

Observation of Youth in Sociological Context

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Abstract

Sociology as a science of society evaluates the youth from different perspectives. Youth as one-fifth of population in most societies are facing new needs and services. In more developed world, they are almost fulfilled because of the availability of infrastructures, whereas in many developing societies because of such a vacuum, many youth are deprived of their required services and essentials of today's life. However, achievement of modernity has to a large extent provided the youth with new opportunities in many countries. Such a transition has led the youth to growing awareness. When the conditions are favorable, young people will be able to use their ability and capacity much better, or in other words, they will perform their functions/duties satisfactorily. In such a situation, the society as a whole moves in a positive way. Many have not yet been able to provide their youth to access to education to be used in future creativity and development. Improving the quality of basic education has been highly emphasized by scholars. In many developing countries, many of those who drop out of school in early stages become child-labor; a phenomenon affecting their entire life in a negative manner. Developing societies have a wide need for different skills in various fields, which must be provided by the youth in any society.

Keywords: the youth; education; creativity; labor market; opportunities

Introduction

Youth are the valuable people of age 15-24 or 15-29. They have been recognized as precious age groups since the industrial revolution, when better thinking was valued. Since then and through ages, the value of youth has been on increase; to find, to explore, to submit, and add to creativity. In modern and rich world investments are accomplished toward youth, to better quantify them. That is why such countries are highly ahead in science and technology as compared with the developing nations. Instead, the developing nations that cannot easily invest in such potentialities are known to be backward in various contexts. That's why the rich industrial nations ever boost up their positions and vice versa. So, in the first world nations, provision of a pathway to move up onto the other stages of youth participation is ever on the agenda (Checkoway, 2006). As there are various definitions of participation, a basic concept of participation however is that people are free to involve themselves in social and developmental processes in which self-involvement is active and voluntary (UNICEF, 2006). The Ladder of Participation identifies eight types of youth participation ranging from tokenism and manipulation to engaging youth as partners (Hart's Ladder of Participation, 1992). However, as in developing world child birth is on increase, better and efficient planning on youth is essential to be done to meet the needs of majority of nations that will reach world population to about 10 billion by the year 2050 (WPDS, 2020).

The three issues of aging, health and society, while closely related to each other, widely affect each other. One of the major issues facing developing countries today is the aging of the population in these countries. Following the changes that have occurred in the structure of the population, social structure, health services and the like, the issue of aging has also appeared, or is emerging. Although this has already been experienced in industrialized countries, and they have a long history with this concept, less developed societies do not have much experience in this area. Also, while the elderly need special services such as abundant treatment, pensions and pensions, intensive care, etc., these services are generally not provided to them. However, the elderly need more health and medical services than younger age groups in society (Lindsay: 1999). Therefore, from the perspective of sociology and social work, the elderly population needs to be re-examined, adequate investment and the like.

Issues such as health, nutrition, protection of elderly consumers, housing and the environment, family, social welfare, income generation, employment, education, etc., each in turn play an important role in the health of the elderly in society. The First World Summit on the Elderly, held in 1982 in Vienna, Austria, emphasized these issues. The Second World Summit on the Elderly, held in Madrid, Spain, in 2002, reviewed the progress of the first session on its agenda, in order to design effective scientific projects for the health of the elderly in different societies at the turn of the 21st century. And compile (Ebrahim: 2002).

Important and various industrial, medical and pharmaceutical achievements, food quality and safety, etc. during the twentieth century have led to the emergence of the phenomenon of aging in a relative way in most societies. The phenomenon of globalization of old age has also attracted the attention of many scientific and academic circles, and consequently has led to the compilation of various scientific and academic works in the field of geriatrics, especially in industrialized countries (Coleman et al., 1993). Unfortunately, in recent years, the issue of population aging has been raised as an issue in many of our societies, followed by terms such as entanglement, harassment, rising tide, threatening crisis, and the like sometimes in the sociological literature of the elderly. Used (MacIntyre: 1977.)

Method of Research

Methodology used in the present article is of qualitative type. In that, various paradigms have been used to find out about the facts regarding pandemics during the history. Qualitative research usually studies people, events or areas in their natural settings. In finding facts for the research, the researcher engaged in careful data collection and thoughtful analysis of what was relevant. In the documentary research applied for the present research, printed and written materials were widely regarded. The research was performed as a qualitative library-type in which the researcher had to refer to the relevant and related sources. In the current research, various documents were thoroughly investigated, and the needful inferences were made. The data fed by the investigator in the present article is hopefully reliable. Though literature on pandemics is very limited, yet the author tried to investigate many different resources in order to elicit the necessary information to build up the text.

Population change

This phenomenon is pervasive throughout the world, in which societies have moved from high fertility and high mortality to low fertility and mortality conditions (Torrey: 1987). This huge demographic change inevitably leads the population to aging. That being said, most developing societies, including Iran, are on this path; That is, following low fertility and along with health facilities, the aging of the population has happened and is happening for different communities. This is a phenomenon that requires specific measures and policies. Industrialized countries mainly anticipate many such phenomena; That is, they consider their side effects in the future; As a result, they face fewer problems and challenges. Developing societies, however, are less likely to make such predictions, and eventually face the effects of new phenomena; That is, a situation in which problems arise in the circumstances that arise is not easily possible. The issue of old age can be expressed and predicted in the same way.

As mentioned, these conditions; That is, low fertility and reduced mortality in different societies has led to the phenomenon of aging. Although this situation has already been decomposed in industrialized countries, but in recent decades, developing countries and societies have also faced, or will soon face, the phenomenon of aging in order to improve their demographics and social health. This situation requires budgeting, planning and forecasting. Many communities face many challenges and inadequacies when societies implement demographic reforms as needed but do not take into account the prediction of aging. This phenomenon is evident in many developing societies today. In general, it is assumed that with the aging of the population, many unfavorable conditions have emerged in different societies; simply because many chronic diseases are seriously related to age.

Following the aging of the population, inevitably a high proportion of the population faces a variety of diseases, which itself requires facilities and services of treatment, medicine, care and the like. Hence, the potentially unfavorable conditions following the aging of the population are seen in many societies today. While the situation is more complicated than this, the elderly should benefit as much as possible from environmental, food, medical, medical, and other benefits. While the aging index in developing societies is increasing today, this phenomenon is more or less close to the

aging index in industrialized countries, such countries have many restrictions on providing medical, food and healthy environment needs for the elderly. They have. Therefore, developing communities should allocate more funds to their elderly population in these areas, otherwise a variety of crises and challenges will arise between them in urban and rural areas.

Aging populations

The population is aging rapidly today around the world, especially in developing societies. Since developing societies have always seen an increase in the young population since the 1950s, in the first decade of the 21st century these countries have mainly seen an increase in the elderly population, and surprisingly in proportion to the elderly population. Has increased in these communities. However, the social structure, the structure of the family as well as the social relations in these societies have changed a lot; That is, a situation in which the elderly receive less attention and support. This issue is seen as a paradox in these societies today. In contrast to developing countries, developed countries, including the United Kingdom, have reached a new age of old age. There is a new wave of rapid aging; That is, those who reach the age of 85 and above. Improving social services, more medical facilities, improving nutrition and other conditions have led to an increase in the aging ratio in that community.

Also, since the issue of birth control has been taken seriously in that country for about 80 years, and fewer children have been born into the family, this has led to an improvement in the quality of life in that community. Finally, a significant portion of the population has reached the age of 85 and older. At the same time, according to the necessary forecasts, the proportion of the elderly in the society will increase further in the coming years. Therefore, the general health of a society ultimately leads to more aging in that society. This group of seniors has attracted the attention of policy makers and health officials. Increasing the aging index is now considered by many officials in different countries of the world, especially industrialized countries; simply because the decision makers and officials of the time themselves are somehow interested in this phenomenon; That is, they will eventually reach old age themselves. This new index of old age (people 85 years and older) increased from half a million in 2002 to about 1 million at the beginning of the 21st century. This process needs as many services as possible. It should also be noted that in such circumstances, the mortality rate is mainly in this type of countries compared to developing countries has a higher figure. For example, while the mortality rate in 2009 in Iran is about 3.5 per 1000 per year (WPDS: 2009), in the UK this index is more than 9 per 1000 per year; Simply because the proportion of people in old age, while high, the probability of death for this population is always higher than in developing countries, including Iran.

For industrialized countries, there will be a further increase in the number of elderly people between 2010 and 2030, following high birth rates after World War II (1945). Since many industrialized countries between 1645 and 1955; That is, the period after World War II experienced many births, such countries in the same years (ending 2030), will see a further increase in the elderly population; That is, a population that will need a variety of social services and social assistance.

Aging increases the general pension index, which is a warning to developing countries. Following an increase in life expectancy, both the number of people receiving a pension and the length of time they have to use this type of service increase. Therefore, developing societies must always consider the needs of this population. In other words, the relevant institutions such as organizations planning and managing the increasing population, along with increasing life expectancy, must consider, and consider the necessary budget for it. In such circumstances, social welfare for the elderly, as well as social health in general in a society is provided. At the same time, in many societies, especially in industrialized countries,

employers, in some cases motivated, seek to increase the length of service / service of their older employees (McDonald & Wanner: 1990).

In many countries, the main concern is not the absolute number of older people, which is generally not high, but the speed at which they grow. Because many developing societies have had a high proportion of young people in recent decades, these age groups are rapidly advancing to older ages. Thus, the growth of aging in developing countries is in some cases faster than the growth of facilities to meet their needs. Therefore, governments and related institutions should consider this rate of growth (aging), and plan and invest other services needed for them accordingly.

The changes that took place in the context of the issue of increasing aging in post-industrial countries lasted for about a century. While this process is only 30 years old for developing and "newly industrialized" countries such as Asia today, due to this process, the growth of the elderly population in Asian societies requires more detailed planning and simultaneously in different sections. Services such as the expansion of the hospital system or hospital system, medical services, increasing the pension budget for them, intensive care and the like, are among the items that should be done in proportion to the growth of this group. In this way, social health can be guaranteed as much as possible in a society.

Given the unprecedented increase in life expectancy in developing countries; That is, an increase of one year to the average life expectancy per decade, there is still a significant gap in the life expectancy index of Western European countries and other parts of the world. Various food factors, family budget, literacy and education, the position of women in society, how the fertility process, etc. each play a role in increasing life expectancy in the form of one year every 10 years. What is certain is that industrialized countries, in some cases, even at intervals of less than 10 years, achieve a one-year increase in life expectancy due to the achievement of these indicators.

It is the only sub-Saharan African region for the purposes of the World Organization; That is, the average age of 65 will not reach 2020 (World Bank: 1993). According to forecasts, non-industrialized countries should achieve an average life expectancy of about 65 years by 2010. This situation means providing more services to the growing elderly population in the coming years. According to research, only a few African countries will not reach the 65-year life expectancy index by the due date (2020) due to severe restrictions. In general, different countries of the world should be prepared to reach a large volume of the elderly population in the coming decade or decades, depending on their current situation; That is, a situation that requires special services and more investments.

Determinants of population aging

In this context, the answer to the question of why populations of different nations are aging is itself very important. The answer to this question is related to various indicators of treatment, nutrition, maternal and child health, and improving the situation of women, etc. The most important factors of population aging can be a decrease in fertility, a decrease in the death rate at all ages and the like. In general, and according to the existing conditions of different societies, the proportion of aging or the growth of aging in these societies is always increasing. The explanation and response to these two trends in post-industrial countries should be found in improving the socio-economic status of nations and the effects of medical care. Post-industrial societies that have generally undergone extensive socio-economic change over the years; in such a way that medical facilities and services are also hidden in them. This is considered as a factor in increasing the proportion of elderly people in those communities.

At the same time, less developed societies have gained a chance of aging their population by adopting demographic policies and fertility control. In recent years, it has been concluded that medical care itself has played a significant role in increasing life expectancy. More investment in the

medical sector in general reduces the risk of mortality in different age groups; That is, a mechanism that reciprocally leads to an increase in the aging index. On the other hand, following the development of nations, especially developing societies, young people often migrate to urban areas, which in itself raises many issues (Apt: 2002).

Disability itself is a phenomenon that generally affects people following old age. Around the age of 70, the majority of people, according to their own expression and in a way of "self-definition", have disabilities, the severity and weakness of which depend on the mental condition of individuals. Based on what has been suggested, more medical and service facilities should be provided around the age of 70-65, in order to respond to the weaknesses of the elderly population at this age; this movement also provides longer life expectancy for the elderly.

Politics, health and development of the elderly

Any action to advance the goals related to the health and development of the elderly requires pre-determined policies according to which the health of the elderly can be guaranteed as much as possible. On the other hand, social health itself provides the ground for development or social development, and social development ultimately leads to improvement in the general condition of the elderly in various dimensions. Therefore, adopting plans and programs through which the field of social health is provided, itself contributes to the health of the elderly, improving their general condition, their longer life expectancy and also their general well-being in this period of life. Family, social welfare, financial status, and general security of the elderly ultimately contribute to their overall health. Countries and industrial societies, following the adoption of such policies, have caused the emergence of the phenomenon of aging in their societies. It is also worth mentioning that the development of our societies depends on the optimal use of the capacities and capabilities of human capital in such societies. Therefore, healthy aging leads to the comprehensive development of society.

Countries such as Japan and even before that, many societies in Western Europe have been able to achieve socio-economic development in order to create better health among their aging population. Since the life cycle gradually leads the younger groups of society to old age, accordingly, industrialized countries have always thought of creating more and more health for the middle age groups of the middle-aged population; in a way, they themselves will ultimately benefit from such plans and policies in the future. Therefore, the trinity of politics, health and development for the elderly should be given more priority in the planning and investment system.

The health of the elderly depends on many factors such as nutrition, protection of economic rights, monitoring of civil rights, housing and environment, family, social welfare, security of income, employment and education, etc. (Bosch: 2002). Adopting policies based on monitoring the use of tobacco and alcohol among the elderly throughout their lives, as an effective measure to ensure their health as much as possible. Providing proper nutrition and "healthy eating" at all ages as an effective health policy to keep the elderly as stable as possible. Also, monitoring the physical activities of the elderly at all ages is very effective in strengthening their self-reliance.

Also, a significant part of the health of the elderly depends on establishing a link between aging and development programs. With the globalization of the issue of aging, the international communication network in this regard should be further strengthened and upgraded. In this regard, removing barriers due to discrimination between the elderly, creating equal conditions between the elderly, regardless of gender, race, religion, cultural indicators, etc., all play a decisive role in promoting the health of the elderly. Health, participation and safety indicators are known as priorities in the lives of the elderly. Therefore, eliminating discrimination in various dimensions among the elderly, providing health care, and providing legal services and education among them are recognized as

important health promotion policies among this social group (HelpAge International: 2002).

Aging has been introduced as a social issue throughout the twentieth century. Policymakers and planners of social and health services have generally addressed this issue (a new phenomenon). The convergence and declining trend of birth and mortality rates has led to the phenomenon of aging in most societies. For example, following the predetermined plan of one child for each family in China, it is to be expected that the aging population in that community will increase in the coming decades. Following the development of health and health standards, especially in developed societies, today old age is not synonymous with disease and "lost health."

The imbalance between the number of elderly men and women is due to the age difference at the time of marriage; where men are generally older than women when married. This imbalance itself is likely to eventually lead to the spread of widowhood among older women. Statistical estimates indicate that in the new era, at the turn of the 21st century, half of women 65 and older and one-fifth of older men live alone (Bond et al., 1989).

Criteria for disability

The most important factor in the expectation of a healthy and active life is the definition of health, and it is related to how many actions and conditions such as mobility (walking), the degree of dependence on others or our definition of quality of life. Achieving and maintaining health among the elderly population is one of the goals of geriatrics. To achieve this, the necessary conditions must be provided among the elderly, and they can be of the type of mobility, reducing their dependence on others, and maintaining a high level of quality of life in this population. Quality of life, in addition to the various definitions that have been provided, means social security, insurance facilities, healthy nutrition, housing facilities suitable for the elderly, the establishment of a pension between them and the like. The combination of these conditions and elements can contribute to the health of the elderly. At the same time, the index of healthy and active life expectancy is used to make a comparison between countries or different places within countries. This index can show how the situation of the elderly in different periods and at the same time between different communities. While life expectancy for each age group is from one stage (from a cross-section) to the end of the life cycle of that person or group, the life expectancy of people aged 60 and over is very different from that of lower age groups. In order to introduce and identify the life expectancy of the elderly, their health should also be considered. For example, at what level of health do people aged 60 and over live in a

given community? The higher the health of such people (60 years and older), the higher their life expectancy.

This movement itself needs standards; In fact, criteria in this area need to be clear and unambiguous; in a way that is not based on cultural prejudices. Biasism and consideration of the rights and standards of a minority or part of a community itself reflects cultural prejudices. However, in order to protect the elderly, and to adopt standards that help their health, they must be free from any prejudice and bias. In general, their neutral support is considered as a measure that contributes to the health of individuals and members of society, especially the elderly. The most important criteria for disability in this field are those that are based on the activities of daily living. In order to support individuals and members of society with disabilities, their current and routine needs should be taken into account, and provided in any way possible. In such circumstances, a more or less healthy society can be achieved.

Occurrence and emergence of disability

At age 70 and above, 4 out of 5 people "self-declare" that they have a disability; It means the situation they are suffering from. At the same time, a healthy old age can slow down or delay the process of physical decline (Evans et al., 2001). Therefore, with the passage of life and entering the age of old age, people's dependence on various social, welfare, medical, financial and similar institutions increases. Therefore, governments and related organizations should further strengthen their capabilities as the aging index increases. In Iran, because the average life expectancy has increased relatively, people in need of various social services, medical treatment and the like, is increasing in urban and rural areas today, and thus organized and humanitarian assistance should be provided. Be at their disposal.

Disability and its consequences, such as disability, can only be improved by focusing on the disease (treatment). Creating conditions such as education, welfare, social support and the like are very effective in this regard. Therefore, disabled or elderly people should generally be identified and their weaknesses classified. According to this classification, welfare-medical facilities and other support can be provided to them. In addition, education as an effective factor or tool plays an effective role in supporting the elderly and disabled.

Also, how the environment, public transportation, entertainment, and indoor design can be effective in improving the disease status of the elderly. Finally, medical services, social and health services, and government approach can also be effective in improving the health of the elderly population (Lloyd-Sherlock: 1996).

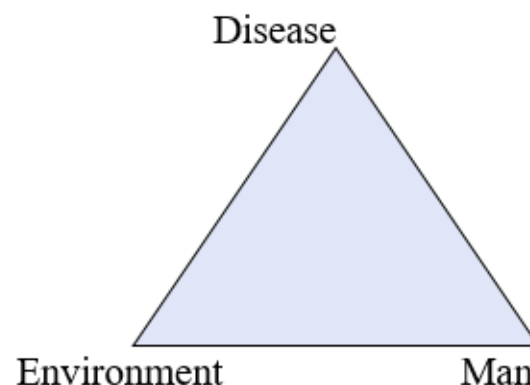


Figure 1. The threefold relationship of disease, person and environment

In this tripartite relationship, disease includes prevention and treatment, the environment including buildings, shops, transportation and welfare,

and finally the individual including social network, education and wealth.

Conclusion

While the developed countries have tried to plan and invest toward their youth, developing countries have lagged behind--leading to many problems and challenges within the youth. In the present article, youth are quantitatively and qualitatively examined in face of their growing needs. What distinguishes the youth of current age from the youth of the past, is the emergence of information, services, goods and the like in the form of new culture. The new context has created complexities in the present world. The current age has affected the youth more than any other group. Sociologically speaking, the developing countries need to plan and manage their youth in order to improve their lives as a whole. Therefore, plans and projects for the youth must be so planned and managed, to meet the needs of the communities in which the youth would live.

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