

Filial Responsibility Toward Older Parents: A Conventional Content Analysis Study in Iran

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Abstract

Background

Filial responsibility is a dynamic and culture-dependent concept that has been conceptualized in different ways. A clear understanding of this concept is essential for developing effective interventions and promoting cultural awareness to strengthen relationships between older parents and their adult children. This qualitative study aimed to explain the concept of “filial responsibility” toward older parents in Iran.

Methods

This qualitative study was carried out using a conventional content analysis approach in Iran (from June to December 2024). A total of 25 adult children and older parents were selected through purposive sampling with maximum variation. Data were collected through semi-structured interviews until data saturation. Data analysis was performed simultaneously with data collection using the Granheim and Landman (2004) method. Guba and Lincoln's criteria (1985) were used to ensure the rigor of the data. MAXQDA 12 was used for data management.

Results

A total of 1,571 codes were derived from the interviews and subsequently organized into 15 subcategories and five main categories: psycho-emotional responsibilities (maintaining dignity, endless love, boosting vitality, and creating a lasting generation); physical responsibilities (financial assistance, instrumental assistance, and caregiving foresight); social responsibilities (social inclusion motivator, contact, companionship, and raising awareness); spiritual responsibilities (posthumous perpetuity and promoting spirituality); and indirect responsibilities (self-care and caregiving to others).

Conclusion

Filial responsibility toward older parents in Iran is a multidimensional concept shaped by cultural and religious contexts. Fulfilling these responsibilities may promote the well-being and quality of life of both generations. The findings provide a basis for developing strategies and a standardized instrument to promote and assess filial responsibility and may inform research in other cultural contexts.

Introduction

The relationship between adult children and older parents is one of the most important and influential relationships, providing benefits for both parties, especially for older parents, such as increased self-esteem, improved quality of life, and well-being[1]. With increased life expectancy, the duration of the relationship between older parents and adult children has also extended[2]. Furthermore, approximately 80% of older adults live with at least one chronic disease, highlighting the important role of family members, particularly adult children, in providing support and care[3]. Therefore, maintaining and strengthening this relationship is of particular importance in the context of population aging.

One of the key factors in maintaining and enhancing the quality of the reciprocal relationship between adult children and older parents—which also acts as a deterrent to the institutionalization of older adults—is adult children's fulfillment of their responsibilities toward their older parents, commonly referred to as filial responsibility[4].

There are several definitions for filial responsibility, including the right of parents to receive support and care from their children throughout the aging process[5]. It has also been defined as a social norm and cultural expectation concerning adult children's responsibility for caring for their older parents[4]. However, these definitions may not provide a comprehensive explanation of the concept of filial responsibility. In particular, they tend to emphasize support and care when parents experience disability or dependency, while paying less attention to the responsibilities of children when older parents are not in need of care. Therefore, a more comprehensive conceptualization of filial responsibility is needed.

Although the norms of filial responsibility are widely diverse across different societies and cultures globally, there is a theoretical consensus that the definition and scope of this concept vary by culture and are influenced by social and economic factors[6]. Research indicates that filial responsibility is a dynamic phenomenon conditioned by a number of social factors[7]. Specifically, in the context of Asian countries, despite strong cultural and religious expectations regarding intra-family care for older adults, evidence suggests that structural transformations within society have modified this trend. This modification results from the emergence and strengthening of factors such as increased individualism, migration of children to urban areas, reduction in family size, and a rise in female employment[6]. Taken together, these factors suggest that, in addition to differences in filial responsibility across societies, the meaning and practice of filial responsibility may also change over time within societies.

Iran is an Asian country with a religious context. The main characteristic of Iranian society is its “family-oriented” nature[8]. In Iranian culture, emphasis is placed on preserving the respect and dignity of older adults by their children, and providing care for older adults by family members is considered an undeniable duty[9]. A review of the research literature shows that studies conducted in Iran have mainly taken the form of narrative reviews with a religious perspective, focusing on explaining the duties of children toward their parents[9, 10]. Nevertheless, a clear research gap exists regarding the conceptualization of “filial responsibility” from the perspectives of sociology and elderly health, as well as the lack of an in-depth exploration of the perspectives of those directly involved, particularly older parents and their adult children. Furthermore, considering the dynamic and culture-dependent nature of the concept of filial responsibility[6, 7], existing definitions developed in other cultural contexts may not fully capture the meaning and scope of filial responsibility in contemporary Iranian society. Therefore, this question arises: How is the concept of “filial responsibility” defined in Iran? A qualitative approach can provide an in-depth understanding of how filial responsibility is perceived and experienced by key stakeholders and can help clarify the concept within its specific cultural context. Accordingly, this qualitative study was designed and conducted to explain the concept of “filial responsibility” toward older parents from the perspectives of both adult children and older parents.

Materials and methods

Study design

In this qualitative study, a conventional content analysis approach was used to explore the concept of filial responsibility from the perspectives of adult children and older parents. Conventional content analysis is appropriate when categories are derived inductively from the data rather than imposed through predefined categories or theoretical frameworks[11]. In this study, the Consolidated Criteria for Reporting Qualitative Research (COREQ-32) checklist was used for reporting[12].

Study setting and participants

The city of Kashan was selected as the study setting and served as the site for participant recruitment. Kashan is an industrial city that has attracted migrants from different parts of Iran. Although participants were recruited from Kashan and its surrounding areas, some had migrated to Kashan from different provinces of Iran, including Lorestan, Kermanshah, East Azerbaijan, Bushehr, Ilam, Khuzestan, Golestan, Mazandaran, Isfahan, Fars, and Kurdistan. This geographical variation provided an opportunity to explore experiences of filial responsibility among participants with different regional backgrounds within the broader Iranian context.

Inclusion criteria consisted of being 18 years or older (18–60 years for children and above 60 years for older parents), willingness to participate in the study, Iranian nationality, ability to comprehend and speak Persian, no history of severe psychiatric disorders according to the medical records of comprehensive health service centers, having at least one living older parent for the adult children, and having at least one living adult child for the older parents. Withdrawal from participation was considered the exclusion criterion. Participants were purposively selected to achieve maximum variation in terms of characteristics such as age, gender, marital status, occupation, living arrangements, educational level, and economic status.

To identify eligible older parents and adult children, the first author (T.L.) visited comprehensive health service centers in Kashan. After consulting with the staff of these centers, eligible individuals were identified based on electronic health records available in the SIB (Integrated Health System) database. Additionally, some participants were introduced through referrals from friends, acquaintances, and colleagues, and their contact information was obtained. The first author (T.L.), a Ph.D. candidate in gerontology and an employee at a comprehensive health service center in Kashan, conducted the recruitment process. She had no prior personal or professional relationship with the participants.

Data collection

Data were collected through in-depth, semi-structured interviews conducted by the first author, T.L., a female Ph.D. candidate in gerontology who had received training in qualitative interviewing and was familiar with the research topic. The interviews were conducted individually and face-to-face, after providing explanations about the research objectives, in locations chosen according to the participants’ preferences. With informed consent, all interviews were audio-recorded, and the recordings were deleted after transcription. At the end of each interview, a small gift was offered to the participants as a token of appreciation.

Each interview began with general, open-ended questions and gradually progressed toward more specific and targeted questions based on participants’ responses. Examples of the initial guiding questions included: “What do you feel are your responsibilities toward your parents?” and “What specific needs do you feel your children are best able to support you with? ” Probing questions were used to clarify and deepen participants’ accounts.

The interview guide was developed in collaboration with the research team to ensure comprehensive coverage of the research topic and was iteratively revised throughout the study in response to issues emerging from the interviews. For example, based on issues raised during the initial interviews, the following question(s) were added or existing question(s) were revised: “What steps do you take to help your older parents overcome feelings of isolation or to promote their social engagement? Could you explain?” No one other than the participant and the interviewer was present during the interview. Field notes were systematically recorded during and following each interview. At the end of each interview, participants were asked whether there was any additional topic they wished to discuss to ensure completeness of the data. Contact information of participants was obtained for potential follow-ups, and the researcher’s contact information was also provided to them upon request. Each participant was interviewed once. Interviews lasted between 40 and 100 minutes and were conducted over a seven-month period (from June to December 2024). A total of 25 interviews were conducted. Data collection continued until data saturation was achieved; specifically, no new codes or categories emerged during the four consecutive final interviews[13]. No participants dropped out of the study.

The sample consisted of 25 participants, including nine older parents and 16 adult children, with some participating as parent–child pairs. Participants ranged in age from 27 to 83 years and varied in gender, marital status, educational level, occupation, and living arrangements. Educational levels ranged from illiteracy to doctoral degrees, and occupations included workers, homemakers, physicians, and dentists. Variation was also sought in caregiving-related and life circumstances, including the type and duration of caregiving experience, level of dependency in activities of daily living, economic status, and geographical distance between parents’ and children’s residences. Detailed demographic characteristics are presented in Table 1.

Table 1
Demographic characteristics of the participants

Row	Gender	Age	Education	Occupation	Marital status	Living arrangement	Duration of parental care	Parents' independence status	Economic status	Distance from parents' home
1	Female	< 60	High school diploma	Employee	Married	With spouse, separate from widowed mother	2 years, occasionally	Dependent in IADL	Moderate (parent-child)	15 minutes
2	Female	> 60	Illiterate	Housewife	Married	With spouse, separate from children	–	Independent	Poor	Very little
3	Female	< 60	Dentist	Employee	Married	With spouse, separate from parents	None	Dependent in IADL	Good (parent-child)	3 hours (other city)
4	Female	< 60	Bachelor's	Employee	Single	With parents	10 years, continuous	Dependent in IADL	Moderate (parent-child)	0
5	Female	< 60	PhD	Employee	Single	With divorced mother	10 years, continuous	Dependent in IADL	Moderate (parent-child)	0
6	Female	> 60	Primary	Housewife	Widow	With two single sons	–	Independent	Lower-middle	0–10 minutes
7	Female	> 60	Primary	Housewife	Married	With spouse, separate from children	2 years, cared for by children	Dependent in IADL, temporarily dependent in ADL	Poor	Variable (10 minutes to other city)
8	Male	> 60	Illiterate	Retired driver	Married	With spouse, separate from children	–	Dependent in IADL	Moderate	Very little
9	Male	< 60	High school diploma	Worker	Married	With spouse, separate from widowed mother	2 years, rarely	Dependent in IADL	Poor	10 minutes
10	Male	< 60	High school diploma	Worker/self-employed	Married	With spouse, separate from parents	5 years, occasionally	Dependent in IADL	Moderate (parent-child)	5–10 minutes
11	Female	> 60	3rd grade	Housewife	Married	With spouse, separate from children	2 years, cared for by children	Completely dependent in ADL and IADL	Poor	Variable (10 minutes to other city)
12	Female	< 60	Secondary	Housewife	Married	With spouse, separate from parents	7 years, continuous (both parents)	Both parents completely dependent in ADL and IADL	Moderate (weak parent)	10–15 minutes
13	Female	> 60	Illiterate	Housewife	Widow	Alone, separate from children	–	Dependent in IADL	Poor	Close
14	Male	< 60	High school diploma	Worker	Married	With spouse, separate from parents	5 years	Dependent in IADL	Poor (moderate parent)	5 minutes
15	Female	> 60	Associate degree	Employee	Married	With spouse, separate from widowed mother (martyr's child)	7 years, occasionally	Dependent in IADL	Moderate (parent-child)	6 hours (other city)

Row	Gender	Age	Education	Occupation	Marital status	Living arrangement	Duration of parental care	Parents' independence status	Economic status	Distance from parents' home
16	Female	< 60	Associate degree	Employee	Married	With spouse, separate from parents	5 years, rarely	Independent	Moderate child (good parent)	6–7 hours (other city)
17	Female	< 60	Bachelor's	Employee	Married	With spouse, separate from widowed mother	5 years, occasionally	Dependent in IADL	Moderate (parent–child)	5 hours (other city)
18	Male	< 60	High school diploma	Employee	Married	With spouse, separate from parents	10 years, continuous	Both parents dependent in IADL (father previously dependent in ADL)	Moderate child – weak parent	5 minutes
19	Female	< 60	Primary	Housewife	Married	With spouse, separate from father	6 years, almost continuous	Dependent in IADL	Both poor	40 minutes (village)
20	Male	> 60	Primary	Worker, retired	Married	With spouse and one single child	–	Dependent in IADL (addicted)	Poor	5–30 minutes
21	Male	> 60	Bachelor's	Retired teacher	Married	With spouse, separate from children	–	Independent (dependent during illness)	Good parent (moderate child)	10–30 minutes
22	Male	< 60	General practitioner	Employee	Married	With spouse, separate from parents	6 years	Both parents dependent in IADL (father previously dependent in ADL)	Both good	5–10 minutes
23	Male	> 60	Illiterate	Mason, retired	Married	With spouse, separate from children	–	Dependent in IADL	Poor (good children)	5–10 minutes
24	Female	< 60	Bachelor's	Employee	Married	With spouse, separate from parents	Occasional care	Parents dependent in IADL	High	In two separate floors
25	Female	< 60	Bachelor's	Employee	Divorced	With parents	–	Parents dependent in IADL	Parents: weak, child: good	0

Data analysis

For data analysis in this study, qualitative content analysis with a conventional approach was applied, following Graneheim and Lundman (2004) [11]. All interviews were audio-recorded and subsequently transcribed verbatim in Persian. The transcribed texts were imported into MAXQDA 12 and reviewed several times to obtain a general and initial understanding of the data. Analysis began with the first interview and proceeded concurrently with data collection. Each meaning unit relevant to the research objectives was identified and assigned an initial code. The first author conducted the initial coding. The formation of subcategories began after the third interview. Codes with similar meanings were compared and grouped into subcategories, and a specific title was assigned to each subcategory. Every new code was continuously compared with previously generated codes and placed in the most conceptually appropriate subcategory. Subsequently, related subcategories were compared, and those sharing a common underlying meaning were abstracted into main categories. Thus, abstraction proceeded progressively from meaning units to codes, from codes to subcategories, and from subcategories to main categories.

For example, the abstraction process for one of the sub-categories (Spiritual Responsibilities), from meaning units to codes and the subcategory, is presented in Table 2.

Table 2

Examples of the abstraction process from codes to initial categories, subcategories, and the main category of spiritual responsibilities

Examples of codes	Initial category	Subcategory	Main category
honoring parents' wishes and interests post-mortem	Continuing parents' wishes and preferences after death	Posthumous perpetuity	Spiritual Responsibilities
respecting and executing their final wills and testaments			
performing acts of charity on their behalf, such as distributing their favorite foods	Performing benevolent acts on behalf of deceased parents		
engaging in kind acts toward others, animals, or clients with the intention of gaining spiritual merit for the parents			
striving to please the parents' spirits through righteous deeds	Fulfilling parents' religious obligations after death		
fulfilling religious obligations like performing missed prayers and fasting			
consistently praying for their salvation and forgiveness			
reciting the Quran and Fatiha for their souls			
conducting proper funeral and burial rites, including the cultural tradition of attending the gravesite on the first night	Observing funeral, burial, and mourning rituals		
organizing memorial services and commemorations			
regularly visiting the gravesite			
settling financial liabilities and debts	Fulfilling parents' posthumous obligations and rights		
managing the inheritance process fairly and avoiding family conflicts			
providing ongoing care for the parents loved ones	Maintaining parents' relational commitments after death		
maintaining social connections with their friends and acquaintances			
preserving their legacy and memory	Preserving parents' symbolic legacy and continuity		
keeping parents' teachings and values alive			
continuing parents' traditions and meaningful practices			
passing parents' values and life lessons on to the next generation			
facilitating the realization of parents' life goals and addressing their unfulfilled aspirations	Supporting parents' aspirations and unfinished life goals	Promoting spirituality	
practicing empathy regarding the parents' unattainable regrets			
helping parents accomplish meaningful goals that remain achievable			
promoting a sense of purpose in their lives	Enhancing meaning, purpose, and sense of usefulness		
introducing variety into their daily routine to mitigate monotony			
consistently instilling a sense of utility and self-worth			
encouraging parents to remain active and involved in family and social life			
assisting with and accompanying parents in performing religious rituals	Facilitating parents' religious and spiritual participation		
facilitating their participation in religious gatherings			
encouraging parents to engage in personally meaningful spiritual practices	Facilitating parents' meaningful prosocial participation		
delegating specific roles to parents in charitable activities			

Examples of codes	Initial category	Subcategory	Main category
encouraging parents to contribute to charitable activities and help others			

The subcategories and categories emerged inductively from the data through the analytic process and were not established a priori. Throughout the data collection and analysis processes, the research team repeatedly reviewed and discussed the coding, subcategory development, category formation, and related analytical decisions, and the analysis was revised as needed. All quotations presented in this article were translated from Persian into English while preserving the intended meaning of the participants’ statements.

Trustworthiness / data rigor

Trustworthiness was addressed using the four criteria of credibility, dependability, confirmability, and transferability proposed by Guba and Lincoln (1985)[14].

Credibility was strengthened through sustained engagement with the research process and data throughout the study period, in-depth semi-structured interviews, probing questions, and field notes. The interview guide was iteratively revised in response to issues emerging from the interviews. Participant confirmation was conducted with all 25 participants: the researchers presented the codes derived from each participant’s own interview statements and asked whether the intended meaning had been correctly understood. All participants confirmed the accuracy of the researchers’ interpretations and provided no additional comments or corrections.

Dependability was supported by maintaining a systematic record of the research and analytic processes. The research team reviewed the emerging codes, subcategories, categories, and analytical decisions throughout the study. Initial coding was conducted by the first author, and the developing analysis was repeatedly discussed and reviewed by the research team, with revisions made when necessary.

Confirmability was enhanced by maintaining a clear link between participants’ accounts and the resulting codes, subcategories, and categories. The research team repeatedly examined the emerging interpretations against the original interview data to ensure that the conceptualization remained grounded in participants’ accounts.

Transferability was supported by providing a detailed description of the study context, participants, sampling, data collection, and analysis, enabling readers to assess the applicability of the findings to other contexts.

Results

The analysis of the data of interviews led to the extraction of 1,571 initial codes, 15 subcategories, and 5 main categories, namely: psycho-emotional responsibilities, physical responsibilities, social responsibilities, spiritual responsibilities, and indirect responsibilities (Table 3). The categories were conceptually interrelated, and some overlap was observed across subcategories, reflecting the interconnected nature of filial responsibilities.

Table 3
Subcategories and categories derived from interview analysis

Categories	Subcategories
Psycho-Emotional Responsibilities	maintaining dignity
	Endless love
	Boosting vitality
	Creating a lasting generation
Physical Responsibilities	Financial assistance
	Instrumental assistance
	Caregiving foresight
Social Responsibilities	Social inclusion motivator
	raising awareness
	Companionship
	Contact
Spiritual Responsibilities	posthumous perpetuity
	promoting spirituality
Indirect Responsibilities	self-care (by the child)
	caregiving to others (by the Child)

First category: Psycho-emotional responsibilities

Psycho-emotional responsibilities emerged as a prominent aspect of filial responsibility described by participants, encompassing four subcategories

maintaining dignity, endless love, boosting vitality, and creating a lasting generation. This category is defined as respecting parents, expressing gratitude and appreciation toward them, showing love and attention, bringing them joy, and strengthening their sense of vitality and happiness.

1) Maintaining dignity

Participants described the responsibility to show respect and preserve the dignity of older parents in various ways and emphasized its importance. This responsibility extended beyond mere politeness or verbal expressions of appreciation; it also included involving parents in decision-making processes, helping maintain their independence and personal boundaries, and fostering their sense of worth.

Participant No. 17, a 49-year-old woman whose widowed mother lives in another city, stated:

We always use polite language when speaking; we never raise our voices. My mother is very sensitive about these matters.

Participant No. 16 mentioned:

Sometimes, we pretend as if they are the decision-makers, even though we've already made the decision ourselves. But still, we act in a way that gives them a sense of authority, a sense of being valued, of not being left out.

2) Endless love:

The responsibility that adult children felt toward their older parents—or, conversely, the expectation that older parents had from their children—went beyond a simple friendship and was termed endless love. Just as parents once dedicated their entire lives to their children, showing patience and sacrificing their own desires to fulfill their children's needs, now it is the children's turn to carry this responsibility. older parents expect their children to reciprocate this selfless affection and treat them with genuine love.

Participant No. 7, a 64-year-old married woman, expressed:

One likes to be loved, just as we once held and kissed our children; now we expect the same in return. When my youngest daughter comes and says, 'Mom, I missed you,' and hugs me, I feel so good.

3. Boosting vitality:

One of the responsibilities mentioned by the participants was that children are obliged, despite certain unpleasant behaviors from older parents, to support and strengthen their parents' spirits in various ways and to always dedicate time to create happy moments for them (even to the extent of spending time merely talking with them).

Participant No. 25, a divorced woman living with her parents, considered boosting vitality of the older adults an important issue and described it as follows:

I often tease my parents, joke with them, and make a house full of laughter for them.

The same participant also stated elsewhere:

At home, I try to make my parents happy. For example, sometimes I notice a song my mother likes; I play it loudly on the speaker and start dancing. I tell my mother, 'Mom, shake it a bit,' and she becomes happy.

4. Creating a lasting generation:

An aspect of filial responsibility discussed particularly by older parents, and also mentioned by some adult children, was the expectation of continuity of the family line through having children of their own.

Participant No. 21, a 72-year-old man, stated:

I myself made a mistake by having few children... Now I wish my children would have more kids, and I always advise them to have more.

Second category: Physical responsibilities

Based on the results, physical responsibilities were also among the essential categories of filial responsibilities. Physical responsibilities, with three subcategories—financial support, instrumental support, and caregiving foresight—are defined as economic assistance, help with performing ADL and IADL activities, and organizing work and family schedules to support parents.

1. Financial support:

The analysis of the interviews showed that, in addition to the responsibility of providing financial support to cover essential living expenses such as basic needs and health care costs, children are also responsible for paying nonessential expenses such as leisure, recreation, and entertainment.

Participant No. 11, who had poor economic conditions, stated:

My younger son does the shopping, takes us to the doctor, repairs things when they break, pays with his own money, and also pays the water and electricity bills.

2. Instrumental support:

According to the interviews conducted with both parents and children, physical responsibilities were not limited only to financial support. Assistance in various areas, including ADL and IADL activities—especially when parents are disabled or ill—as well as efforts to ensure home safety and prevent falls, were also identified as aspects of filial responsibility.

Participant No. 12, whose parents were both sick and completely dependent, stated:

My mother has cancer and my father has Alzheimer's. I feed them, take them to the bathroom... I serve their breakfast, give their medications on time... They need help around the clock like a baby. Everything you do for a baby—washing, cleaning, bathing, cooking separate and nutritious food—must be done for them. This is our duty.

3. Caregiving foresight:

The results revealed that children, when making decisions such as choosing a career or purchasing a home, are responsible for planning in a way that enables them to provide care for their parents. They should also seek to acquire skills for effective communication with their parents and raise their own children (the grandchildren) in a manner that instills a sense of responsibility toward their grandparents. In other words, they should always plan ahead for the care of their older parents.

In this regard, Participant No. 5 stated:

I must say, although we live with our older parents, we lack awareness... We need to know how to behave and should make an effort to learn what is the right way to treat parents and how we should interact with them.

Third Category: Social responsibilities

The results indicated that social responsibilities— social inclusion motivator, contact, companionship, and raising awareness —represent another group of filial responsibilities toward older parents. These responsibilities are defined as encouraging parents to participate in social events, providing informational support, and engaging in companionship and conversation with them.

1. Social inclusion motivator:

The analysis of the interviews revealed that children consider it their duty to assign small responsibilities to their parents, encourage them to attend social events, and motivate them to fulfill their own roles.

Participant No. 3 stated:

We accompany my mother when she visits her acquaintances. We help her organize family gatherings and parties. These things make her leave the house and socialize.

2. Contact:

A recurring expectation expressed by both adult children and older parents concerned maintaining frequent and regular contact through various means, including phone, virtual, or in-person communication.

Participant No. 9, referring to his widowed mother's expectations, stated:

My mother says, 'I don't expect much from you; just the phone calls, checking in, or bringing the children over is enough. Having the family gathered together gives me good energy.'

3. Companionship:

Sitting with parents, reminiscing about the past, facilitating remarriage for a widowed parent, providing a steady companion for a lonely parent, or even offering a pet or a favorite plant as a companion were considered among the children's responsibilities toward their older parents.

Participant No. 24 stated:

I have this habit of going upstairs in the afternoons to have tea with my parents. My father actually looks forward to it. I go and talk with them... for example, I ask him how his blood pressure was today.

4. Raising awareness:

The analysis indicated that an aspect of filial responsibility involved supporting older parents in developing awareness and skills in areas relevant to their daily lives, including health, financial, and technological matters. This support could facilitate greater independence, confidence, and participation in social life. Participant No. 22, a 48-year-old man and the only child in his family, stated:

I try to teach my mom how to use these new devices so she's not disconnected from what's going on. She uses apps like Instagram to keep up with current events and trends; it's not just for passing time for her—it's about staying in the loop and actually knowing what's happening in the world.

Fourth category: Spiritual responsibilities

Spiritual responsibilities constitute another category of filial duties identified through the analysis of the interviews in this study. These responsibilities include two subcategories: posthumous perpetuity and promoting spirituality. They are defined as conducting funeral ceremonies according to traditions, mourning for parents after their death, encouraging parents to participate in religious activities, and striving to fulfill the unfinished goals of older parents.

1. Posthumous perpetuity:

The analysis of the interviews revealed that filial responsibilities toward older parents were not limited to their lifetime; duties continue even after their death. These include attending funerals and memorials, visiting graves, properly managing the inheritance left by parents, making charitable contributions on their behalf, praying for their forgiveness, and preserving their memory.

Participant No. 9 stated:

"Now that my father has passed away, I perform charitable acts for him or recite prayers. I visit his grave every two weeks, and if he had had any debts, I would have tried to settle them so that no obligations remain."

2. Promoting spirituality:

The interviews in the current study indicated that children were responsible for encouraging older parents to engage in religious activities and support them in these practices. Additionally, children should help parents achieve goals and aspirations they have not yet accomplished.

Participant No. 4 stated:

My mother regretted that her own mother did not allow her to pursue education. I helped her with this, and now she knows the alphabet and can read. Currently, since she is interested in reading the Qur'an, I encourage her to learn how to read it.

Fifth category: Indirect responsibilities

The analysis indicated that indirect responsibilities constituted another category of filial duties, encompassing two subcategories: self-care (by the child) and the caregiving to others (by the child). These can be defined as the child's efforts to achieve success in work and education to create parental satisfaction and to maintain family unity and cohesion. These responsibilities refer to actions undertaken by children that indirectly contribute to their parents' well-being, satisfaction, dignity, and family cohesion, including taking care of oneself and supporting other family members.

1. Self-care (by the child):

Another filial responsibility was that children are obliged to take care of themselves. By achieving success in various domains, they contribute to strengthening the family's reputation and protecting the family's honor and dignity.

Participant No. 2 stated:

I feel embarrassed if anyone sees that my son is addicted; it's as if the family is stained. But it's useless; there's nothing I can do. Everyone wants their child to make them proud.

2. Caregiving to others (by the child):

The analysis revealed that children were responsible for caring for other family members, such as spouses, children, and siblings, as well as striving to maintain unity and cohesion among family members.

Participant No. 17 stated:

If my mother sees that I help my sister, she becomes very happy. Sometimes, if my sister is sick, my mother expects me to go there, help her, look after her, and take care of her needs. She really wants us to support each other and help one another, and it truly makes her happy.

Discussion

This study, conducted using conventional qualitative content analysis, examined the perceptions and experiences of older parents and adult children regarding filial responsibilities toward older parents in Iran. The analysis resulted in 15 subcategories organized into five main categories: psycho-emotional responsibilities, physical responsibilities, social responsibilities, spiritual responsibilities, and indirect responsibilities. These findings suggest that filial responsibility is a multidimensional and context-dependent concept that extends beyond financial and instrumental support to include emotional, relational, social, spiritual, and self-related responsibilities.

The qualitative analysis of the present study identified the psycho-emotional category of filial responsibility toward older parents, encompassing four subcategories: maintaining dignity, endless love, boosting vitality, and creating a lasting generation. Among these subcategories, "maintaining dignity" of older parents had the highest frequency in the data. This finding aligns with other studies; Pageau et al. (2024) described compassion and human dignity as essential elements in the ethical care of older adults[15] (Pageau et al., 2024). Additionally, multiple international studies, particularly those conducted in Asian countries, have emphasized the duty of children to respect their parents[9, 16–18].

In this study, the subcategories "endless love" and "boosting vitality" were identified as psycho-emotional responsibilities of children. According to social exchange theory[19], these responsibilities may be understood in relation to the support and sacrifices that parents have provided throughout their children's lives, as well as the increased vulnerabilities associated with aging, including illness, losses, and retirement, which may increase the need for emotional support and may be associated with a greater risk of depression[20]. Participants' accounts indicated that expressing affection and engaging in behaviors that enhance parents' morale, including small gestures such as gift-giving, were perceived as important filial responsibilities. These findings are consistent with international studies emphasizing the importance of expressing love and contributing to older parents' happiness[10, 21].

The subcategory “creating a lasting generation” was emphasized as a filial responsibility toward older parents. This responsibility appeared to be associated with parents’ expectations regarding family continuity and the role of children in maintaining the family name across future generations[22]. This perspective is consistent with similar research conducted in other Asian countries[17, 18].

Fulfilling psycho-emotional responsibilities may contribute to supportive parent–adult child relationships and may promote the psychological well-being and quality of life of older parents. Emotional and psychological support from family, as reported by Thanakwang (2015), contributed to increased psychological well-being[23]. Similarly, the report by LI Xiyang et al. (2022) confirmed a positive association between filial responsibility and older individuals’ happiness and life satisfaction[24]. Given the reciprocal nature of intergenerational relationships, fulfilling these responsibilities may also have positive emotional implications for adult children.

The physical category of filial responsibility included financial assistance, instrumental assistance, and caregiving foresight. This category is supported by Antonucci’s (1985) support bank theory, which posits that parents, from birth until the adulthood of their children, essentially deposit supportive credits as a form of insurance so that upon reaching old age, they can rely on the same children who benefited from parental care[25]. Considering reduced income due to retirement and increasing healthcare costs, financial support from children may become particularly important when older parents’ financial resources are insufficient to meet their needs[26]. In many cultures, the responsibility for financially supporting older parents falls on their children, especially when the parents’ income is insufficient to meet their needs[16, 27]. In Shamsikhani et al. (2021), financial support was identified as a key aspect of family support for Iranian older adults[28].

Given the high prevalence of chronic diseases among older adults[3], “instrumental support” in the domains of ADL and IADL emerged as a filial responsibility in this study. This finding aligns with numerous international studies that consider providing help and instrumental support as a responsibility of children[4, 16, 29]. Additionally, the findings underscored the importance of caregiving foresight by children, whereby important life decisions (e.g., occupation and housing) are made with consideration of the possibility of caring for older parents in the future. This finding is consistent with Ma et al. (2023), who viewed planning work–family arrangements for future caregiving as a filial responsibility[27].

Participants’ accounts suggested that financial and instrumental support may contribute to several aspects of older parents’ well-being. Instrumental support is positively associated with psychological well-being[23] and negatively associated with depression[30]. Bai et al. (2020) confirmed a positive association between physical support and the physical and mental health of older adults in rural populations[31]. At the same time, providing support may affect adult children’s well-being, although the direction and magnitude of these effects may depend on the circumstances of caregiving.

Another category of filial responsibilities toward older parents was “social responsibilities,” which comprised four subcategories: social inclusion motivator, contact, companionship, and raising awareness. Participants described children as having a responsibility to facilitate their parents’ social inclusion and maintain their social engagement. Although elderly social participation ranges from simple conversations to involvement in large-scale economic activities[32], it is considered a key element of successful aging[33]. This aspect of children’s social responsibilities has also been reflected in studies by Uy & Huemer (2020) and Khalaila (2010)[16, 21].

Another key responsibility of children was “raising awareness” in financial matters, health, artistic activities, and the use of various tools. According to participants, this responsibility extended beyond increasing parents’ knowledge and practical abilities to enhancing their self-confidence. Given the rapid technological advancements and the low rate of technology use among some older adults[34], partly due to their difficulties in operating new and complex devices[35], teaching older parents how to use new tools and technologies may constitute an important aspect of filial support[36]. Moreover, children play a central role in providing educational support and guidance to improve lifestyle, as many health problems in later life are associated with unhealthy behaviors[37], and this educational support can help address these behaviors[38]. Consistent with these findings, Park and Kim (2016) also considered training and providing informational support to older parents as part of filial responsibility[39].

The results of the interview analysis indicated that “companionship” and “contact” were perceived as responsibilities of children toward older parents. These forms of interaction may help alleviate loneliness and promote vitality and well-being among older parents[40]. The study by Zanjari et al. (2024) showed that companionship, in addition to its positive effects on all dimensions of health (physical, psychological, social, and spiritual), also carried ethical and economic benefits for families and older individuals[41]. Some studies aligned with the present findings have also recognized meeting and spending time with older parents as a filial responsibility[4, 27].

The social responsibilities identified in this study may have implications for several dimensions of older parents’ well-being. By facilitating social participation and reducing loneliness, contact and companionship may contribute to psychological well-being and quality of life. This interpretation is supported by evidence demonstrating an inverse relationship between filial responsibility and loneliness among older adults[24]. More broadly, social support and the development of social networks have been associated with improved well-being, life satisfaction, and overall health (physical, psychological, cognitive) and may contribute to successful aging[42–44]. These interactions may also strengthen intergenerational relationships and provide emotional benefits for adult children. As Viscogliosi et al. (2020) demonstrated, the participation of older adults in activities and social interactions positively influences intergenerational relationships[45].

The findings of the present study identified spiritual responsibilities as an emerging category of filial responsibilities, comprising two subcategories: posthumous perpetuity and promoting spirituality. Spiritual support for parents in countries with a religious background has traditionally been recognized as a filial responsibility[17, 21, 29]. However, the present findings indicate that participants perceived spiritual responsibilities as extending beyond supporting parents' religious practices during their lifetime. According to Bengtson's Intergenerational Solidarity Theory (2007), consistent with the present study's findings, the bond between parents and children persists beyond the parents' lifetime and is maintained[46]. While some studies have addressed children's responsibilities at the time of parental death[17, 18], the present findings further highlight participants' perceptions of filial responsibilities that may continue after parents' death.

Fulfilling spiritual responsibilities may provide older parents with a sense of meaning and purpose and may contribute to their spiritual and psychological well-being. Simultaneously, parents' assurance that their children will continue to perform these duties after their death may provide psychological comfort during their lifetime. These findings are consistent with Okuno et al. (2021), who reported that religious and spiritual experiences positively impact the quality of life of hospitalized older individuals[47]. Participation in parents' religious practices may also create opportunities for shared experiences and strengthen the parent–adult child relationship.

The four previously discussed categories—psycho-emotional responsibilities, physical responsibilities, social responsibilities, and spiritual responsibilities—can be considered responsibilities primarily directed toward the well-being of older parents. However, the interview analysis revealed another category of filial responsibilities, termed “indirect responsibilities,” comprising two subcategories: self-care (by the child) and caregiving to others (by the child). Unlike the other categories, these responsibilities may influence older parents indirectly through their effects on adult children and other family members.

Consistent with the present findings, researchers have considered avoiding unethical behavior, being a good citizen[48, 49], and attending to relatives as aspects of filial responsibility[16, 18, 48]. Self-care by children and caregiving to others may contribute to older parents' psychological well-being by reducing parental concerns about their children's future health, functioning, and ability to provide support. **They may also strengthen** parents' sense of pride and accomplishment through their children's well-being and positive contributions to the family and community. As Sarkar et al. (2023) indicated, the success and well-being of children positively influence the mental health of older parents[40]. At the same time, self-care and efforts to achieve success may directly benefit adult children's physical and psychological well-being and quality of life.

Overall, the results suggested that filial responsibility toward older parents encompasses multiple domains of support and may have implications for the well-being of both generations. As Shamsikhani et al. demonstrated, different aspects of social support for older parents can enhance their quality of life and life satisfaction[28]. The effects of filial responsibility on the health of adult children, however, are mixed: a review study by Pan et al. (2022) found that stronger filial responsibility is associated with reduced caregiving burden in children[50], whereas Funk et al. (2013) reported opposite findings, showing decreased psychological well-being among children[51]. These contrasting findings suggest that the consequences of filial responsibility are not uniformly positive and may depend on cultural, social, relational, and caregiving circumstances.

Taken together, the findings support understanding filial responsibility as a dynamic and context-dependent concept. Its expression may be influenced by economic, social, cultural-religious, temporal, and technological factors. In developed countries, financial support for older adults may be more commonly provided through formal systems, and older adults may prefer to receive such support through formal channels[52], whereas in developing countries like Iran, financial and physical responsibilities may rely more heavily on adult children, reflecting differences in social and economic contexts. Culture and religion also shape the diversity of filial expectations; for instance, in societies with religions such as Buddhism and Judaism, expectations are broader[16, 29]. Within the Iranian context, the present findings highlight the importance of emotional, psychological, and spiritual responsibilities alongside financial and instrumental forms of support. Over time, technology has also altered the ways in which filial responsibilities are fulfilled; responsibilities such as letter writing have largely been replaced by phone and virtual communication[27]. Thus, although the forms through which filial responsibilities are expressed may change over time, the underlying expectations of maintaining connection, providing support, and promoting parents' well-being may persist.

Based on the findings of this research, filial responsibility toward Iranian older parents can be defined as: “the child's perceived emotional, physical, social, spiritual, and indirect responsibilities toward their older parents, shaped by cultural and relational contexts, with the aim of maintaining the parent–adult child relationship and promoting the well-being and quality of life of both generations.”

Conducting interviews with both parents and children, with maximum diversity, was a key strength of the present study. This study had several limitations. First, physical difficulties experienced by some older participants may have limited their ability to fully articulate their experiences, and the cognitive status of older participants was not formally assessed. Although participants were able to understand and respond to the interview questions, undetected cognitive difficulties may have affected their recall or articulation of experiences. Second, although many participants had migrated to Kashan from different provinces of Iran, all participants were recruited from Kashan and its surrounding areas, which may limit the transferability of the findings to other regions and cultural contexts in Iran. Finally, although the first author had no prior personal or professional relationship with the participants, her employment at a comprehensive health service center may have influenced participants' perceptions of the interviewer and potentially encouraged socially desirable responses

Conclusion

The findings indicate that filial responsibility toward older parents in Iran is a multidimensional concept comprising five main categories: psycho-emotional, physical, social, spiritual, and indirect responsibilities. Filial responsibility extends beyond financial and instrumental care to encompass broader relational, social, spiritual, and self-related responsibilities. Recognizing this multidimensional nature may contribute to a more comprehensive understanding of adult children's responsibilities toward older parents within the Iranian cultural context. Although these findings are rooted in the Iranian cultural context, the multidimensional framework identified in this study may provide a useful conceptual basis for understanding filial responsibility in other cultural contexts, while further cross-cultural research is needed to examine its applicability and cultural variations. The findings of this qualitative study may inform the development of educational and community-based interventions aimed at increasing awareness of filial responsibilities and strengthening intergenerational relationships. Such interventions could contribute to a culture of mutual support between older parents and their adult children and potentially promote the quality of life of both generations.

Further research is warranted to develop and validate a standardized instrument for assessing filial responsibility based on the findings of this qualitative study and to identify factors influencing its fulfillment in Iran. Future studies could also explore how emerging technologies, particularly artificial intelligence, may reshape the ways in which adult children fulfill their responsibilities toward older parents and influence relationships between the two generations.

Declarations

Ethics approval and consent to participate:

This study was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences (Approval No. IR.USWR.REC.1403.027) and conducted in accordance with the Declaration of Helsinki. Informed consent was obtained from all participants before participation. **For participants who were unable to read or write, the consent form was read aloud, their rights and study procedures were explained, and consent was documented by fingerprint.** Participants were informed of the voluntary nature of participation and their right to withdraw at any time without consequences. **All participants provided permission for audio-recording, and none declined. The recordings were retained only by the interviewer for transcription and deleted immediately after verbatim transcription.** Participant privacy and confidentiality were maintained throughout the study.

Availability of data and materials:

All data generated or analyzed during this study are included in this published article.

Competing interests:

There are no conflicts of interest.

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Authors' contributions:

L.T. and N.Z. contributed to the study design; L.T. drafted the manuscript; N.Z., Z.T., A.D., A.KH. and Y.A.M. critically revised manuscripts for important intellectual content.

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Artificial Intelligence Use in Manuscript Preparation

ChatGPT, developed by OpenAI, was used solely to assist with **translation of the manuscript from Persian into English and language editing to improve grammar, clarity, readability, and academic style.** ChatGPT was not used for data collection, data analysis, interpretation of findings, development of the study methodology, or generation of scientific conclusions. **The authors independently reviewed and verified all ChatGPT-assisted text and remain fully responsible for the accuracy, integrity, and originality of the manuscript and its content.**

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