

## Responding to ageing in crisis situations: Live experience from Arab countries

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*R. Arja. Responding to ageing in crisis situations: Live experience from Arab countries. Gerontechnology 2014;12(4):214-218; doi:10.4017/gt.2014.12.4.005.00* In a world ageing at ever-increasing pace, older adults have to face a myriad of challenges hindering their active participation in the economic, social and cultural life of their societies. All around the world, older persons aged 60 years or over, are seen rather as a burden and drain on the resources of their families and communities than opportunities. They also suffer infringements of their rights. The situation of older adults in the Arab countries mirrors the one depicted at global level since challenging socio-economic and health conditions confront the daily life of the older population, in particular older women. In parallel, the Arab region is witnessing waves of unprecedented violent conflict and social movements that have led to massive forced migration and ever increasing numbers of refugees. The older age group is one of the refugees' groups whose vulnerability is highly impacted in specific conflict and post-conflict situations. Drawing on the case of the Syrian crisis, the paper describes the initial socio-economic and health conditions that place older adults at a higher risk during emergencies, portrays the harsh conditions they have to face on the move and in their refuge, and argues that from a human-rights perspective the improvement of their initial socio-economic and health situation contributes to build their resilience and capacity to better cope in times of crisis. The paper also sheds light on the opportunities that are missed by overlooking the potential positive contributions of older adults in emergencies. It argues that recognizing the specific needs of the older adults in emergencies and trying to adapt the response to those needs is not sufficient. Efforts to provide adequate response are to be complemented by considering the untapped abilities of older populations which, if strengthened, could provide substantive help and support to their communities.

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In a context of a rapidly ageing population, the most challenging issue facing families, communities and older persons themselves, is how to ensure the rights and well-being of older persons and enhance their meaningful participation so that societies can benefit from their knowledge and experience.

On the one hand, older persons suffer infringements of their rights all around the world. They are highly exposed to discrimination, and are being denied equal access to services and opportunities. Ageism, which is "a set of beliefs according to which the value and ability of individuals is judged based on their chronological age"<sup>1</sup>, results from negative stereotypes and discrimination against older persons and contributes to exacerbating their vulnerability and impeding their independence, participation and self-fulfillment. A further cross cultural and cross socio-economic risk to older persons is the abuse which can take several forms namely physical, psychological, financial or material and sexual. Consequently, the rights of older adults are threatened as they are more often perceived as a burden and a drain on the resources of their families and societies.

On the other hand, with the demographic shift whereby the number and proportion of older persons are growing faster than any other age group, there are concerns about the capacities of societies to address the resulting consequences<sup>2</sup>. In fact, families and institutions are often confronted by several challenging obstacles hindering the active participation of older persons to social, economic and cultural life. Financial security that translates in ensuring secure income and providing adequate social protection and social security for older persons puts a considerable burden both on the governments as they struggle to conciliate multiple competing priorities, and on the families, thus affecting their economic situation. Similarly, ensuring equal access to quality health services and creating and sustaining enabling environment for older persons are increasing concerns everywhere and for the actors focusing on the older age group.

From a gender perspective, women globally consist of the majority of older adults. It is widely recognized that more often the situation of older women is worse when compared to one of older men namely in terms of discrimination, and access to job opportunities and social and health services.

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If the above assumptions are correct under normal circumstances, this challenging situation is evidently aggravated in emergencies, further exposing the rights and well being of older adults in conflict and post-conflict situations.

It should be added, however, that the older age group is not a homogeneous group that could be addressed following a standardized approach. Their needs vary considerably according to age and sex, health conditions and the socio-economic situation associated primarily with education and incomes. Policies for older persons should thus take those differences into account.

## OLDER ADULTS IN THE ARAB REGION

The population of older persons aged 65 and above in the Arab region more than doubled over the past three decades increasing from approximately 6 million in 1980 to 14.4 million in 2010. Despite this increase, this age group still constitutes the smallest proportion of the Arab population, moving up from 3.6 per cent to 4.1 per cent over the mentioned period. However, the pace of increase in the proportion of the older persons' age group is projected to accelerate after 2025. At the same time, the old age dependency ratio, which stood at 7 per cent between 1980 and 2010, is expected to start an upward trend after 2015 and will get to 18 per cent in 2050<sup>3</sup>.

The ageing process is taking place at a fast pace, leaving countries with little time to adjust to the consequences of population ageing. It is also happening at relatively low levels of social and economic development in some countries, posing additional pressure on already scarce resources and inadequate social welfare and protection systems. This situation is further exacerbated by factors such as urbanization, migration, the changing role of the family and political tension<sup>4</sup>. Accordingly, it is of prime importance that Arab countries plan well in advance and create a policy environment conducive to meet the demands posed by an increasingly ageing population.

Although most Arab countries have adopted a national plan of action, strategy or policy on ageing, the lack of financial resources and of evidence-based research constitute some of the major impediments to the implementation of policies and strategies on ageing. Another important factor which has hindered the implementation of such policies is the lack of coordination among the various concerned sectoral ministries.

The socio-economic conditions of older persons vary considerably from one Arab country to another and within individual countries. However, common features can be tracked across the re-

gion: low levels of education, high proportion of illiterates, limited participation in the economy, extended labor activity and shortage of old-age pensions and safety nets<sup>5</sup>, particularly for people working in the informal sector. It is worth also noting that the vast majority of Arab women are working in the informal sector. In fact, the older persons continue to work after the legal age for retirement because of the limited and small old-age pensions. Given as examples, respectively 26 and 11 percent of men aged 65 years and above and 80 years and above continue to work according to a PAPFAM survey carried out in Lebanon in 2004<sup>6</sup>.

With regards to health conditions, the old-age group in the Arab region is witnessing a frightening rise in non-communicable diseases (NDCs - known also as chronic diseases) that replaced the infectious diseases as major causes of death<sup>7</sup>. According to a survey carried out by the PAPFAM in 2008 in nine Arab countries, even though the proportion of older adults suffering from at least one chronic disease varies considerably from one country to another, it registers relatively high records such as 63.8 percent in Lebanon, 54.1 in Tunisia, 51.3 percent in Sudan and more than 40 percent in Morocco, Syria and Yemen<sup>7</sup>. Health indicators for the Arab region are alarming in general and further exacerbated in old-age. Cancer is the second leading cause of death. Hypertension and diabetes are highly prevalent alongside with high levels of obesity<sup>8</sup>.

As to mental health, depression and dementia are increasingly becoming a regional concern. Figures recorded are comparatively high, for example reaching over 50 percent in the case of depression among older adults in Tunisia and 25 percent in Jordan and Lebanon<sup>9</sup>.

Disabilities and impairments are prevalent in the Arab countries. The rates of limitations in activities of daily living (ADL) are high, though they vary considerably from one Arab country to another: percentage changes between 25 and 38 percent in Egypt, Jordan, Lebanon and Tunisia and between 17 and 19% in United Arab Emirates and Saudi Arabia. Similarly vision and hearing impairments among older persons vary significantly throughout the Arab region. The percentage of impairments among older adults stands between 20-80 percent for vision impairments and between 10 and 40 percent for hearing impairments, which are higher, for example, than the proportion in the United States, standing at 17 and 11 percent respectively<sup>9</sup>.

The feminization of poverty and ill-health in old age is also evident in the region. The majority

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of women works in the informal sector and thus lacks social security and old-age pensions. The rates of the hypertension, diabetes, obesity as well as depression, ADL and vision and hearing impairments are higher for older women than for older men in most of Arab countries<sup>9</sup>.

## THE SECURITY SITUATION IN THE ARAB REGION

In the recent years, Arab countries have witnessed waves of unprecedented social movements, political instability and escalating armed conflict that have led, particularly in Syria, to the worst humanitarian crisis in modern times.

Since the beginning of the Syrian crisis, more than 2.5 million people have fled Syria, seeking refuge in the neighboring countries, including Lebanon and Jordan and Turkey. This has challenged the capacities of host countries/communities to address the refugees' needs while preserving their rights. Highlighting includes the significant number of Syrian refugees fleeing their country and their and their relatively high share of the local population, particularly in Lebanon and Jordan where this share reaches respectively 22% and 9.4% respectively (*Table 1*). The table also shows that the number of women refugees is higher than men in four out of the five host countries.

The negative impact of armed and violent conflict on the rights and well being of the older population is exacerbated by the specific needs relating to older population and the challenging living conditions they confront, which contributes to increase their vulnerability.

## Reluctance to leave country and lifetime home

Generally, older adults are reluctant to leave their lifetime country and homes, they prefer to stay and let other family members leave<sup>10</sup>. This age-group also tends to be largely left behind due to other reasons related to both their socio-economic and health conditions. This is clearly shown in the case of the Syrian crisis. In fact, when Syrian refugees in Lebanon were asked about the reasons of leaving older adults behind in Syria, several answers were provided (*Figure 1*).

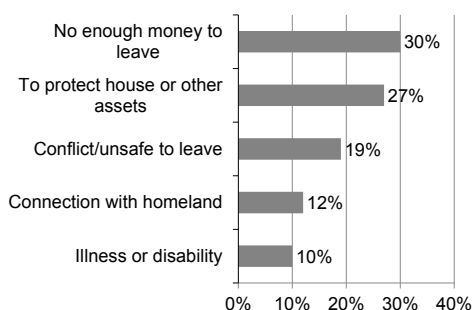


Figure 1. Reasons for older adults to stay in Syria<sup>10</sup>

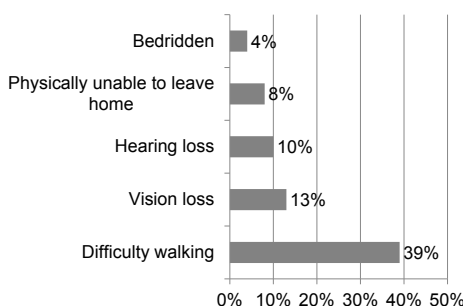


Figure 2. Disabilities and impairments among older Syrian adult's refugees<sup>10</sup>

The lack of financial resources is on top of the list, emotional ties with homes and the home country further to the protection of assets account for significant percentage. Obviously, illness and disability also figure in this list.

## Challenges faced on the move

Older persons might need special assistance during the evacuation to overcome their physical impairments. Mobility restriction is the main disability or impairments among older Syrian adult's refugees in Lebanon (*Figure 2*).

Homebound, bedridden and persons having difficulty walking require particular assistance to meet their basic daily needs. The loss of walking canes or any other mobility equipment increase the dependency and might lead to overlooking old persons during evacuation operations. Deficits in vision and hearing and deterioration of cognitive capacities put older adults at high risks during evacuation since that they might be disoriented and confused particularly in unfamiliar surroundings. It might be dif-

Table 1. Syrian refugees in neighboring countries as of end of March 2014<sup>11</sup>

Receiving country	All refugees		Refugees above 60 years of age			
	Number	% to local population	Number	%		
				Male	Female	Total
Egypt	135,378	0.20	5,686	1,2	1,2	2,4
Iraq	226,934	0.70	4,312	0,9	1,0	1.9
Jordan	587,308	9.40	19,969	1,4	2,0	3.4
Lebanon	980,731	22,0	26,480	1,2	1,5	2.7
Turkey	647,379	0.90%	23,953	1,8	1,9	3,7
Total	2,577,730		80,400			

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difficult for them to understand emergency warnings and directions<sup>10</sup>.

Older persons are also prone to dehydration, and may have specific nutrition needs and specific appetite problems due to their illness. In sum, special care and attention are necessary to be provided in such cases to older adults to avoid being neglected.

## Aggravated vulnerability

The figures regarding the socio-economic and health conditions of older during crisis are alarming and reflect their vulnerability. The biggest majority of the older adults (87%) are not able to afford required medication. Most of them (74%) are completely dependent on humanitarian assistance to meet their basic needs. Also most of them (66%) describe their overall health situation status as bad or even very bad<sup>10</sup>. A clear picture may be shown of the physical and psycho-social health conditions of older Syrian adult's refugees in Lebanon. Almost half of the refugees have at least 1 to 2 chronic diseases.

Older adults with reduced mobility also face other major challenges, including limited access to information and services, such as appropriate medical care and the distribution of food or non-food items. When asked about their negative feeling during the week prior to the survey, older Syrian refugees cited anxiety (40%) as a major feeling. Other negative feelings were also experienced such as isolation and lack of safety (Figure 3)

Despite their poor health conditions and regardless of their specific needs, older persons do not have proper access to adequate food nutrition<sup>10</sup>. Older persons link their frequent consumption of lower quality food, such as bread alone, with their poor financial status. Competition for high quality food is increased within households in times of crisis, when priority is often given to the youth and children. Also, reducing portions and skipping meals become an integral part of the coping mechanisms of the older persons.

In the light of the above, it appears that the socio-economic conditions together with the physical and psycho-social health conditions of older persons worsen in emergencies. Their rights are also undermined, highlighting the dual necessity to build resilience of older persons to better cope during crises, and to adapt and provide the most appropriate humanitarian responses.

## Missed opportunities

By looking at older persons as a burden both on the families and communities and a drain on

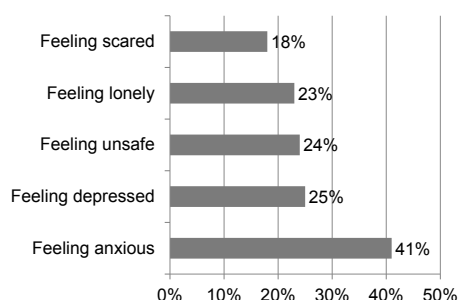


Figure 3. Feelings experienced by older Syrian adult's refugees<sup>10</sup>

resources, considerable opportunities to benefit from their experience and abilities are missed. Having a new look on older persons as 'resources' opens up to their active positive contributions whether, before, during or after crises and emergencies.

In fact, older persons can positively contribute during and after an emergency situation. Other household members can largely, if not completely, rely on older persons to give care for the grandchildren and of orphans whose parents have been killed in the conflict. This provides substantive support to the household by freeing the other household members to work outside the home, and consequently support the livelihoods of the household. Older persons are also precious in the way that they are as preservers of traditions. They can also act as key interlocutors to solve family and community disputes.

## THE WAY FORWARD

The level of vulnerability in crisis situations depends largely but not exclusively on the initial socio-economic and health conditions of older persons. Therefore, empowering older persons and improving their socio-economic and health conditions increase their resilience and ability to develop coping mechanisms in crisis and post crisis situations. Empowerment is most likely to allow older persons to own resources that improve their living conditions in case of emergencies and reduce their dependency on humanitarian response.

Building resilience can begin through a development approach to the old age group. Such an approach in peace time entails improving old-age income security, promoting a life-course perspective for prevention and control of disease, ensuring employment opportunities for older persons willing to work<sup>12</sup>. Integrating ageing issues in development is to be considered as a way to implement this approach. It is mainly about designing development policies which are

inclusive of older persons and addressing their specific needs in peace time in order to preserve their rights and wellbeing.

However, empowering older persons to develop their coping capacities is not enough to ensure that their access to humanitarian services is granted and their rights preserved. Given that older persons constitute one of the most vulnerable population groups, particularly because of the specific needs of old-age during emergencies, humanitarian operations should acknowl-

edge those needs and design their response accordingly. Specifically, it is of great importance to mainstream ageing issues in initial emergency needs assessments to better define the specific needs of older persons, to mainstream ageing issues in emergency programming to ensure equal access to vital services, and to ensure that data is disaggregated by age, sex and disability. It is mainly about developing response programmes which are inclusive of old age group, addressing their specific needs in times of crisis in order to preserve their rights and wellbeing.

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