



University of HUDDERSFIELD

University of Huddersfield Repository

Halsall, Jamie P. and Cook, Ian G.

Ageing in the Middle East and North Africa: A Contemporary Perspective

Original Citation

Halsall, Jamie P. and Cook, Ian G. (2017) Ageing in the Middle East and North Africa: A Contemporary Perspective. *Population Horizons*, 14 (2). pp. 1-8. ISSN 1746-1081

This version is available at <http://eprints.hud.ac.uk/id/eprint/32675/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Ageing in the Middle East and North Africa: A Contemporary Perspective

Jamie P. Halsall^{1*} and Ian G. Cook²

Abstract: One of the central themes in the study of population growth has been ageing. Ageing in the world's population has grown into a dominant demographic feature in twenty-first century society. An ageing population is the result of many contributing factors including the improvement of the health care system. The Middle East and North Africa (MENA) in recent years has attracted much interest from scholars, policy makers and social gerontology. By applying the geographical case studies of the Middle East and North Africa (MENA) this paper critically explores the issues and debates of ageing in a social policy context.

Keywords: Ageing, Civic Society, Policy, MENA

DOI 10.1515/pophzn-2017-0001

Received 27 February 2017, Accepted: 12 July 2017

1. Introduction

“Age structure changes in the countries of this region are accompanied by other significant transformations such as greater urbanization, changes in patterns of fertility, and changes in family structure including living arrangements and migration within the region for economic, political and other reasons. Other larger economic and social changes also contribute to the reshaping of the region at both the macro and micro levels. These broad changes affect and are affected by the various cultures of the peoples in the region.”

(Glicksman and Aydin, 2009, p. 1).

The above citation is taken from a special journal editorial that focused on an increasing academic awareness of Ageing in the Middle East and North Africa (MENA). In the editorial the authors argue that ‘The Middle East is a region of the world that is in a state of flux in regard to the age distribution of its residents’ (Glicksman and Aydin, 2009, pp. 1-2). The authors go on to explain the use of the term ‘flux’ as ‘referring to the continuing societal change occurring across the region’ (Glicksman and Aydin, 2009, pp. 1-2). These changes

in age distribution have instigated contemporary academic thinking on population ageing.

From a geographical context, the Middle East and North Africa is frequently referred to by politicians, institutions and scholars as the MENA region. The region itself covers a vast geographical area extending from Morocco to Iran and encompasses all Middle Eastern countries. The region is distinct in terms of social, economic, cultural and religious dimensions. In a paper by Parkash, et al. (2015) the authors have argued that in the MENA region the political, economic, and social leadership are urged to re-define and modernize the social policy programmes that create a sustainable and healthy ageing population. Their conclusion recommends:

“The success in global aging is a good barometer of medical, social, and economic advances. However, population aging also presents special challenges to health care systems, social insurance and pension schemes, and existing models of social support. It affects economic growth, disease patterns and prevalence, and fundamental assumptions about growing older [...] Addressing the health care and economic needs of increasing numbers of elderly will also require a delicate balancing act with the needs of other populations as well as political courage to

*Corresponding author: j.p.halsall@hud.ac.uk

¹School of Human and Health Sciences, The University of Huddersfield

²School of Humanities and Social Science, Liverpool John Moores University

© BY-NC-ND © 2017 Jamie P. Halsall, Ian G. Cook

This is an open access article licensed under the Creative Commons Attribution-NonCommercial-NoDerivs License (<http://creativecommons.org/licenses/by-nc-nd/3.0/>)

Brought to you by | University of Huddersfield
Authenticated

Download Date | 8/11/17 4:17 PM

support often very expensive programs. The time to provide such measures is now because the cost of missing this opportunity will be high.”

(Parkash, et al., 2015, pp. 10-11)

This paper is informed by these notions. The aim of this paper is to analytically examine the contemporary social policy debates in ageing in the geographical MENA region. To meet this overall aim the paper is divided into four sections. The first two sections provide a critical insight into the academic debate on the concept of ageing and the great importance that civic society plays in the age of austerity. Then, the paper briefly presents the methodology position of the research. Finally, the paper provides an appraisal of the past and current trends for the ageing population in the Middle East and North Africa (MENA).

2. Theorising Ageing

In one sense, population ageing is simple and straightforward: more people are living longer. And yet, this simplicity masks a whole series of difficult and complex questions about ageing. As has been suggested elsewhere, for example, an ageing society is generally recognized as being one in which 7% or more of the population is aged 60 or over (Cook and Halsall, 2015). Within a society that has high birth rates and high death rates this percentage is difficult to achieve. Even if death rates decline, high birth rates can continue to mask ageing, and so there is a link to human fertility levels, and thus to gender and cultural issues within a society. Patriarchal attitudes, for example, may demand large families as a means of enhancing family status, wealth and prestige, and lead to pressures on women to be child producers and devote themselves primarily to the internal dynamics of family and household life. When this is linked to patrilocal residence and patrilineage, as has been found traditionally in China for example, or the Arab world (Yount and Sibai, 2009) then a ‘patriarchal bargain’ occurs (Yount and Sibai, 2009, p. 291), in which the male is the head of the household, the main breadwinner, and the female is dependent not only on her husband but also on other male kin within the extended family. Modernization can change or disrupt such a bargain as women seek greater independence and opportunities, both within and outside of the home, and childbearing is no longer seen as the be all and end all of female life.

Poverty is another key element in this process of change towards an ageing society. Societies with high fertility levels tend also to have high rates of infant mortality and poverty, being caught in a vice whereby there is pressure to have male children particularly in order to provide security for one’s old age; yet, the resultant high population levels, notwithstanding high rates of infant mortality, in turn limit wealth per capita and potentially constrain life expectancy due to associated diseases of poverty and lack of a welfare system. Until recently, MENA has been caught in such a vice; total fertility rates (TFRs) were high and life expectancy was low:

“In 1950-55, 8 of the 23 countries [...] had life expectancies at birth below 40 years. In 12 of the 23 countries, life expectancies at birth ranged from 40 to 49 years and in only 3 countries did life expectancies at birth reach 50-59 years.”

(Yount and Sibai, 2009, p. 279)

It was not until the twenty-first century that the region caught up with other parts of the world via social change, introduction of pensions and health care improvement for example, to reach the 7% level of aged 60 or over noted above, and it is estimated that by 2050, the ‘Western Asia’ part of MENA will reach 18% and the ‘Northern Africa’ part 19%, if current trends continue (Dummer, Halsall and Cook, 2011, p. 311). As for the 23 Arab countries specifically, three will reach life expectancies of 60-69 years, thirteen will reach 70-79 years and seven will reach 80 years or more (Yount and Sibai, 2009, p. 279). As has already occurred in many other countries, more women than men will reach these older ages and so the ‘feminization’ of age will take place, as elsewhere. This in turn will affect the discourse on ageing, which currently tends to be dominated by the biomedical model in which ‘they’ are in control of your body; ‘they’ being predominantly male experts, consultants and physicians who command the technologies of ageing that are unleashed in the ‘war’ with cancer, the ‘battle’ against heart disease and the ‘struggle’ with dementia, for example, via a neoliberal agenda linked to modernization and urbanization (Cook and Powell, 2007; Parker, Khatri, Cook and Pant, 2014). The patriarchal bargain noted above is no longer the patriarchal bargain of old traditions, but is reborn and reshaped as the patriarchal bargain of the new, gleaming modernities in high-tech hospitals and medical centres.

Within MENA, there is a further resource dimension to this projected increase in life

expectancy, resource in terms of economic cost, but also of environmental resources such as oil and water. Oil has become an essential component of economic wealth in the region, with recent declines in oil prices having an adverse effect on State revenues; although, some countries such as Saudi Arabia have sufficient reserve funds (\$700 billion according to Bowler, 2015) to withstand shortfalls, whereas Libya or Algeria for example, require prices to be far higher than in recent times in order to be able to balance their budgets. Due to the rapidity of ageing in such developing societies, compared to countries like Sweden or France where ageing took over a century (Cook and Halsall, 2012): ‘their already stretched and under-resourced social and healthcare systems are likely to struggle to deal with the burgeoning ageing population’ (Dummer, Halsall and Cook, 2011, p. 317), and older people are likely to be affected more than most other parts of the population by revenue shortfalls in the affected countries. Similarly, as Vidal (2015) summarizes from a World Resources Institute Report, water supplies are due to deteriorate in this region over the next 25 years, as the combination of high temperatures, overuse of water and “chronic mismanagement” lead to a major impact on economic growth and national security. Fourteen countries in MENA are on the list of 33 countries most at risk globally. Again, it will likely be older people who are potentially most vulnerable, as are the young, to the instability to which water shortage will contribute. Already it is said that drought and water shortage contributed to the conflict in Syria, and to the consequent massive population displacement. Theorisation of ageing in MENA must, therefore, analyse a wide range of contributory factors in order to more fully understand the context within which ageing takes place in any specific location.

3. The Role of Civic Society

Many, perhaps most, external perceptions of MENA are dominated by images of conflict, between Israelis and Palestinians, Sunni and Shia Muslims, ISIL/*Daesh*/Islamic State and others in Iraq and Syria, Libya and elsewhere. And yet, away from the gunfire and the oppression lie deep-rooted traditions of societies that give support to each other via voluntary and charitable acts that encourage community cohesion and mutual aid. There are several studies of examples of sociability, growth of social capital and community development in a number of countries across the

globe (Cook, Halsall and Wankhade, 2015; Halsall, Oberoi, Cook and Wankhade, 2013). These argue, for example, that sociability is a key feature in human society, notwithstanding the drive for competition and conflict that is also found. Without sociability, families and social groups would be left to fend for themselves in a war of each against all. With it, social capital can be nurtured and grown via a process of what Battilani (2011, p. 158) called ‘sustained group-level co-operative behaviour’, such that the social resources of the society can enhance the wellbeing of even the poorest members of society and enable the society to be resilient in the face of both internal and external threats. Social networks, institutions and opportunities for public engagement and involvement are key elements in this move towards a better future, one in which community development, for example, facilitates collective action and a response to local grassroots situations and conditions.

Within the MENA region, these concepts have tended to be expressed via religious faith groups, given that the Middle East in particular is the crucible of three of the world’s main religions: Judaism, Christianity and Islam. Each of these religions offers a community dimension via key ideas of voluntarism and charitable giving (Arjomand, Feierman, Ilchman, Katz and Queen, 1998). Judaism, for instance, established the idea and practice of the *kibbutz*, which is a collective agricultural organization that was first established in 1909 at Degania (Baratz, 1956). Although there has been criticism of the *kibbutz* model in recent years due to the impact of neo-liberalization, which has led to the introduction of differential salaries for differential work, contrary to the original ideals of equal pay for equal work. Dagan, for example, argues that there has been a recent revival that is largely due to the communal concept of *shिताfi* that has been attractive to many younger people (Dagan, 2010). Similarly, the concept of *tzedakahis* a key feature of Judaism, the charitable giving of 10% of income (www.jewfaq.org), while in Christianity the parable of ‘The Good Samaritan’ is indicative of how a Christian should aid someone in need, regardless of their background, and underpins charitable works in different parts of MENA where Christians are found. And then for Islam there are concepts that include community giving ideas of *ummah*, or *waqf* or the month of *Ramadan* itself in which, apart from fasting during the hours of daylight, charitable giving via *Zakat* is a key feature, particularly giving for the less fortunate (Harrison and Alwan, 2016).

Across MENA, we suggest that it will be crucial that such concepts as these, whichever religion they emanate from, plus other ideas from secular traditions, are developed and applied in order to aid the growth of a civic society that transcends public or private sector funding. This is not to say that social capital or community engagement are easy to develop; they are not, but in our research the authors are confident that there are sufficient examples from across the globe, in highly diverse circumstances, to ensure that a combination of local initiative and external expertise can nurture the seeds of a lasting and resilient civic society across the region. Below, we shall provide examples of how such ideas can be applied to ageing *per se*, but firstly we present a brief summary of the methodology that underpins this paper.

4. Methodology

In writing this paper the authors have used the qualitative theorising research approach. This stance in social research has become popular in the social science discipline. For example, Alasuutari (1996) notes that there has been ‘interplay’ between theory and qualitative research. In the judgment by Alasuutari (1996) the social science discipline theory is driven around the collective social instrument that enables the theory to explain. Coupled with this is the notion that ‘qualitative inquiry deals with a singular case, within the notion of theory - and the underlying ontology - the case analysis is supposed to shed light on such a general system or mechanism’ (Alasuutari, 1996, p. 372). The authors of this paper have used a qualitative theorising research approach in other previous studies (Cook, et al., 2015; Halsall, 2015; Cook and Halsall, 2011) and found this technique beneficial as it provides a holistic approach when dealing with knowledge exchange. Knowledge exchange in the authors’ work (Cook and Halsall) has allowed the wider academic community and other interest groups (e.g. public/private institutions, NGOs) to create dialogue in the subject matter.

The authors have used a number of up-to-date academic sources in the research field. Furthermore, documentary data sources have been scrutinised, and varied sources such as media information and policy reports. Using a documentary data source as a method has allowed the authors to provide a contemporary insight into the economic, social, political and cultural challenges in the MENA region. Moreover, Mogalakwe

(2006, p. 222) notes that applying the documentary data source method ‘requires rigorous adherence to research protocol’ in relation to qualitative data analysis.

For this research the authors have applied thematic analysis. Thematic analysis enables the authors to identify, study and note patterns from the documentary data sources. The research applied a six-stage thematic analysis developed by Braun and Clarke (2006):

1. “Familiarising with the data
2. Create codes
3. Investigate for themes
4. Review the themes
5. Define and name the themes
6. Write a report.”

(Braun and Clarke in Halsall, et al., 2015, p. 316)

After these stages were followed the authors scrutinized the results, thus allowing them to compare and contrast with the literature review.

5. Population Ageing in the Middle East and North Africa (MENA)

The MENA population rates have attracted much critical attention in recent years (Yorulmaz, 2016; Masoumi, 2014; Ncube, et al., 2014). A World Population Ageing report written in 2015 by the United Nations examined the global population projections in the current social and economic climate. The report highlights that in the Middle East 30% of older people obtain a pension, whilst in North Africa the pension coverage is almost 37% (Department of Economic and Social Affairs, 2015, p. 84). The populations that live in the MENA region have traditional cultural values. At the heart of the population’s cultural values is a strong emphasis on family, and more importantly, admiration for elderly people. However, what has become evident in recent times is the way in which family structures are changing, in part due to the neoliberalization noted above. Moreover, Parkash, et al. (2015, p. 9) state that:

“Faced with a different kind of the realities of present day living conditions, several families are not able to properly look after their elderly resulting in sending the elderly to nursing homes (Abyad,

1996, 2001). However, the political ruling classes still assume that families will take care of their own elderly. The changes in this setup of socio-economic patterns demands for provision of long-term care as an important part of health care structure (Abyad 1996, 2001; Kinsella and He, 2009).”

The demographic patterns in the MENA region with regards to the elderly populations is one of increased levels of longevity. As stated earlier in this paper, people are living longer than ever before due to improvements in the health care system. A paper written by Patrick Clawson for the Washington Institute predicts that within ‘a few decades, the Middle East is expected to experience a rapid increase in the elderly population, which by 2050 will exceed the number of children in many of the region’s countries’ (Clawson, 2009, p. 1). As we note below, even a country like Egypt that currently has high numbers of those aged 15 years or less is forecast to be in this situation. Research carried out by the Rockefeller Foundation in 2011 notes that life expectancy in the MENA region is on the increase. Furthermore, the improvement in life expectancy is due to the better medical facilities that are available. The Rockefeller Foundation states that: ‘Life expectancy across the Arab world averages nearly 68 years, up from 52 in 1970-75. In 2000, approximately 10 million people in the MENA region were aged above 65 years; in 2030, this bracket will constitute roughly 50 million’ (2011). These observations are comparable with the Population Reference Bureau, who in 2001 made elderly population forecasts that caused the prediction for Egypt and Saudi Arabia. As the MENA policy brief notes, ‘the elderly population of Egypt (60 years and older) is expected to grow from 4.3 million in 2000 to 23.7 million in 2050. Saudi Arabia’s elderly population is expected to grow from 1 million in 2000 to 7.7 million in 2050’ (Population Reference Bureau, 2001, p. 3).

The rise in the elderly population in the MENA region has had significant ramifications for the expenditure and structure of health and social care

systems. Parkash, et al. (2015) have warned that governments across the MENA regions are facing a number of social and economic challenges ranging from adequate clean water, employment, education, health care and housing in a geographical region where population is rapidly increasing. In 2016, for example, Egypt had to agree a three-year \$12 billion loan package from the IMF in order to shore up its economy, which has high budget deficits (Britannica, 2017). Figure 1 offers a summary that has been created by Parkash, et al. (2015) that provides an overall picture of the challenges facing the ageing population in the MENA region. To these we can add that it is difficult to see how rapid population increase can be sustained in the face of the resource constraints, especially current and projected water shortages of the type we note above.

Research carried out by Hajjar, et al. (2013) notes that in the Middle East the geographical area is enduring considerable adjustments in its population and health connected issues. One commanding feature is that chronic, non-communicable diseases are replacing infectious diseases. It has been calculated that non-communicable diseases make up 47% of the Middle East’s illness and by 2020 it is estimated that this could rise to 60%. As Hajjar, et al. (2013, p. 12) observe:

“In a recent survey in nine Arab countries, the percentage of older adults suffering from at least one chronic disease ranged from 13.1% in Djibouti to 63.8% in Lebanon, with a rate of 45% in the majority of countries. Cancer rates vary in the region, with elevated rates of lung and bladder cancer noted among men in Tunisia, Algeria, Jordan, Egypt, and Lebanon, and of breast cancer among women in Israel and Lebanon: age-standardized-rate (ASR) 91.9 and 71, respectively.”

More ominously, Hajjar, et al. (2013) state that according to registry data in the Middle East the information demonstrates a rise in cancer disease. The

-
- "Kuwait, most Persian Gulf states, and Saudi Arabia having substantial financial resources with a relatively smaller population and rapid development.
 - Algeria, Egypt, Israel, and other countries with less financial resources and significantly more population but having several larger medical establishments and more trained medical personnel.
 - Iran, Iraq, Lebanon, and other countries that have faced several devastating wars resulting in reduced number of medical establishments."
-

Source: (Adapted from: Parkash, et al., 2015, p. 9)

Figure 1: The demographic and economic characteristics of the MENA region.

pattern of the rise in cancer patients is illustrated in the following countries, namely Lebanon, Turkey and Sultanate Oman. Figure 2 presents an overall ageing picture in relation to cancerous diseases.

A research study undertaken by Sibai, et al. (2014) discovered that there are other health concerns in the MENA region. In their report they identify two areas: (1) disability and impairments in the elderly population, and (2) mental health. The report states that for disability and impairments:

“Wide variations in physical dependence among older Arab persons are noted across countries and by gender. High prevalence rates of limitations in activities of daily living (ADL) were reported in Egypt, Jordan, Lebanon and Tunisia (varying between 25 and 38 percent) followed by the UAE and Saudi Arabia (17–19 percent).” (Sibai, et al., 2014, p. 36)

Sibai, et al. (2014) have noted that mental health data in the MENA region is lacking and according to work by Okasha (2003, p. 41) the cultural beliefs of using a ‘traditional healers’ to deal with mental health is somewhat complex. However, the study suggests that depression is the most prevailing psychiatric complication amongst the elderly population. It has been indicated that, in terms of the population ‘over 50 percent in Tunisia, 35 percent in Saudi Arabia and 23 percent in Jordan and Lebanon’ are affected (Sibai, et al., 2014, p. 36). Depression as a mental health issue is higher in women, the elderly, divorced, separated and those who are widowed. The report goes on to warn that dementia is progressively

becoming a prevalent cause of cognitive impairment amongst the elderly. A high portion of suffers are diagnosed as having Alzheimer’s disease. As Sibai, et al.(2014, p. 36) note:

“In the Middle East and North Africa (MENA) region, the estimated number of people with dementia is expected to grow exponentially from 1.2 million in 2010 to over 2.5 million in 2030 (Alzheimer’s Disease International, 2009). Epidemiological studies on dementia in Arab populations have rarely been reported. A single prevalence study among people 60 years and older in the Assiut province of Egypt revealed an overall prevalence of clinically diagnosed dementia of about 5 percent, increasing to 19 and 25 percent, respectively, among men and women aged 85 years and older.”

Across the MENA region there are a number of support groups and associations that support the elderly with particular health concerns. However, a recent article by Hussein and Ismail (2016) noted that in the Arab states there is more work required on policy initiatives to set up a sustainable and official long-term care provision to support people who provide for elderly and disabled family members. Moreover, Hussein and Ismail (2016, p. 11) called for more emphasis on joined up thinking with governments in the with region and policy makers:

“One strand of policies relates to increasing access to care facilities, such as the availability of services including community based care. Very little information is available on the levels or use of care homes or long-term nursing or social care

• **Lebanon:**

“The number of new cases of cancer in Lebanon has increased steadily over the past decade, according to the National Cancer Registry of the Ministry of Public Health and WHO. In 2004, the most recent year for which data was provided, 7197 new cases of cancer were reported, representing a modest increase over the previous year.”

• **Turkey:**

“Aging is one of the fundamental factors in the development of cancer. Given the fact that almost 60% of cancers are connected to aging, health policies in Turkey should be reconsidered in this context.”

• **Sultanate of Oman:**

“A significant increase in cancer incidence is projected in Oman due to aging. Globocan predicts an increase there from 949 cases in 2010 to 2451 cases by 2020 and 3792 cases by 2030. Factors such as changes in smoking habits, diet and lifestyle, are not included in this analysis.”

Source: (Adapted from: Hajjar, et al., 2013, p. 14-17)

Figure 2: Current ageing health challenges facing: Lebanon, Turkey and Oman.

in the region, with studies limited mainly to Egypt, Kuwait, Lebanon and more recently Jordan. In a number of the Arab countries, including Egypt and Tunisia, some universities and voluntary sector initiatives play an important role in providing basic health and care services, usually staffed by students and volunteers, to poorer older people. These might be expanded and encouraged by policies or offered financial incentives in the form of tax relief or other benefits.”

To tackle this problem head on Hussein and Ismail (2016) believe that there should be greater investment in the programmes that would support and facilitate health care provision. This can be achieved by a stronger relationship between civil society organisations and the state, thus allowing institutions to develop new health programmes in the geographical region. Hussein and Ismail stress ‘a particular need to foster a regulated and well-organised home-based care service, this would facilitate caring for older people while remaining within their own families and communities’ (2016, p. 12). For this to work, greater involvement from the private sector healthcare is required, as in Lebanon. There are other academic studies that call for similar changes in the elderly health care system in the region (Abdelmoneium and Alharahsheh, 2016). It will of course be essential that within state systems the needs of minorities are fully taken into account. The Kurds, for example, are reckoned to be one of the largest stateless minorities in the world, numbering between 30-45 million in contrasting estimates, and are a transnational community that straddles Turkey, Iraq, Syria and Iran. Alawites in Syria, Druze in Lebanon, Sunni Muslims in Iraq, Coptic Christians in Egypt and the Tuareg in the Saharan reaches of Southern Libya and Southern Algeria are other significant minorities that will have their own specific histories and cultures within the broad analysis that we present here. Further research will be required to tease out the specificities of their needs within the broad trends to which we refer here.

6. Conclusion

This article provides an analytical overview of the key social and economic challenges in ageing in the MENA region. At the start of the paper the authors present an overall geographical illustration of the MENA area. As shown, when it comes to ageing the MENA region has a well-defined society in terms of social, economic, cultural and religious aspects. The

authors offer a theoretical viewpoint on ageing from a global perspective. Globalization is now seen as a key economic force in society and thus has had an impact on the way people live, and, as the authors note in this paper, there is a great emphasis on the civil society. The common factor in a successful civil society is citizens that have common interests that create a positive, unified environment.

The paper also highlights that family structures have become vital as they act as key support mechanisms to support the elderly by providing quality health and social care. People living longer in the MENA region brings new health concerns, such as cancer and dementia. Hence, this brings new focus on health and social care systems. Providing quality health and social care comes at a cost. As found in this paper and other research by Hussein and Ismail (2016), there is a clear demand by states in the MENA area to create new policy initiatives to support the elderly. This can be tackled by redefining health and social care services by moving towards a community-based care approach. A community-based care approach is perceived by scholars and social policy makers (Abdelmoneium and Alharahsheh, 2016; Hussein and Ismail, 2016) as the best type of approach, as this concept enables health and social care programmes to be applied at a local level. More crucially, this local approach allows different social groups and institutions to work closely together.

Acknowledgements

The authors of this paper would like to thank the reviewers for their constructive comments. Special thanks go to Ms Stefanie El Madawi, who was our proofreader.

References

- Abyad, A. (1996). Family Medicine in the Middle-East: reflection on the experiences of Several Countries. *Journal of the American Board of Family Physicians*, 9(4): 289-97.
- Abyad, A. (2001). Health care services for the elderly a country profile - Lebanon. *Journal of the American Geriatrics Society*, 49: 1366-1370.
- Abdelmoneium, A. O. and Alharahsheh, S. T. (2016). Family home caregivers for old persons in the Arab Region: perceived challenges and policy implications. *Open Journal of Social Sciences*, 4(1): 151-64.
- Alasuutari, P. (1996). Theorising in qualitative research: a cultural perspective. *Qualitative Inquiry*, 2(4): 371-84.

- Arjomand, S. A., Feierman, S., Ilchman, W. F., Katz, S. N. & Queen, E. L. (1998). *Philanthropy in the World's Traditions*, Bloomington, Indiana: Indiana University Press. 398p.
- Baratz, J. (1956). *A Village by the Jordan: The Story of Degania*, Tel Aviv: IchudHabonim. 174p.
- Battilani, P. (2011). The creation of new entities: stakeholders and shareholders in nineteenth century Italian co-operatives. In: A. Webster., L. Shaw, J.K. Walton, A. Brown., & D. Stewart. (Eds.), *The Hidden Alternative: Co-operative Values, Past, Present and Future*, pp. 157-176. Manchester: Manchester University Press.
- Bowler, T. (2015). Falling oil prices: who are the winners and losers? www.bbc.co.uk/business Accessed 19 January 2017.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101.
- Britannica. (2017). *World Data: Egypt*. Chicago, 443-444.
- Clawson, P. (2009). *Demography in the Middle East: Population Growth Slowing, Women's Situation Unresolved*, Washington: The Washington Institute.
- Cook, I. G. & Powell, J. L. (2007). Ageing urban society: discourse and policy. In: F. Wu, (Ed.), *China's Emerging Cities: The Making of New Urbanism*, pp. 126-42. London: Routledge.
- Cook, I. G. and Halsall, J. P. (2012). *Ageing in Comparative Perspective: Processes and Policies*. New York: Springer. 94p.
- Cook, I. G., Halsall, J. P. and Wankhade, P. (2015). *Sociability, Social Capital, and Community Development: An International Health Perspective*. New York: Springer. 140p.
- Dagan, D. (2010). Kibbutz-diary: socialism for the 21st century, www.huffingtonpost.com/david-dagan Accessed June 14th 2017.
- Department of Economic and Social Affairs (2015). *World Population Aging 2015*. United Nations: New York.
- Dummer, T. J. B., Halsall, J. P. & Cook, I. G. (2011). Longevity in the 21st Century: A Global Environmental Perspective. *International Journal of Society Systems Science*, 3(4): pp. 307-24.
- Glicksman A. & Aydin, M. J. (2009). Introduction to Special Issue of Journal of Cross Cultural Gerontology on Aging and the Middle East. *Journal of Cross-Cultural Gerontology*, 24(1): 1-4.
- Hajjar, R. R., Atli, T., Al-Mandhari, Z., Oudrhiri, M., Balducci, L. & Silbermann, M. (2013). Prevalence of aging population in the Middle East and its implications on cancer incidence and care. *Annals of Oncology*, 23(7): 11-24.
- Halsall, J. P., Cook, I. G. and Wankhade, P. (2015). The British big society effect: the challenges of the third sector. *International Journal of Sustainable Society*, 7(4): 309-21.
- Halsall, J. P., Oberoi, R., Cook, I.G. and Wankhade, P. (2013). Understanding community governance: a global perspective. *International Journal of Asian Social Science*, 3(5): 1112-1127.
- Harrison, P. & Alwal, L. (2016). Charity in Ramadan explained: giving up food, giving back to society <https://english.alarabiya.net>. Accessed 20 June 2016.
- <http://www.jewfaq.org/tzedakah.htm> Accessed June 12th 2017.
- Hussein, S. & Ismail, M. (2016). Ageing and elderly care in the Arab Region: policy challenges and opportunities, *Ageing International*. Doi:10.1007/s12126-016-9244-8
- Kinsella, K. & He, W. (2009). International Population Reports, P95/09-1, An Aging World: 2008 U.S. Census Bureau, U.S. Government Printing Office, Washington, DC: National Institute of Aging.
- Masoumi, H. E. (2014). Urban sprawl in mid-sized cities of MENA, evidence from Yazd and Kashan in Central Iran. *Management Research and Practice*, 6(2): 25-41.
- Mogalakwe, M. (2006). The use of documentary research methods in social research. *African Sociological Review*, 10(1): 221-30.
- Ncube, M., Anyanwu, J. C & Hausken, K. (2014). Inequality, economic growth and poverty in the Middle East and North Africa (MENA). *African Development Review*, 26(4): 435-53.
- Okasha, A. (2003) Mental Health Services in the Arab world, *Arab Studies Quarterly*, 25(4): 39-52.
- Parkash, J., Younis, M. Z. & Ward, W. (2015). Healthcare for the ageing populations of countries of the Middle East and North Africa. *Ageing International*, 40(1): 3-12.
- Parker, S. L., Khatri, R., Cook, I. G. & Pant, B. (2014). Theorising aging in Nepal: beyond the biomedical model. *Canadian Journal of Sociology*, 39(2): 231-54.
- Population Reference Bureau (2001). Population Trends and Challenges in the Middle East and North Africa, MENA Policy Brief.
- Rockefeller Foundation. (2011). MENA's aging population could lead to difficult choices. <http://www.searchlightcatalysts.org/node/176> Accessed 6th February 2017.
- Sibai, A. M., Rizk, A. and Kronfol, N. M. (2014). *Ageing in the Arab Region: Trends, Implications and Policy Options*, Lebanon: The Center for Studies on Aging.
- Vidal, J. (2015). Middle East faces water shortages for the next 25 years, Study Says The Guardian. www.theguardian.com Accessed 6th February 2017.
- Yount, K. M. and Sibai, A. M. (2009). Demography of aging in Arab countries. In: P. Uhlenberg, P (Ed.), *International Handbook of Population Aging*, pp. 277-315. New York: Springer