.73	59.02±9.99	0.477†
Sleeping		7.18±1.40	6.95±1.47	7.07±1.43	0.241†

P value significant≤0.05; *Chi-Square test; † Independent Samples t test

The participants were also reassured about the anonymity and confidentiality of their information. Also, ethics committee of Shiraz University of Medical Sciences approved the research with the code of IR.SUMS.REC.1399.28, and all procedures were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration, COPE guideline 2022, and its later amendments including informed consent and confidentiality of all personal information.

Statistical Analysis

After completing the questionnaires, the collected information was entered into SPSS software version 28, and independent t-tests, Cohen's d and linear regression were used in the data analysis in addition to descriptive indices. The significance level of all tests in this study was $P < 0.05$.

Results

According to Table 1, approximately 217 older adults participated in this research and filled out the questionnaires. Of them, 143 were women and 74 men, constituting 54.1% (40 people) of Persian men, 45.9% (34 people) of Arab men, 53.8% (77 people) of Persian women, and 46.2% (66 people) of Arab women. The mean age of the Persian and Arab ethnic groups was 47.59 years ($SD=9.34$) and 58.4 ($SD=10.73$), respectively.

The average marital status in the Persian people was 52.6% and in the Arab people 47.4%. Demographic distribution of the Persian and Arab people was 117 and 100, respectively (Table 2). There was no significant difference between the two groups in terms of the status of chronic diseases; consumption of fruits and vegetables; eating breakfast, lunch, and dinner; drug abuse; and living alone. However, in terms of health status, there was a statistically significant difference between the Persian and Arab people ($P \leq 0.001$).

- **Associational Structural Correlation:** As a social-structural correlation, it reflects intergenerational interactions jointly, which assesses the residential proximity between parents and children (frequency of face-to-face contact and number of phone calls, letters

or emails, from 1 (once a year or less) to 5 (once or more per day) in Persian and Arabs; P-value was 0.571 with an effect coefficient of 0.075, which was not significantly different. It shows the closeness of the associative structural correlation between the two groups.

- **Normative consensus correlation:** It reflects the value and theoretical similarities between the parents and adult children, and specifically about social issues and familial responsibilities of caring for older parents²⁰ in the Persian and Arab people; P-value was 0.851 with a coefficient of 0.25, which did not show a significant difference.

- **Emotional closeness** was assessed using a two-item emotional connectedness index, in which participants reported their relationship with their children and overall feelings of closeness on a scale of 1 (very close to 5), which was not significant in Persians and Arabs. P-value was 0.770 with an effect coefficient of 0.39.

- **Intergenerational conflict:** It is the feelings of tension and the tension they suffer about their children. Their children make excessive demands of them, and they consider their children as their critics. There was no significant difference in Persians and Arabs. P-value was 0.845 with an effect coefficient of 0.27.

- **Ambivalence:** The adult parent-child relationship should go beyond the "love and hate relationship" to focus on intergenerational ambivalence or "simultaneous coexistence and opposition of harmony and conflict"; in Persian and Arab people, the P-value was 0.445 with a coefficient of 0.101 difference, which was not significant (Table 3).

- **The general scale of the intergenerational quality questionnaire:** In the two healthy and unhealthy groups, the P-value of Persian people was 0.586 with an effect coefficient of 0.099, which was not significantly different. Also, the difference in the overall scale of the questionnaire between the healthy and unhealthy groups in the Persian people was low, which shows the closeness of the general scale of the questionnaire between the two groups.

- **Associative structural correlation:** We found a

Table 2: IRQS information and its domains of Iranian older adults participating in the study (n=217)

Variable	Ethnic Groups			P value*	EF ^d
	Persians	Arabs	Total		
IRQS total Score	44.37±6.09	44.26±6.40	44.32±6.22	0.899	0.017
Consensual–Normative Solidarity	10.27±2.19	10.10±2.30	10.19±2.24	0.571	0.075
Structural–Associational Solidarity	15.00±3.11	15.08±3.14	15.04±3.12	0.851	0.025
Affectual Closeness	11.64±1.78	11.57±1.78	11.61±1.77	0.770	0.039
Intergenerational Conflict	7.45±2.09	7.51±2.20	7.48±2.13	0.845	0.027
Positiv ^a	11.05±1.56	10.99±1.62	11.03±1.58	0.777	0.037
Negativ ^b	10.55±2.09	10.49±2.20	10.52±2.13	0.845	0.027
Ambivalenc ^c	11.57±2.33	11.33±2.40	11.46±2.36	0.455	0.101

P value significant ≤ 0.05 ; [†]Independent Samples t test; ^aPositive=Factor 1/3 + Factor 2/4 + Factor 3/3; ^bNegative=18 – Factor 4; ^cAmbivalence=(Positive + Negative)/2 – |Positive – Negative| + 3; ^dEF=Effect Size using Cohen's d

Table 3: IRQS information and its domains of Persian older adults participating in the study(n=117)

Variable	Health Status			P value *	EF ^d
	Unhealthy	Healthy	Total		
IRQS total Score	44.68±6.57	44.07±5.63	44.37±6.09	0.586	0.099
Consensual–Normative Solidarity	10.56±2.24	10.00±2.13	10.27±2.19	0.168	0.256
Structural–Associational Solidarity	15.00±3.41	15.00±2.82	15.00±3.11	0.999	0.0
Affectual Closeness	11.53±1.78	11.75±1.79	11.64±1.78	0.500	0.123
Intergenerational Conflict	7.60±2.21	7.32±1.97	7.45±2.09	0.472	0.133
Positive ^a	11.11±1.61	11.00±1.53	11.05±1.56	0.699	0.070
Negative ^b	10.40±2.21	10.68±1.97	10.55±2.09	0.472	0.133
Ambivalence ^c	11.28±2.38	11.84±2.27	11.57±2.33	0.197	0.240

P value significant≤0.05; [†]Independent Samples t test; ^aPositive=Factor 1/3 + Factor 2/4 + Factor 3/3; ^bNegative=18 – Factor 4; ^cAmbivalence=(Positive + Negative)/2 – |Positive – Negative| + 3; ^dEF=Effect Size using Cohen’s d

Table 4: IRQS information and its domains of the Arab older adults participating in the study(n=100)

Variable	Health Status			P value *	EF ^d
	Unhealthy	Healthy	Total		
IRQS total Score	44.21±7.47	44.28±6.09	44.26±6.40	0.964	0.010
Consensual–Normative Solidarity	10.42±2.71	10.00±2.17	10.10±2.30	0.443	0.171
Structural–Associational Solidarity	15.08±3.57	15.08±3.01	15.08±3.14	0.995	0.0
Affectual Closeness	11.42±2.04	11.62±1.70	11.57±1.78	0.631	0.106
Intergenerational Conflict	7.29±2.52	7.58±2.09	7.51±2.20	0.580	0.125
Positive ^a	11.05±1.83	10.98±1.56	10.99±1.62	0.849	0.041
Negative ^b	10.71±2.52	10.42±2.09	10.49±2.20	0.580	0.125
Ambivalence ^c	11.14±2.84	11.39±2.26	11.33±2.40	0.665	0.097

P value significant≤0.05; [†]Independent Samples t test; ^aPositive=Factor 1/3 + Factor 2/4 + Factor 3/3; ^bNegative=18 – Factor 4; ^cAmbivalence=(Positive + Negative)/2 – |Positive – Negative| + 3; ^dEF=Effect Size using Cohen’s d

P-value of 0.168 with an effect coefficient of 0.256 in the two healthy and unhealthy groups in Persian people, which showed no significant difference. Also, the amount of the difference in structural association correlation between healthy and unhealthy groups was low, indicating the closeness of structural correlation between the two groups.

- Normative consensus correlation: P-value was 0.999 with an effect coefficient of 0.0 in the two healthy and unhealthy groups in Persian people, which had no significant difference. Also, the value of the correlation difference of normative agreement between the two healthy and unhealthy groups was low, indicating the close correlation of normative agreement between the two groups.

- Emotional closeness: P-value was 0.500 with an effect coefficient of 0.123 in the two healthy and unhealthy groups in Persian people, which had no significant difference. The amount of emotional closeness difference between the two healthy and unhealthy groups was low, indicating the emotional closeness between the two groups.

- Intergenerational conflict: In the two healthy and unhealthy groups in Persian people, P-value was 0.472 with an effect coefficient of 0.133, which did not have a significant difference. Also, the amount of intergenerational contrast difference between the two healthy and unhealthy groups was low, showing the proximity of intergenerational contrast between the two groups.

- Ambivalence: In the two healthy and unhealthy groups in Persian people, P-value was 0.197 with an effect coefficient of 0.240, which did not have a significant difference. Moreover, the amount of ambivalence difference between healthy and unhealthy groups was low, revealing the closeness of ambivalence between the two groups (Table 4).

- The general scale of the intergenerational quality questionnaire: In the two healthy and unhealthy groups, P-value in the Arab nation was 0.964 with an effect coefficient of 0.010, which did not have a significant difference. It shows the closeness of the general scale of the questionnaire between the two groups.

- Associative structural correlation: P-value was 0.443 with an effect coefficient of 0.171 in the two healthy and unhealthy groups in the Arab nation, which had no significant difference. Moreover, the amount of the difference in the structural association correlation between the healthy and unhealthy groups was low, indicating the closeness of structural association correlation between the two groups.

- Normative consensus correlation: P-value was 0.995 with an effect coefficient of 0.0 in the two healthy and unhealthy groups in the Arab nation, which did not have a significant difference. Also, the value of the correlation difference of normative agreement between the two healthy and unhealthy groups was low, showing the close correlation of normative agreement between the two groups.

Table 5: The results of multiple linear regression analysis for the prediction of intergenerational relationship quality score (IRQS score) in Persian and Arab ethnicity in Iranian aging society

Predictors	Model 1			Model 2			
	β	SE	P value	β	SE	P value	
Ethnic (Arabs)	0.06	0.70	0.925	-	-	-	
Gender (female)	2.01	0.75	0.008	1.97	0.72	0.007	
Age	-0.12	0.03	0.001	-0.12	0.03	≤ 0.001	
Drug misuse(yes)	3.74	0.93	≤ 0.001	3.93	0.90	≤ 0.001	
Time Drug misuse	0.14	.04	0.001	0.14	0.04	≤ 0.001	
Meals of breakfast	Most of the Time	1.95	2.48	0.432	-	0.245	
	Daily	2.13	1.45	0.145	-	-	
Education	Only reading	-0.70	1.27	0.535	-	-	
	Elementary	0.77	1.09	0.482	1.30	0.80	0.108
	Middle school	1.35	1.28	0.295	1.69	1.02	0.099
	High school	-0.43	1.32	0.743	-	-	-
Graduated	1.43	1.46	0.329	1.65	1.19	0.165	
Pensioning(yes)	-0.014	0.76	0.985	-	-	-	
Pension Income US\$	-0.013	0.015	0.388	-	-	-	

SE: Standard error; Model 1: represent the full model for the prediction of IRQS score; Model 2: represent the final model performs backward-selection estimation for the prediction of IRQS score

- Emotional closeness: In the two healthy and unhealthy groups in the Arab people, P-value was 0.631 with an effect coefficient of 0.106, which had no significant difference, and the amount of emotional closeness difference between the two healthy and unhealthy groups was low, indicating the emotional closeness between the two groups.

- Intergenerational conflict: In the two healthy and unhealthy groups in the Arab people, P-value was 0.580 with an effect coefficient of 0.125, which did not have a significant difference. Also, the amount of intergenerational contrast difference between the two healthy and unhealthy groups was low, revealing the proximity of intergenerational contrast between the two groups.

- Ambivalence: In the two healthy and unhealthy groups in the Arab people, P-value was 0.665 with an effect coefficient of 0.097, which did not have a significant difference. Moreover, the amount of ambivalence difference between the healthy and unhealthy groups was low, indicating the closeness of ambivalence between the two groups.

Results of multiple linear regression analysis is presented in Table 5 to predict the quality score of intergenerational relationships in Persian and Arab ethnicity in Iranian aging society.

Table 5 In model 1, the significant variables were the drug abuse and its duration. Also, in model 2, the predictors for the intergenerational quality variable were gender, age, drug abuse, and the duration of drug abuse. In women, as compared to men, intergenerational quality was 1.97 times better, and for every one-year increase in age, the intergenerational quality decreased by 0.12. Those who abused drugs had 3.93 times quality compared to those who did not. They had a better intergenerational relationship.

For each unit increase in the duration of drug abuse, intergenerational quality improved by 0.14.

Discussion

Based on the findings, there was a significant difference between the health status of Persian and Arab ethnic groups; that is, the health status of the Arab ethnic group (minority ethnic group) was better. According to the study of Nhi-Ha To et al., a minority group is a part of a population, is different from others in some features, and is often treated differently.¹⁰ Health patterns differ significantly between ethnic minority groups, and between different minority groups, it reflects the diversity of demographic, socio-economic, behavioral, cultural and other characteristics between ethnic groups.²¹ When care is needed and lack of autonomy becomes a daily challenge, emotional stress, ambivalence and conflict may be present in old parents-adult children relationships.²² Also, there was no statistically significant difference between the structural associative correlation and normative consensual correlation, emotional closeness, intergenerational conflict, and ambivalence in Persian and Arab people. In general, there was no significant difference between the intergenerational qualities of the two ethnic groups.

Furthermore, this study used a linear regression model. The most powerful predictors included gender, age, drug abuse, and the duration of drug abuse on intergenerational quality. Among the other findings of this research, it can be pointed out that the status of structural associative solidarity, normative consensual solidarity, emotional closeness, intergenerational conflict, and ambivalence in the two healthy and unhealthy groups in the Persian people and in the two healthy and unhealthy groups in the Arab people had a significant difference. More importantly, the quality of the intergenerational relationship was studied as

a result of economic and emotional supports of adults and elderlies for children over the years after financial crises that occurred in the first decade of the 20th century and post-coronavirus era.¹⁸ The population structure of Iran and MENA is composed of a multinational and multi-ethnic society in terms of cultural and religious issues.¹³ In terms of social structure, Iran is a country with heterogeneous linguistic, ethnic, and religious groups.¹¹ It seems that there are many concerns in the society regarding the consolidation of intergenerational communication and the consolidation of communication between generations, indicating the lack of success in the cultural programs of cultural institutions on one hand, and the different influence of the first, second and third generations and their benefit from available media on the other hand.²³ Furthermore, the problem of the generation gap between parents as yesterday's generation and children as today's generation is one of the most important issues which exists in the field of family pathology.²⁴ The basis of the explanation of this research was multiculturalism and ethnic and linguistic diversity in Iran as one of its key features.

Conclusion

The comparison of the results of the two groups in this study showed that the Arab people had a better health status than the Persian people. The most powerful predictors were intergenerational quality, gender, drug abuse, and duration of drug abuse.

Limitations

1) The reluctance of the elderly and middle-aged people to participate in the research and the relatively long time required to answer the questions that may be beyond the scope of the individual are the limitations of the project. To prevent fatigue and intolerance of the older adults or their caregivers in answering questions, questioning should be done in two sessions if needed.

2) The degree of correctness of subjects in responding in the field of problems, disorders and diseases was the other limitation of the study. To increase the reliability of the subjects, proper training of the interviewers is recommended. Also, in cases where it is not possible for the person to answer completely, the person's companion and friends could help.

Suggestions

This area of research contributes to understanding and developing quality relationships within families with older adults. Valuable relationships are relevant for the well-being and health of older adults and require continuous attention as they grow gradually more varied in different cross-cultural settings, with the ever-changing conventions, driving forces, prospects, and

socio-demographic sceneries in old age.

Authors' Contribution

AAs & KhJ collected the data and interviewed the samples, wrote the introduction, discussion and first draft, and analyzed the data and wrote the method and results. MN, NP, & LGh made comments and corrections in final analysis and prepared the final format of manuscript. All authors read and approved the final manuscript.

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Patient Consent

Written and verbal consent of samples was obtained before participating the study.

Availability of Data and Materials

The datasets generated and/or analyzed during the current study are available from the authors upon reasonable request and with the permission of SUMS.

The Standard for Reporting

The STROBE guidelines and methodology and COPE checklist were followed during this study.

Consent for Publication

All the participants received verbal explanation about the study objectives and procedures and then signed written informed consents for taking part in the study. The participants were also assured about the anonymity and confidentiality of their information.

Conflict of Interest: None declared.

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