Ageing in the Middle East and North Africa: Towards a New Model of Care

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BACKGROUND AND CONTEXT
The Middle East and North Africa: .. How similar?

• 22 countries
• Share similar language (Arabic in the majority)
• Share very similar cultural norms based on religious/spiritual beliefs
  – governing family roles and ties- influencing both women and the aged
• Some geographical coherence with sub-groups
  – Arab Asia (Iraq, Jordan, Lebanon, Palestine, Syria, Yemen)
  – Gulf Cooperation Council (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates)
  – North Africa (Mauritania, Morocco, Algeria, Tunisia, Libya, Egypt, Sudan, Somalia, Djibouti, Comoros)
The Middle East and North Africa: .. How different?

- Huge variability in:
  - Poverty and per capita income
  - Population size
  - Literacy and unemployment rates
  - Migration, geographical mobility, co-residency arrangements and other socio-economic and socio-demographic characteristics

- While all experience some forms of demographic and nuptiality transition
  - Fertility: some at or near replacement levels, in others high fertility rates persist
  - At different tempo and stage of transition
Demographic changes.. What do we mean?

- Population changes:
  - Fertility
    - Crude Birth Rate: the number of live births occurring during the year, per 1,000 population estimated at midyear
    - Total Fertility Rate: is the average number of children that would be born to a woman over her lifetime
  - Mortality
    - Crude Death Rate: the number of deaths occurring during the year, per 1,000 population estimated at midyear
  - Migration (in, out and net migration)
  - Life expectancy (ill-health years of life expectancy)
- Population structure
  - Nuptiality patterns
THE DEMOGRAPHIC TRANSITION MODEL

STAGE ONE (Pre-Modern)
STAGE TWO (Urbanizing/Industrializing)
STAGE THREE (Mature Industrial)
STAGE FOUR (Post Industrial)

CBR, CDR RATE PER 1000

YEAR

TOTAL POPULATION

DEMOGRAPHIC TRANSITION

07/03/2016
Ageing in a Global Context
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Demographic transition

• The ‘first’ demographic transition theory is supposed to be universal,
  – all populations in the world sooner or later will experience a shift from high to low death and birth rates.
• Currently some countries have concluded the transition (e.g. Europe),
• In other countries, this shift is in full swing (e.g. North Africa and the Middle East)
• and countries which have only recently experienced some decline in mortality and fertility (especially Sub-Saharan Africa)
Crude birth and death rate in Egypt, 1917–2008 (Source: CAPMAS)
Trends in total fertility rate

Source: Engelen and Puschmann (2011)
Trends in mortality rates

Source: United Nations, World Population Prospects, the 2010 revision
Estimated Total Population of Arab World and Sub-Regions, 1950-2050
Population Growth: Rate of natural increase

Source: United Nations, World Population Prospects
Population structure - skewed in some places due to migration
POPULATION AGEING
Population Ageing

• An ageing population is defined as a population in which the number of elderly (65+) is increasing relative to the number of 20-64 year olds.
  – Governed mainly by trends in fertility and mortality rates
Ageing in the region

• From 1965 to 2010 ‘average’ life expectancy in the region increased from 48.7 years to 70.4 years
• Life expectancy is projected to reach 76.9 years in 2045-2050
• Percentage of the population 60 years or older to reach 17.2% in 2050
• Life expectancy is usually higher among women (with an average of 5 to 6 years)
Population Ageing

• The tempo, or speed, of the population ageing process is different for some countries in the region
• Some identified as having ‘fast’, others as ‘medium’ and ‘slow’ tempos
• Many countries are also experiencing epidemiological and health transitions, with non-communicable diseases replacing communicable diseases as the leading causes of morbidity and mortality
Life expectancy trends
Actual and predicted life expectancy at birth from 1995 to 2025 in the Arab and Islamic world compared to those in Japan and United Kingdom
Life Expectancy at Birth in Several Arab Countries (both sexes) : From 1950-2010

Source: United Nations World Population Prospects: The 2010 Revision
Ageing context in the region

• Ageing is associated with several socio-demographic changes
• Increased trends in labour participation of ‘traditional’ informal care givers (usually women)
• Increased trends in ‘lone-residency’ at old age (usually women)
  – Due to higher widowhood prevalence among older women; off-spring migration (internal or international); co-residency and social changes etc.
• Changes in ‘expectations’ of old age and quality of life
Long term care in the region

• There are two main (often parallel) systems of long-term care
  – informal care providers, such as unpaid family members
  – formal care providers, such as nursing aides, home care assistants, and other paid care workers.

• Most care is provided by family members, mainly women, or by other informal caregivers

• Family-based aged care model
The interplay between various socio-demographic factors

• Gender equality:
  – Gender Inequality Index measures the human development costs of gender inequality
  – the higher the GII value the more disparities between females and males.
  – GII values range from 2.1 percent to 73.3 percent.

• Labour participation
  – Documented and undocumented

• Ageing
  – Proportion of people aged 60 or more as one measure
Gender Inequality Index

- Low
- Med
- High
- Unknown

Proportion of population aged 60 or more

Female labour participation rate

Hussein, S. & Ismail, M. (Inpress)

07/03/2016
Life expectancy and fertility rates

• Through the demographic transition both fertility and mortality rates decline
• Increased life expectancy
• Not all countries experience similar patterns
• Provision of aged care within such context
  – Palliative care as a proxy of LTC provision
  – Clark and Wright world map of palliative care
Health services and ageing

• What is the relationship between number of physicians per 1000 (as a proxy of health care coverage) and life expectancy
• What is the relationship between health care coverage and palliative care provision
• A positive relationship between number of physicians and LE in general; but with some outliers
• Palliative care provision does not follow an expected pattern
Ageing in a Global Context

Huessein, S. & Ismail, M. (Forthcoming)

Palliative Care Development
G1: No known activities:
G2: Capacity building
G3: Localised provision

Huessein, S. & Ismail, M. (Forthcoming)
Health expenditure and life expectancy

• One would expect a strong relationship between health expenditure per capita and life expectancy

• To some extent true when health expenditure per capita is quite low but not necessary when it grows

• The countries within the region form sub-groups in terms of their experience
Model-Based Clustering for Arab Countries According to Health Expenditure Per Capita and Life Expectancy

Hussein, S. & Ismail, M. (Forthcoming)
Nuptiality as a demographic element

- Nuptiality is the study of marriage and family structure as a demographic element
- Has significant impact on intergenerational kin social networks’ structure
- Interest in
  - Age at marriage/cohabiting
  - Celibacy
  - Marriage stability
    - divorce rate,
    - duration of marriage
    - remarriage rates etc.
  - Partner selection (relative or not)
  - Co-residency and proximity to other family members
  - Inter-spousal age gap
The singulate mean age at marriage (SMAM) is the average length of single life expressed in years among those who marry before age 50.
SMAM- Women

[Graph showing trends in women's ageing across different countries from 1960 to 2005]
Nuptiality and second population transition

• Declining nuptiality is a characteristic of the second demographic transition in Europe
• For several decades nuptiality in the Arab World is in decline
• But- Nuptiality decline in Europe (roughly from 1965 onwards) →
  – rising ages at first marriage,
  – growing rates of cohabitation,
  – increasing number of births out of wedlock,
  – increase in divorce rates.
• Such a weakening of the marriage institution has not been observed in the Arab countries
• The age at first marriage has risen dramatically, but marriage has stayed more or less universal.
Dependency ratio and demographic dividends

• dependency ratio can be measured in several ways
  – Usually it is defined as the population aged 0–19 plus the population aged 65+ divided by the population aged 20–64

• Demographic ‘dividends’ is relates to:
  – Increased supply of working age group resulting from declined mortality and fertility rates
  – Not permanent – ‘a window of opportunity’
## Dependency ratio

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*Source: Computed from United Nations (2007)*

Ageing in a Global Context

sheereen.hussein@kcl.ac.uk
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Source: Estimates were computed by the authors from the Demographic and Health Survey for each country and year, or from a comparable national survey in the case of Lebanon.

Note: All gender differences are significant at the $p \leq .001$ level, adjusted for sample design.
**Living alone at older age**

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<td>1.3</td>
<td>0.3 ns</td>
</tr>
</tbody>
</table>

Source: Estimates were computed by the authors from the Demographic and Health Survey for each country and year, or from a comparable national survey in the case of Lebanon.

† p ≤ .10; * p ≤ .05; ** p ≤ .01; ns not significant; all other gender differences are significant at the p ≤ .001 level, adjusting for sample design.
Population Ageing as a Policy Issue in the Region

• The region has historically shown a strong commitment to social welfare
  – Post independence
  – Majority linked to employment
    • E.g. pensions and retirement schemes, however, favouring public sector and can be regarded as gender biased
  – Universal health and education service
    • but actual delivery is relatively poor in most countries

• No ‘formal’ aged policy strategic vision
  – However some recent attention to the phenomenon in recent policy discussions

• The role of charity and religious institutions
Some ‘formal’ care provisions

- Mainly through NGOs and civil society movements but some state funded
- Egypt: ‘Regular Medical Caravans’
- Bahrain: ten government-sponsored mobile clinics
- Tunisia: ‘Union of Social Solidarity’ offers free home-based health services for the elderly; specialized government-funded rehabilitation and physical therapy services to older persons for little or no fees
- Kuwait: free of charge home-based care (state funded)
- Morocco: free medication through NGOs
- Jordan: 53 private companies registered to provide home care for older persons.
- Lebanon: 26 mobile clinics for older people living at home
- Oman: state funded home help for older people with health needs
Major Population Concerns of Governments in the Arab region

<table>
<thead>
<tr>
<th>Issues</th>
<th>Percentage of Governments reporting issue as significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant and child mortality</td>
<td>77</td>
</tr>
<tr>
<td>Maternal mortality</td>
<td>77</td>
</tr>
<tr>
<td>High level of immigration</td>
<td>62</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>57</td>
</tr>
<tr>
<td>Large population of working age</td>
<td>57</td>
</tr>
<tr>
<td>Pattern of spatial distribution</td>
<td>57</td>
</tr>
<tr>
<td>High rate of population growth</td>
<td>52</td>
</tr>
</tbody>
</table>

*Source: United Nations (2008b).*
Aged-care model in the region

• Mainly a family-based model
  – Embedded within religious beliefs and duty of care to the elder
  – A two way beneficial model
  – Gender imbalance of expectations of financial, physical, emotional and personal care

• Absence of formal long term care provision
  – With limited availability and use of residential care and care home

• Charitable (voluntary) sector is an important provider of social activities for the elderly

• A model based on certain assumptions around family structure and women’s availability sustained by strong cultural and religious ideology
Viability of current family-based care model

- Assumes a certain family and societal structure
- Women are key players in providing care
- Other demographic and social changes challenging such structure on a number of ways:
  - Family unit availability and ability to provide increasing care
  - Competing demands on women time, emotional strengths, and finance
- Lack of vision to link with existing charitable and societal activities
- Includes risk elements:
  - Lack of awareness of old age care needs including dementia and associated risks
  - Lack capacity building
Proposed new model of care

- Takes into account differences and current challenges of
  - Demographics
  - Economics
  - Political context
- Based on three recognised models
  - Person-centred Care
  - Social Capital
  - Human Rights
Discussion points

• Similarities and differences
  – Among different countries in the region
  – Between demographic transition experience with other parts in the world

• The importance of various demographic changes on ageing- especially migration and marriage

• Gender differences and implications at old age

• Variable socio-economical and political context
‘Your’ thoughts and reflections

• In your views, what are the major challenges of ageing in the MENA region?
• What are the key demographic factors in play?
• What are the steps needed to address ageing in the MENA region?
• What are the roles of the ‘formal’ and ‘informal’ spheres in such dynamics?
References

• Hussein, S, and Ismail, M. (forthcoming) Towards a new model of aged-care in the Arab region
• Hussein, S. and Ismail, M. (In press) Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities
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