



There Is No Fool Like an Old Fool: The Experiences of Elderlies Regarding Remarriage in Iran

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Abstract

Background: Aging is considered as a natural process and part of the stages of human life. In this regard, well-being can be achieved through learning certain skills and provision of appropriate care. Death of a spouse in this period is rather inevitable. Hence, old people consider this period as a loneliness period. Despite many advantages that elderly remarriage brings and consequently influences their life quality, marriage in this period is a taboo among people of the society, especially in Iran.

Objectives: This study aimed to explore the experiences of the elderly regarding remarriage.

Methods: This conventional content analysis study was conducted in Iran during 2018. Semi-structured interviews with 20 elderlies living in Tehran were conducted to collect data. For data analysis, Graneheim and Lundman's approach was adopted. The interviews were continued until reaching data saturation.

Results: After data analysis, four main categories and 14 subcategories appeared. The main categories included "there is no fool like an old fool", "spring in autumn", "gift of old age", and "realistic choice."

Conclusions: Remarriage prevents many future problems for elderlies, such as the feeling of rejection, loneliness, isolation, depression, and low self-esteem. Therefore, serious efforts and planning are required to promote the knowledge level of the society regarding this issue.

Keywords: Content Analysis, Aged, Marriage, Iran, Qualitative Research

1. Background

An increased population of the elderly has caused important economic, social, and health challenges in the 21st century. In Iran, based on the Population and Housing Census in 2007, people aged above 65 years constituted about 8.2% of the population (1). It is predicted that until 2030, this rate will increase to 19% (2). Aging is a natural process and is inevitable in human life. Thus, through learning some skills and provision of appropriate care, elderlies' well-being can be improved during this period (3). Issues such as fear of death, responsibility, loneliness, anxiety, and sense of meaning in life can be disturbing in this period (4).

The need for social support increases with advancing age and psychosocial vulnerability accompanied by high mortality risk depends on many aspects. One of these aspects that is more prevalent during this period is loneli-

ness (5). Evidence shows that loneliness is an inclusive experience that influences 25 - 50% of the population over 65 years old based on age and gender (6, 7). Most of the elderly describe this period as the period of loneliness and are scared of it as an unpleasant experience (8). In a study by Holwerda et al., it was indicated that living alone increases mortality among elderlies (9). Moreover, Steptoe et al., in their study, mentioned social isolation as one of the most common causes of mortality among old people (10). Couples generally live far from relatives, and their children have limited time to spend with them. Hence, they only have each other to spend time with. Because of the changes in lifestyle, developments, urbanization, and distance created between families, most elderly couples live alone, and this is a bitter and inevitable reality (11). For these people, losing the spouse is a common and highly predictable experience. After this event, most elderlies do not marry again and live the rest of their lives alone (12). However, sev-

eral studies indicated that remarriage plays an important role in fulfilling the emotional, mental, and sexual needs of old people, increases life expectancy, reduces stress, loneliness, depression, fear of death, and mortality, promotes physical and psychological health, quality of life, and life expectancy (13). Additionally, remarriage can help to reduce maintenance costs of elderly people at home, mental, psychological, and physical pressures on children and families, and violence against old people (11).

Although in some countries such as China, remarriage is considered as one of the most important therapeutic elements, in Iran and some other countries, it is a big taboo because of which many people resist it and live alone the rest of their lives (12). According to the information presented by Statistical Center of Iran, 9% of old men and 49% of old women live alone (14). However, more than 70% of men and 30% of women express their need for remarriage to their children. Nonetheless, Children usually do not respond appropriately to the remarriage of their elderly parents, and they, particularly elderly women, receive negative reactions when making a case for remarriage, as they may be ridiculed or mistreated by their children and other people around them (15, 16). Lack of mental safety and weakness in emotional life is very common among old people, and elimination of support on the part of family leads to isolation and loneliness. This is a serious threat to mental and physical health that increases mortality (17). In a large number of studies, it can be observed that married people live longer compared with single peers (18). Elderlies who remarry achieve mental stability and get rid of fears such as lack of emotional support, death in loneliness, and lack of care provision because of their children's involvement in life problems. These elements are the most important reasons for remarriage among old people (19).

In Iran, despite the growth of the elderly population and changes in the population pyramid of the country, the needs of elderlies, as one of the most vulnerable groups of the society, are not taken into consideration (20). Investigations show that there is a limited number of studies on remarriage of old people in Iran. As such, this study has been conducted based on qualitative content analysis approach. One of the appropriate methods for the application of qualitative research is to answer this question that "is there any need for further clarification of a particular experience?" Remarriage of old people in our country is not explained clearly, and there are not sufficient studies in this context, and the available texts are according to qualitative investigations. Based on different philosophical views, various methods are proposed for data collection and analysis.

2. Objectives

This study aimed to explore the experiences of elderly people regarding aspects of/ issues around remarriage.

3. Methods

3.1. Study Design

The present conventional content analysis study was conducted in 2018 with an emphasis on the Graneheim and Lundman's approach. Indeed, this systematic approach allows the researcher to discover and analyze the experience of interest with an interpretive view so that the researcher can implement the research method according to the research philosophy. In this study, a deep understanding of the experiences of old people about remarriage was possible through interpreting their descriptions and experiences as well as discovering the meaning in the related context.

3.2. Participant

In order to have participants with rich experiences, parks, mosques, and cultural centers in Tehran were chosen. A purposive sampling method was used, and the population consisted of all old people who experienced remarriage, and their spouses were alive. Within a period of seven months, 30 interviews (face to face) were conducted with 20 old people by the corresponding author. The interviews continued until no new categories emerged. Some participants were conservative at the beginning of the interviews and answered the questions very vaguely, but as the interview continued and they trusted the researcher, they became fully involved in the continuation of the interview.

None of the participants we asked to interview refused participation.

Inclusion criteria included the willingness to participate in the study, remarriage, and non-divorced or death of the second spouse.

3.3. Data Collection

Data were collected through semi-structured and in-depth interviews. The duration of the interviews was approximately 60 to 120 minutes. Interviews started with general topics and progressed toward specific ones. Questions such as "express your experiences about remarriage" was asked. After initiating the discussion of remarriage, further prompt questions such as "how did you feel about the reaction of people around you?", "can you explain it?", "Did you mean something like that?" and "Would you please clarify your intended meaning?" were asked. After

each interview, the interviewer thanked the participants for sharing their experiences and planned for future interviews, if any. To analyze the collected data, Graneheim and Lundman's approach was used as follows: Turning to the nature of experience, reviewing experience, thinking about the inherent traits of the experience, interpretive writing and rewriting, maintaining a strong and directional relationship with the experience, matching the study design and considering all components.

According to this approach, after each interview, it was listened for several times, and then it was transcribed. First of all, the text was read for several times, and the sentences and meaningful units describing the experience of interest were extracted. This led to the extraction of 150 phrases, sentences, and paragraphs from the interviews, that according to the commonalities, were organized based on the categories and subcategories, and finally, with the careful study of interviews and thinking about the inherent categories of the experience, four main categories and 14 subcategories emerged.

To ensure the validity of the study, Lincoln and Guba's Evaluative Criteria were used. The validity of the study was increased by being constantly involved in the process of data collection (about seven months), selecting competent participants accurately, close and constant cooperation of the participants immediately after coding each interview and involving them in the data interpretation process, reviewing the data by the participants, using experts' comments in different steps, especially in extracting categories and final interpretation, and providing the opportunity to examine the steps and processes by others through clarification of methodological decisions.

3.4. Ethical Consideration

All the steps were approved by the Ethics Committee of Tehran University of Medical Sciences, Tehran (IR.TUMS.FNM.REC.1397.050), Iran. After explaining the steps and objectives to the participants, informed consent was obtained to the participants, and they were assured that participation in the study was entirely optional and their personal data will be preserved and used only for research objectives. Also, it was emphasized that in every step, the participants can leave the study, and their information, during and after the procedure, will remain confidential.

4. Results

A total of 30 interviews were conducted with eight women and 12 men who were remarried. Some interviews were repeated twice. One of the participants, in addition

to face-to-face interviews, was interviewed on the phone for 30 minutes. The participants' mean age was 70 ± 11.44 years. Ten male participants after remarriage, despite being retired, had selected a second job. The demographic characteristics of the participants are mentioned in [Table 1](#).

Table 1. Demographic Data

Demographic Characteristics	No. (%)
Age	
65 - 70	9 (45)
71 - 75	6 (30)
76 - 80	3 (15)
81 <	2 (10)
Sex	
Male	8 (40)
Female	12 (60)
Education	
Illiterate	6 (30)
Diploma ≤	10 (50)
University	4 (20)
Previous marriage status	
Death of the spouse	13 (50)
Divorce	7 (35)
The duration of the remarriage	
≤ 5	13 (65)
5 >	7 (35)

After data analysis, four main categories and 14 subcategories were emerged ([Table 2](#)).

The first emerged category in this study was "there is no fool like an old fool," with the subcategories of external stigma, internal stigma, self-stigma, and contagious stigma. Indeed, the participants believed that remarriage has stigmatized them. Stigma is a set of behaviors that are activated by labeling and results in social isolation. Stigma is created both about the person through labeling and it may also affect family members.. Stigma is a universal experience that is different from country to country and even city to city, and it can happen in each social domain. Stigma not only influences those being labeled, but also expands to those who are directly related to the people with negative attributes. These relatives may internalize the stigma of that person and influence their own lives. Therefore, close people such as intimate friends and family members are exposed to a contagious stigma because of being related to the stigmatized person. Also, in many cases, the person stigmatizes themselves under the influ-

Table 2. Categories and Subcategories of Experience of Iranian Elderlies of Remarriage

Categories	Subcategories
There is no fool like an old fool	External stigma, internal stigma, self-stigma, contagious stigma
Spring in autumn	The sense of life, rising again, pleasure of love
Gift of old age	Death expectation dependency, death of emotions, loneliness appeared
Realistic choice	Princess of dreams, realistic expectations, sexual fitness

ence of other people.

“External stigma” was the first subcategory emerged in this category. In this subcategory, the elderly is accused of being a lecher person by the relatives, except their children. In this regard, a 71 years old woman who remarried 10 years after the death of her husband stated:

“I could hear from people around me saying ‘isn’t this told women embarrassed to marry at this age?’ She is going to die but is looking forward for bridal dress and honeymoon!”

“Internal stigma” was the second subcategory emerged in this category. Indeed, this stigma comes from family members.

A 72 years old woman who had two daughters met a 79 years old man in a nursing home, and remarried three years after the death of her husband articulated:

“When they called my older daughter from the nursing home and raised the issue, my son-in-law told that oh God forgive us! They have told us to take care of teenagers! But now we should say we have to take care of 60-70 years old women!”

In the subcategory of “self-stigma”, elderlies are highly involved in their thoughts and, being stigmatized by others or, according to their cultural and religious aspects, stigmatize themselves. These stigmas were with the person for a long time following the remarriage.

A 70 years old woman, after being remarried, recalled:

“When we officially became husband and wife, I regretted suddenly and told myself I am an emotionless person who sold her children to get this man. I could not look at the mirror for a long time. I could not talk and sleep with my husband because I considered myself a betrayer. I thought I was a bad person.”

The last subcategory was “serious stigma”.

An 87 years old man who remarried a 50 years old woman three years after the death of his first wife mentioned:

“What I did embarrassed my children. My daughter-in-law told my son “you all are the same; lustful and betrayer.”

“Spring in autumn” was the second category that appeared in this study. Old age is a new chapter of the last days of life that is due to many reasons such as physical problems following by deterioration of physiological state

and chronic diseases. On the other hand, the death of spouse and loneliness can be the root of many spiritual and mental disorders that the old people overcome by remarriage.

“The sense of life” was the first emerged subcategory. In this subcategory, after losing the first wife or husband, the person feels lonely and see themselves at the edge of death; but being remarried, life and joy are regained.

“When the twins were born, my motivation increased enormously. Before that, I was a dead person and I regained life with remarriage and with the birth of twins, I became immortal” (participant 3 - 79 years old).

“Rising again” was the second emerged subcategory in this study. After being remarried, old people feel a new life as if God has given a new opportunity to them.

In this regard, an 80 years old woman stated:

“I am in heaven now! Re-experiencing normal life when you need a person means that God has given you a new opportunity when you feel lonely and unfortunate. It seems as if God suddenly says ‘come back to life.’”

The subcategory of “pleasance of love” was the last subcategory in this category, and in this regard, one of the participants reported:

“With remarriage, love also emerged in my soul. I always read this poem for my husband: ‘although I am old, you take me between your hands, so that I become a young person by the next morning.’”

The third category in this study was “the gift of old age”. The participants in this study stated that although old age is accompanied by biological transformations, with its beginning, Society also instills things in a person as signs of aging.

In this regard, the subcategories of “death expectation”, “dependency”, “death of emotions”, and “loneliness” appeared.

“Death expectation” is the first subcategory, regarding a 90 years old participant claimed:

“It seems when your hair turns gray, and you lose your teeth, you should stay at home and wait for death. The interesting point is that those around you have the same feeling and count the days!!!”

About the subcategory of “dependency”, participant number 11 stated:

“With the beginning of old age, you are independent; you are dependent on others.”

Regarding the subcategory of “death of emotions”, participant number 2 stated:

“It seems it is the feature of old age period that you should avoid emotions and love and you do not have the right to fall in love.”

About the subcategory of “loneliness”, the participants stated that to escape loneliness, they are willing to marry.

A 70 years old man who was retired from the army and remarried three years after the death of his wife stated:

"You are alone when there is nobody with you to talk. I was living in my son's house, and my daughter-in-law was perfect. But still, I was alone. Can you believe people are around you, but you are alone?!"

The last category that appeared in this study was “a realistic choice”. The participants of the study stated that remarriage at this age is without any unrealistic expectations. The subcategories are "princess of dreams", "realistic expectations," and "sexual fitness". Indeed, several decades following their first marriage and earning many experiences, elderlies do not look at marriage like young people and are mostly looking for a companion to satisfy their emotional needs. Therefore, they decide more eagerly in the perceptions of remarriage.

A 77 years old woman stated:

“At this age, you are not like a 14 years old girl to look for a prince to take you to the palace of your dreams with a white horse! No, this is a ridiculous imagination. Now, the prince of your dreams is a man who wants you for your own sake.”

About the subcategory of "realistic expectations", the participants stated that in remarriage, especially in old age, the expectations of both parties are reasonable.

“When you are so experienced, you do not care about marriage settlement or I want that house or that especial bridal dress or why the food is not tasty. Your view toward life is reasonable” (Participant number 1).

The last subcategory in this category was “balance in sexual needs”. The participants stated that during young age, sexual needs and orientations are important in marriage, but in this period, this would not influence their choice.

A participant who had two children after remarriage stated:

"Sexual needs are very important, and why do you all think that an old person does not have such needs? At this age, you can control it, and it is not a priority, but it is important. It has been replaced by wisdom, and stability is created."

5. Discussion

The present study aimed to explore the experiences of elderlies regarding remarriage. Remarriage is stressful for old people and their families because most of these people are afraid of judgments and the way people look at them. The first category in this study was “there is no fool like an old fool” that emerged with the subcategories of “internal stigma”, “external stigma”, “self-stigma”, and “contagious stigma”. One of the main barriers to marriage in this age group is sociocultural barriers. Stigma is one of the barriers that makes remarriage challenging. Fear of children, relatives, and friends and blame constitute the barriers of remarriage that may cause discomfort and frustration (21). A descriptive study by Borzoei et al. investigating the view of single old people about factors influencing marriage showed that cultural and social factors such as inappropriateness of remarriage and fear of family and friends are the main barriers to remarriage (22). The findings of a study by Osmani et al., reporting the barriers to remarriage among elderlies, showed that these people are mostly concerned about the views of people around them and social norms regarding remarriage. As long as these thoughts and norms are stable, the concept of remarriage remains as a vital taboo and concern (21).

Despite being relatively distant from society, old people constitute a part of the society and have different approaches toward remarriage that are influenced by economic, social, cultural, spiritual, and mental differences (23).

Another category was “spring in autumn” that appeared by a “sense of life”, “rising again”, and “pleasance of love”. In this study, some of the participants stated that being remarried, they have gained the sense of happiness, power, and new opportunity to live. Manzouri et al. concluded that normal life is an important factor in preventing depression among elderlies. Therefore, the establishment of certain contexts for remarriage can significantly influence the quality of life and promote mental health (24).

About the category of “gift of old age” with the subcategories of “death expectation”, “death of emotions”, and “loneliness”, findings showed that loneliness is more serious in people with lower physical ability. Most old people, after losing their spouse, think their life is over, and thus, they have to wait for death. This condition decreases life expectancy (25, 26). Old people consider loneliness painful that is manifested as a result of loss, and they cope with the building by creating new relationships. The results of a study by Imanzadeh and Alipoor exhibited that those old people who live with their spouses and families experience less loneliness compared with those who live alone or with

people other than their spouses (27). Moreover, old people need sexual relationships throughout their life, and this is a completely wrong belief that there should be no sexual relationships and emotions in this period of life. Being remarried, old people experience less dependence on their children. Living with a spouse creates emotional support and decreases dependency on others (28).

The last category was “realistic choice” with the subcategories of “accompanied by dreams”, “real expectations”, and “sexual fitness”. Almost all elderlies have expectations from their spouse. Old people, being more experienced than the young ones, think more reasonably about life. The expectations of old people are different. The relationship between spouses during this period is different from youths. Moreover, the participants pointed out that sexual issues are among the needs of people in different periods of life. The sexual health of old people has been taboo for a long time. They need a sexual partner according to their physical condition. Therefore, marital counseling and sexual support are very important.

Ignoring sexual issues among old people causes mental confusion, isolation, and frustration (29). After interviewing old people, Imanzadeh and Hamrahzdeh concluded that a suitable romantic relationship decreases mental disorders. After the death of spouse and loneliness, the sense of sufficiency, competency, and ability among the old people are satisfied with remarriage. Therefore, eliminating the barriers to remarriage is necessary to promote elderlies’ health and quality of life (29). Accordingly, with remarriage, many problems such as social isolation, loneliness, depression, and low self-esteem can be prevented. A desirable social condition should be created so that elderlies can decide about remarriage without any stress or fear (27).

5.1. Conclusion

Social norms and culture can create the context for the stigmatization of older people with regard to remarriage that is followed by the stigmatization of relatives and even self-stigmatization of the person who feels guilty because of getting remarried. Despite physical problems caused by physiological aging, elderlies feel happy about remarriage and consider it an opportunity given to them by God to start a new life. Older people fall in love and have emotions, but their choices at this age are more realistic than in the past. The sexual health of older people has been a taboo in their life for a long time. Consistent with their age, they need sexual partners. Nurses, with correct planning in nursing homes, can prepare the context for elderlies’ remarriage so that they can solve many physical and mental problems of the elderly people caused by loneliness. Older people also have sexual needs that can be man-

aged by preparing remarriage conditions and giving advice to them. Social health nurses can give advice to people and families in society and inform them of the advantages of remarriage. Most healthcare and rehabilitation service providers, because of their constant contact with older people, can identify their needs for remarriage. Policymakers can play an important role in involving the media in creating the infrastructures of remarriage in the form of artistic frames, roundtables, and movies related to remarriage and, doing so, explain the positive consequences of remarriage for older people and remove the taboos. The government and authorities are responsible for planning to modify the attitudes and remove the barriers to remarriage and attract emotional, social, economic, and ethical supports of the society for elderlies’ remarriage. Improving nursing services and taking care of old couples at home through welfare organizations can be helpful as well. Issues and needs of old people constitute a social necessity, and health-promoting behaviors and quality of life are very important.

Remarriage can be considered as one of the suitable solutions to promote the mental health of old people. Therefore, effort and planning are important to educate the society in this regard. The results of this study can be used in designing educational programs for rehabilitation and healthcare providers. Additionally, in line with executive planning, the results of the study can help to investigate, identify, and prevent the consequences of loneliness. Furthermore, the information obtained from this study can be used for other related studies to further investigate this issue. Remarriage also reduces the likelihood of a person going to a nursing home. This helps to provide psychological support to families and makes the society more dynamic. The emotional burden of being in a nursing home is reduced, and respect for the elderly is maintained.

Footnotes

Authors’ Contribution: Parvaneh Asgari, Fatemeh Bahramnezhad, Maryam Esmaili, and Mehraneh Shali designed the study. Elham Navab, Fatemeh Bahramnezhad, and Mahboobeh Shali conducted the study and interviewed the participants. Parvaneh Asgari, Yee, and Fatemeh Bahramnezhad coded the interviews. Fatemeh Bahramnezhad wrote the first draft of the manuscript. Parvaneh Asgari provided supervision and revised the manuscript for important intellectual content.

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