Changing Perceptions of Ageing in the Middle East: Adapting to a Rapidly Evolving Reality

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Objectives of the presentation

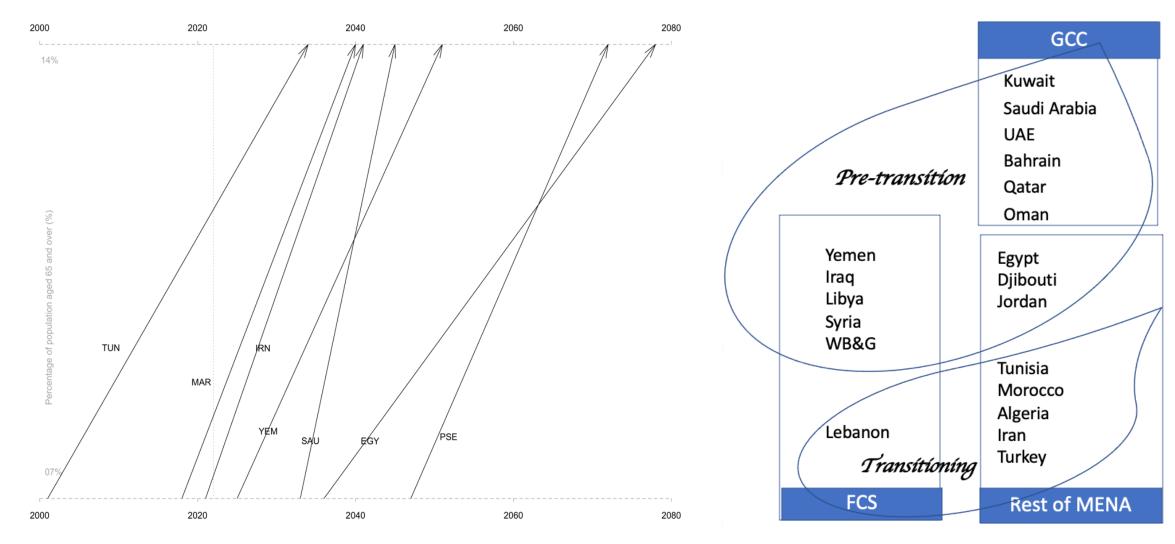


- 1. Understand the rapid demographic transition in the region
- 2. Examine perceptions of ageing in MENA
- 3. Call for immediate policy and practice attention
 - Examine cultural values and actual experience of older people
 - Highlight gender effects
 - Address the urgency for policy action



1- The MENA region is undergoing a rapid ageing transition





Source: Hussein, S. & Ismail., M. (2023). Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges. A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

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Not all years gained are healthy years



- Both life expectancy and healthy life expectancy are increasing
 - Nature longevity limit?
 - HLE not growing as fast as LE
- → High number of years lived with LTC needs
- → Significant gender, ethnic & socio-economic differentials
- → Differentials within and across countries

Country	Life Expectancy at birth		Healthy life expectancy at birth		Difference between life expectancy and healthy life expectancy in years	
	Male	Female	Male	Female	Male	Female
Malta	79.9	83.8	70.9	71.9	9.0	11.9
Kuwait	79.3	84.0	69.5	71.1	9.8	12.9
Tunisia	74.9	79.2	66.1	67.7	8.8	11.5
Jordan	77.0	78.8	68.1	67.2	8.9	11.6
Iran	75.7	79.1	66.0	66.5	9.7	12.6
Lebanon	74.0	79.2	65.1	67.1	8.9	12.1
Libya	74.2	77.3	64.9	65.5	9.3	11.8
Algeria	76.2	78.1	66.7	66.1	9.5	12.0
UAE	75.1	78.4	65.8	66.2	9.3	12.2
Oman	73.0	75.3	64.5	64.5	8.5	10.8
Qatar	78.0	76.6	68.1	65.1	9.9	11.5
Bahrain	75.0	77.0	66.0	65.5	9.0	11.5
Egypt	69.6	74.1	62.3	63.7	7.3	10.4
Morocco	71.7	74.3	63.7	63.7	8.0	10.6
Iraq	69.9	75.0	61.6	63.7	8.3	11.3
Saudi Arabia	73.1	76.2	63.8	64.4	9.3	11.8
Syria	71.2	74.3	62.5	63.3	8.7	11.0
Djibouti	64.1	67.8	57.2	58.9	6.9	8.9
Yemen	64.4	68.9	57.0	58.0	7.4	10.9

Source: Hussein, S. & Ismail., M. (2023). *Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges.* A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

2- Examine perceptions of ageing in MENA



- Data collected as part of the MENARAH Network engagement activities in two MENA countries:
 - Over 50 one-to-one and group conversations with older people, informal carers, policymakers, researchers and charitable organisations
 - September 2019 February 2020, January April 2021 and February – May 2022.
- The discussions did not follow any specific interview schedule.
 - Utilised conversational and storytelling techniques.
- Employed a reflectivity analytical process while acknowledging my positionality as someone familiar with the cultural context.



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Reflections on the Intersectionality of Gender and Ageing in the Middle East

Shereen Hussein

Abstract: The Middle East and North Africa (MENA) region has been traditionally characterised by young population demographics but is currently experiencing fast transitions into ageing societies. The region has strong narratives of respect and high regard towards the elderly that are embedded in cultural norms. However, such narratives appear to have limited practical applications as they contradict the experiences of older people. The experiences of older women and men are likely to be impacted by existing gender differentials across the life course including marriage patterns, societal expectations and access to opportunities. The COVID-19 pandemic and associated infection control restrictions have impacted the lives of older people globally, including in the Middle East. In this article, I reflect on the intersectionality of gender and ageing perception in the MENA region, drawing on qualitative data collected as part of the Middle East and North Africa Research on Ageing Healthy (MENARAH) Network between 2020 and 2022.

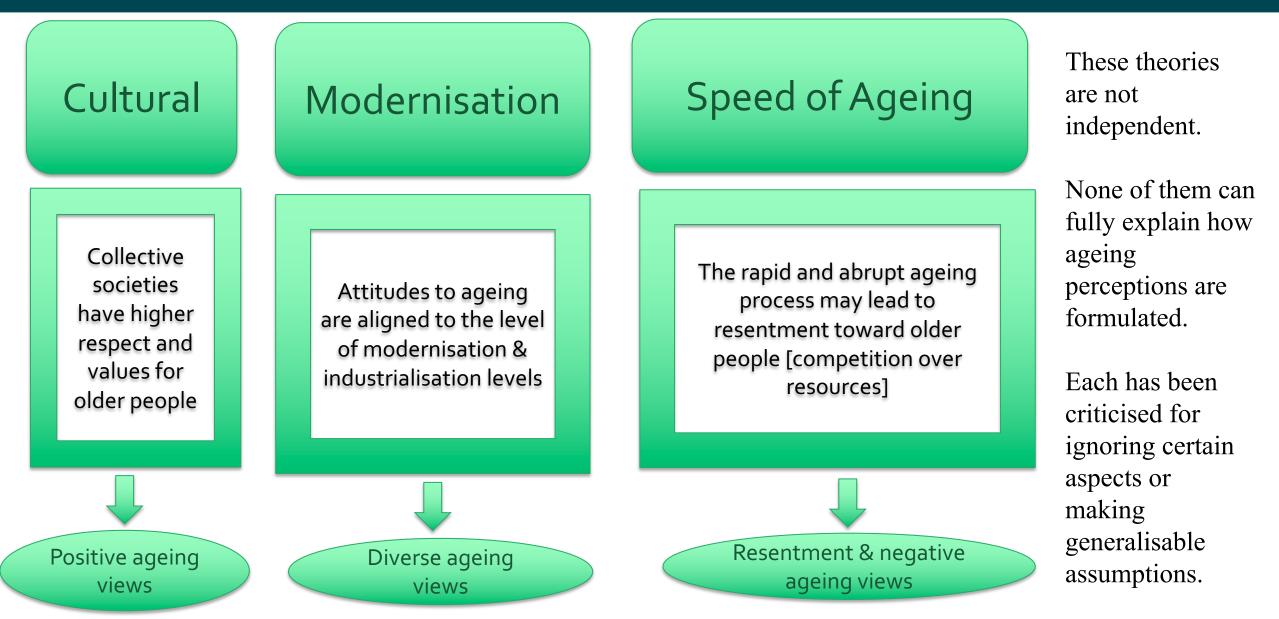
Keywords: COVID-19; intergenerational care; older people; social isolation; ageing perception

Note on the author: Shereen Hussein is a Health and Social Care Policy Professor at the London School of Hygiene & Tropical Medicine. She is an established multi-disciplinary research leader in ageing and long-term care. Her background is in medical demography, statistics and computer science. Shereen is a Co-Director of a Department of Health and Social Care-funded Policy Research Unit focusing on health and social care systems and commissioning. She is an expert advisor to various OECD and Low-Middle Income countries to develop social care and ageing policies and reforms. In 2020, she founded the Middle East and North Africa Research on Ageing Healthy (MENARAH) Network, a unique regional and international collaborative network promoting healthy ageing in the region (www.MENARAH.org). Publications include 'Migration Gender and Social Inclusion' (2020) in S. Westwood (ed.), *Ageing, Diversity and Inequality: Social Justice Perspectives* (London, Routledge) and 'Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities' (2017) (with M. Ismail), *Ageing International*, 42 (3): 274–89.

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Three main concepts that might explain societal ageing Perception





Ageing Perspectives



- Views on ageing formulate early in life
- > Increased life expectancy did not match the life expectations as one age

We are lucky that we are living that long, I personally did not expect to reach this age. (Woman 83 years, living with adult son)

Gender differences when preserving individuals as 'older persons'

Women in the MENA region are perceived to age faster than men and women are consistently perceived to be old at much younger ages than men. These gender differences seem to be attributed by older people in the region to appearance and explained by biological factors, such as childbearing and the double burden of work inside and outside the home.



A narrative of respect and a high sense of duty towards older people in the region. Positioned within a framework of vulnerability and limited expectations of older individuals.

And then we have this tendency; we might call it respect, to treat them [older people] as handicapped ... as crippled. (Ageing researcher, 2022)

> For some, respect and love operated in a way that increased dependency.

When my mother retired from work, my sisters and I wanted to make life easier for her. We prevented her from doing anything in the house, or outside. We did this too much over several years, she quickly lost her ability to walk, to the point that she has become a wheelchair user. (Daughter, family carer to an 80-year-old mother, 2020)

Dependency and Social Isolation



A cycle of dependency and reliance within the family care dynamics; older people tend to prioritise their off-spring needs.

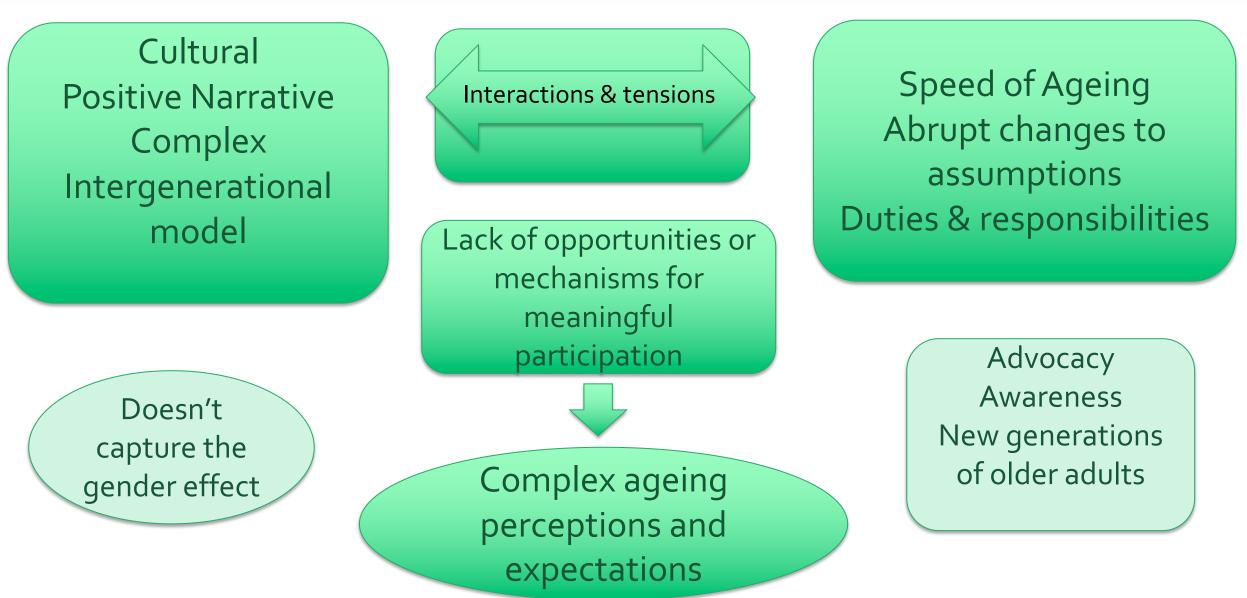
Well, my son looks after me. He lives far away so I see him every few days. I try to manage my own needs.... My son does not have a stable job and he has lots of responsibilities with his family. His children need a good education. I am pleased that I can support him. I do not need much money, he manages this. ... when I need something fixed in the home, or to see the doctors, I wait for the next month and ask my son when he collects the pensions. (Woman, 80 years, lives alone)

A sense of isolation and inability to engage in a broad set of social activities was expressed by several older people

There is not much opportunity for me [to participate]; I sometimes go to the local mosque to recite Quran with a group of older women. However, there are minimal facilities for us older people. Even when you try to go out, it is impossible. The pavement is very high; how can I climb up or cross the street? They [the government] should account for older people when they design roads and pavements. (Woman, 79 years old, lives with an adult son, 2020)

Concepts explaining the ageing experience in the MENA region





Inequalities at Old Age

RECOGNITION

- Self-recognition
- Cultural perception
- Assumptions dependency

(MIS)REPRESENTATION

- Inclusion (exclusion) the environment
- Participation
- Media representation

OLD AGE INEQUALITIES



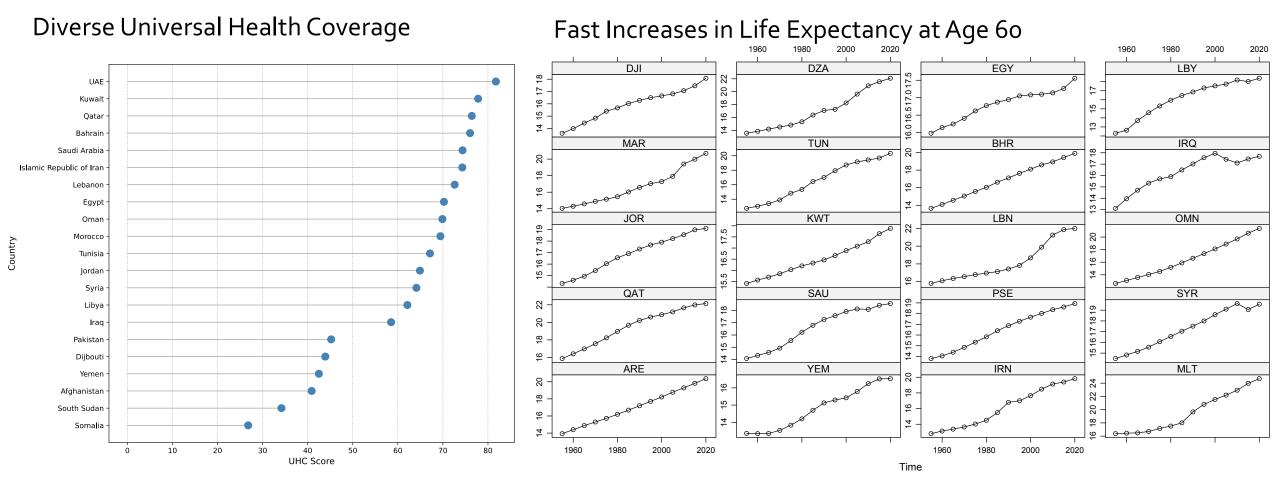
negative

LIFE COURSE & SOCIAL CAPITAL

Source: Hussein, S. (2020) Migration Gender and Social Inclusion.

4- Policy Direction & Implications





Source: Hussein & Ismail (forthcoming): Evidence gaps on unmet health and social care needs: WHO Eastern Mediterranean Region report. *World Health Organisation*.

Source: Hussein, S. & Ismail., M. (2023). *Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges*. A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

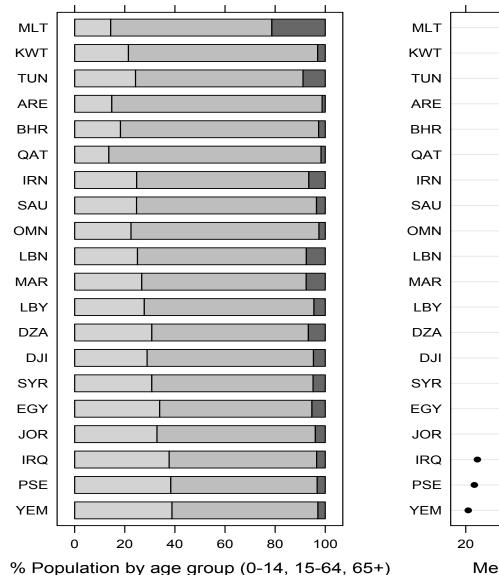
Rapid Life Expectancy Gains Outpacing Health, Work, and Support Systems

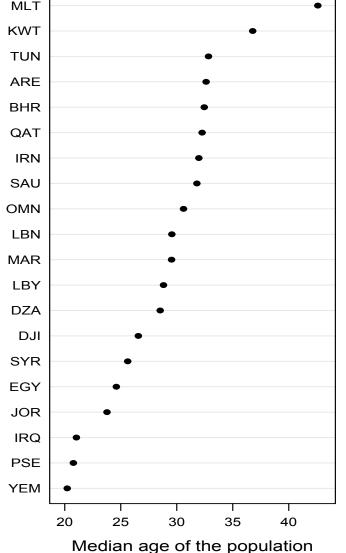


- Ageing Perceptions Negative ageing views interact with 'youth bulge' → competing policy priorities
- Healthspan-Lifespan Gap Longer lives not matched by better health.
- Weak Social & Healthcare Systems Insufficient long-term care and policy support.
- **Overburdened Family Support** Families struggle due to social changes, migration, lack of time, or inadequate formal care systems.
- **Pension & Employment Strain** Early retirement and low workforce participation create financial pressure.
- Limited Engagement & Participation Few opportunities, especially for women, due to societal norms.
- **Unfriendly Environments** Cities and workplaces not age-inclusive.

Ageing is Happening with Youth Bulge







- Age distributions reflect fertility, mortality and migration rates
- Median age of the population is low but lowest in Yemen and highest in Kuwait (potential migration effect)
- Working-age groups (15-64) constitute the largest group
- Optimal utilisation of working-age groups depends on employment rates and system contributions

Key Messages



1. Rapid Ageing & Systemic Gaps

- Life expectancy is rising, but health, employment, and support systems lag behind.
- Gender, socioeconomic, and cultural disparities persist.

2. High Burden on Families & Society

- Informal care systems are overwhelmed due to migration, urbanisation, and limited formal support.
- Early retirement and low workforce participation strain pensions and social security.

3. Negative Perceptions & Limited Participation

- Ageing is often seen as a burden rather than an opportunity.
- Lack of **inclusive policies** and limited spaces for older adults to engage in society.

4. Policy & Structural Challenges

- Competing policy priorities slow action.
- Gaps in **healthcare, infrastructure, and awareness** hinder progress.

Recommendations



1. Strengthen Health & Social Care Systems

- Expand **universal healthcare coverage** to address chronic illness and LTC needs.
- Invest in formal aged care services to reduce the burden on families.
- 2. Rethink Work & Retirement Policies
 - Review retirement ages and promote flexible work opportunities for older adults.
 - Encourage lifelong learning & reskilling, especially for women.
- **3. Shift Societal Perceptions of Ageing** (Critical for Sustainable Change)
 - **Raise awareness** through targeted education, advocacy, and media campaigns.
 - Promote positive ageing narratives through representation in media and active policymaking to challenge stereotypes.
 - Foster intergenerational engagement
- 4. Strengthen Policy Commitment & Regional Collaboration
 - Integrate ageing into **national policy agendas** with clear funding and accountability.
 - Enhance data collection & research to inform evidence-based policies.
 - Leverage **MENARAH & global ageing initiatives** for policy coordination.

Thank you for Listening



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