

## AGING IN PLACE

Lebanon does not have a comprehensive social care system of policies and programs, with the few existing public services being tagged mainly to poverty criteria. Safety nets that provide limited home services in the form of part-time nursing staff and physical therapists for homebound older persons are only nascent. These are also provided mainly by private organizations providing a fee-for-service care. With the exception of the Alzheimer Association Lebanon launched in 2004, support groups for caregivers or specific categories of afflicted elderly individuals are rare.

Older persons need to be enabled to 'age in place' and to enjoy the physical, social and cultural environment of their neighborhood. In this process, the vital role of family and informal support channels in the care of older persons cannot be underestimated. Support policies need to be geared towards promoting caregivers as a resource to the older persons and as themselves beneficiaries of health, social and other services.

As a resource, care giver support services could include assistance in arranging supportive services (e.g. mobile units) and training and counseling. As beneficiaries, support services could include respite from various caregiving responsibilities, some benefits from general taxation and flexible work and sick leave for those in active employment. Older persons and their caregivers need also to be empowered with knowledge about available services in order to better utilize existing resources. Migrant workers engaged in elder care remain a challenging issue in all terms: research and policy.

### Stakeholders

- Caregivers themselves
- Academia and research institutions
- Central Administration for Statistics
- Policy think tanks
- Ministries of Public Health, Social Affairs, Labor, Economy and Trade
- Labor Union
- Nursing homes
- Local and international NGOs
- Insurance companies
- International donor and development agencies
- Media

## CONCLUSION

"Voices of caregivers" in Lebanon and the region are often unheard, and there is a need to conceptualize caregiving as a "career" in order to capture the social, economic and psychological costs as well as the benefits associated with family caregiving. This brief is intended to serve as a platform for a participatory policy dialogue among various stakeholders including the older people and the caregivers themselves. The Center for Studies on Aging invites all parties to join the debate to acknowledge, account for and support the caring capacity of families in the country and the region before it collapses through pressure and over stretching.

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### About the CSA

The CSA was established in 2008 by a group of professionals committed to the promotion of evidence-based policy and practice in support of the older population. The mission of the CSA is to create a hub for research, education, policy formulation, and training on aging in Lebanon and the Arab region. Its motto is "Translating Research into Policy and Practice" (TRIPP).

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CENTER FOR STUDIES ON AGING  
TRANSLATING RESEARCH INTO POLICY & PRACTICE

## POLICY BRIEF

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## OLDER PEOPLE IN LEBANON VOICES OF THE CAREGIVERS



United Nations Population Fund

# POLICY BRIEF

## OLDER PEOPLE IN LEBANON: VOICES OF CAREGIVERS

This Policy Brief is the first of a series that looks at the research and policy challenges of aging in Lebanon and the Arab World. It focuses on the types of family-based support available for older people in Lebanon and aims at triggering debate on the implications of demographic changes and shifts in household structures and family roles on the provision of care for older people. The brief also raises issues about the future of informal and paid family caregivers.

### INTRODUCTION

As in other regions of the world, socio-economic changes and the commitment of more resources to health care brought about to Lebanon an increase in the number and proportion of citizens living into old age and the sophistication of their needs. These needs are mainly focused on health and social care and have been the responsibility of the more active and productive segments of the society. In high income countries, much of this equation has been institutionalized through governmental retirement schemes based on individual contributions or funded through national taxation. Owing to the lack of policies and of social safety nets in low and middle-income countries, the onus of social, health, as well as, economic support of older adults falls almost entirely upon the family.

While socio-cultural ideals and religious norms continue to espouse the family-based model as the core element for the protection of older people in Lebanon, the customary role of the family caregivers can no longer be assumed as secure. The transition from large extended families to small nuclear ones accompanied with financial hardship, high rates of emigration among young Lebanese and the increased entry of women into the labor force have created a relative shortage in family members available for the provision of care, especially for the older members.

Additionally, the presence of a retired dependent parent suffering from several co-morbid conditions frequently absorbs the savings of families through loss of income and the catastrophic cost of medical care. Evident constraints of providing publicly-funded care for the growing numbers of older people in Lebanon makes recognition of the role of family caregivers all the more essential for sustaining older adults' quality of life. However, this will only work if the benefits of family caregiving and the needs of the caregivers are recognized, assessed, valued and supported by public measures.

It is estimated that the continuous conflict and turmoil in Lebanon over the past three decades has driven some 20 per cent of the population, mostly youth and recent graduates, to migrate. The implication of this outflow is two-fold:

- Reduced opportunities for intergenerational co-residence and an increasing number of older parents living alone. The percentage of older adults living alone in Lebanon is amongst the highest in the region.
- Acts as an important source of remittances to the country and enhanced financial support to older parents.

### SOCIO-DEMOGRAPHICS

During the past three decades, rapid declines in fertility in Lebanon (to 1.9 children per woman in 2007) and mortality (to 7 deaths per 1,000 individuals), especially among children less than five (to 29 deaths per 1,000 live births) have created a compressed demographic transition, a larger share of older adults, and an increasing trend towards survival into later life (PAPFAM, 2004; CAS 2007).

Amongst Arab countries, Lebanon has currently the highest percentage of older persons aged 65 years and above (7.4 per cent), and this is projected to increase to 10.2 per cent and 19.3 per cent of the population by the year 2025 and 2050, respectively (Sibai et al., 2004; ESA, 2009). Those above 80 years will more than quadruple during the same period (0.9 per cent to 1.6 and 4.3 per cent, respectively).

Trends in ever schooling in Lebanon show that men tended to gain access to education earlier and to complete a higher average number of grades than

women. However, because of faster gains in schooling among women, gender gaps in educational attainment will diminish among the future generations of older adults. Currently, some 56 per cent of older women and 27 per cent of older men are illiterate (CAS, 2007), and 63 per cent and 46 per cent, respectively, have had no formal schooling (PAPFAM, 2004). Also, 67 per cent and 38 per cent, respectively, report being financially dependent on others, mainly on children (75 per cent) (PAPFAM, 2004).

### CHANGES IN FAMILY STRUCTURE AND ROLES

Declines in fertility together with gains in schooling and employment among women have altered the construction of women's social identity over the life course and have increasingly required women to face the competing demands of raising children, earning a wage, as well as caring for frail older parents and parents-in-laws (Yount and Sibai, 2009). One practical response in the West to the conflicting demands of work and caregiving roles for younger generations has been the rise of formal, long-term care facilities in different forms (e.g. long term care, sheltered housing, and home care). In Lebanon, however as elsewhere in the Arab region, placing an older parent in institutions is stigmatized and is considered as the last resort in the case of frail or disabled older members and only when other channels of support fail (less than 1 per cent of older people in Lebanon are institutionalized).

Since religious and cultural values place great respect and value for elders with concomitant obligations upon families to support them in old age, the majority live at home and receive care from their children, spouses, or other close relatives. However, with increasing longevity, and shift in disease patterns to degenerative chronic diseases and a greater number of persons with disabilities, also exacerbated by chronic and recurrent economic crisis, the family model of old-age care is rapidly losing its ability to carry the totality of the emerging needs while social protection nets are either stagnant or regressing.

Living arrangements of older adults in Lebanon			
Living arrangements	Total	Men	Women
	%	%	%
Alone	11.8	6.2	17.4
Spouse only	22.2	27.8	16.7
Spouse and children	49.3	56.9	41.8
Spouse and non-children others	1.7	2.1	1.4
Children and non-spouse others	10.5	5.2	15.7
Non-spouse and non-children others	4.5	1.8	7.1

Source: The PAPFAM Survey, 2004

### FAMILY-BASED OLD AGE CARE

Older persons in Lebanon continue to rely on relatives for care and shelter, when needed. This type of informal care is often considered 'a woman's job'. With time, caregivers develop skills and a personal sense of reward and satisfaction for fulfilling familial and religious obligations towards the aged. Family caregiving has been linked to a reduction in expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public. In developed countries, where institutionalization rates are over five times more than those in Lebanon and the Arab region, it is estimated that the national economic value of the informal caregiving amounts to more than double national spending for nursing home care. However, caregiving to a cohabiting elderly person carries significant emotional strain, physical health problems, financial burdens, and foregone work as well as social opportunities. Consequently, families are increasingly opting for a new form of in-home care given by full-time, live-in foreign domestic workers. This is not an

- Nearly half of older people (aged 65+) living at home suffer from multiple co-morbidities (3 or more chronic conditions).
- 14.6 per cent are physically disabled and need help with ADL (17.6 and 11.5 per cent among women and men, respectively).
- Around one third (32.4 per cent) of those aged 80+ are disabled and 16.7 per cent are frail.

Source: The PAPFAM Survey, 2004

alternative, but a short term solution to the constraints endured by family members.

Over the past two decades, the employment of such migrant labor for domestic work has become increasingly popular among middle and upper income households and has begun to represent a core part of the care of older people in the country. These migrants often work with precarious contracts and conditions and frequently live in residence with the older person, in order to guarantee a 24-hour/day, 7-day/week supervision. They play the role of a house-maid as well as a companion, and provide long-term care to older people, who are dependent on help in daily living. This form of support retains the 'family' orientation for elder care, contributes to delaying or lowering institutionalisation rates and provides an economic convenience, notably for the privileged families.

However, migrant caregivers have no formal qualifications and lack moral commitment or filial attachment to the older person. There is thus the potential for abuse, possibly financial as well as emotional, from the domestic worker towards an older person, a factor which requires urgent exploration as the degree of frailty increases.

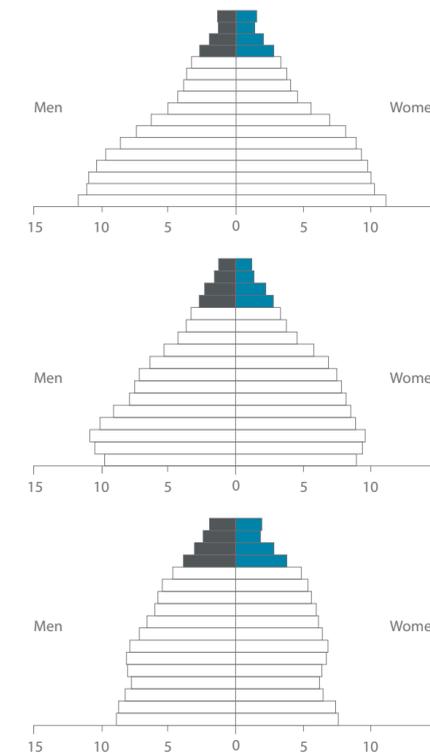
In addition, long-term care whether provided by family members or paid-caregivers is a physically and mentally arduous responsibility, and it is not unusual as a result for such carers to incur health problems themselves. Studies conducted in Lebanon and elsewhere document the precarious state of physical and mental health of family caregivers who look after an older impaired relative at home, particularly those with memory loss (Seoud et al., 2007). A large number of the primary caregivers deem the support received from other relatives and friends to be insufficient (Atallah et al., 2005).

Family caregiving represents a tremendous financial asset for the public, but an unrecognized financial liability for most caregivers.

- A typical family caregiver in Lebanon is a 46 year old married daughter providing support to a 76 year old widowed frail female, with no insurance coverage.
- Nearly 33 per cent of family caregivers are employed, the majority full-time.
- Whereas older disabled men tend to receive support from an informal family caregiver, older disabled women are four times more likely to receive help from a paid domestic worker (16.8 per cent and 4.2 per cent, respectively).

Source: Seoud et al., 2007 and PAPFAM Survey, 2004

Age-sex structure and changes in population pyramid Lebanon, 1995-2005-2025



Source: Sibai et al., 2004