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الشرائح التقديمية التالية هي ملكية خاصة بالمؤلفين ، ويتم توفيرها في هذا الموقع كخدمة عامة . يرجى عدم نسخ أو توزيع و إعادة نشر هذه الشرائح دون الحصول على إذن كتابى من المؤلفين المدرجين .

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Changing family structures, living arrangements and care support for the elderly in Gulf Cooperation Council (GCC) Countries: Some policy implications

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The Arab Family in an Age of Transition: Challenges and Resilience

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Aims of the research



1. To understand the socio-demographic changes in the GCC countries

2. To examine the effect of changes in family structure, living conditions on the care support for the elderly in the region

3. To suggest policy recommendations

Outline



- Demographic change across the Arab world
- Gulf Co-operation Council (GCC) consists of six neighboring countries - UAE, Saudi Arabia, Oman, Qatar, Bahrain, and Kuwait
- Drivers mainly responsible for the changes scenarios in the GCC regions?
- Emerging trend population ageing in the region?
- Need support for elderly care in the GCC countries

Motivation



Demographic transition takes place in almost all parts of the world and fertility decline has certainly played an important role in it.

Socio-economic factors combined with family planning programs have influenced people to opt for smaller family size in order to maintain a reasonable quality of life.

People move frequently from one place to another in search of jobs or education, for instance and then settle somewhere in a new place even within the same country. This is an increasing phenomena influenced by urbanization and globalization as well as individual aspirations.



People are moving away from their family members, threatening the traditional family-based aged care model operating in the majority of the region. Moreover, modernisation has encouraged many people to live on their own and away from family responsibilities that can further erode traditional beliefs and family structures.

As more and more people prefer, or are left with no choice but, to live as part of a nuclear family, traditional close proximity of living or co-residing within extended family arrangements is declining and expected to decline further.

Studies show that co-residence households play important roles in the lives of family members particularly the older generations.

Informal (Familial) resources for elderly care



- Family has been known as the main sources of informal care in many countries particularly in Asia
- Changes family size and structure
- This has reshaped living arrangements in the household
- Older people quickly became vulnerable within the household
- Traditional support systems are being challenged by increasing numbers of older people
- Who is going to pay the cost of care in old age? Is it the Individual, the Family or the Government?

Conceptual Framework



Family structure — Living Arrangement — Elderly care

The GCC Region





Data and Methods

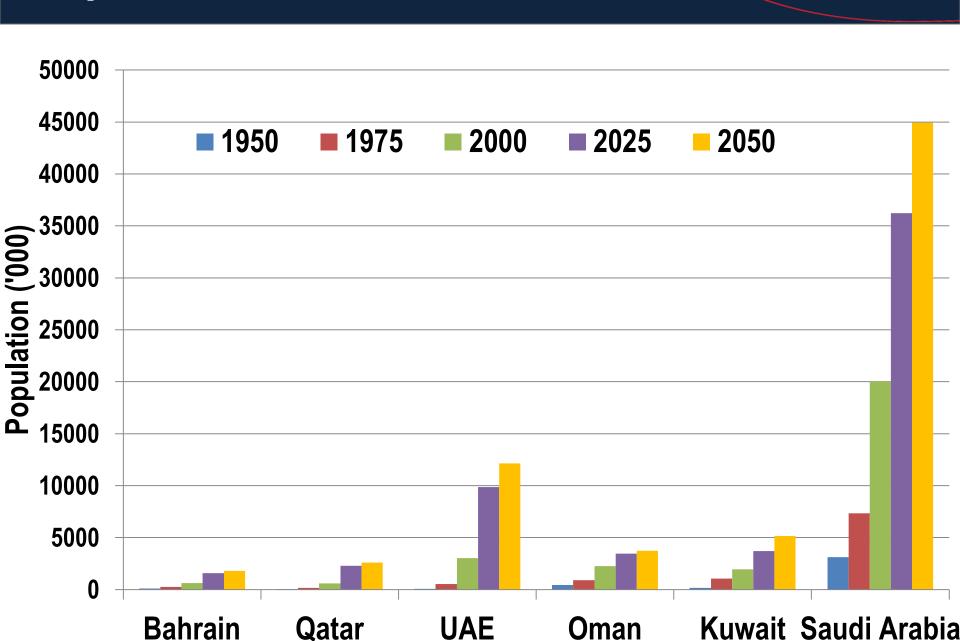


Data from secondary sources:

- > Country statistics office / GCC sites
- **➤ UN: World Population Perspectives**2012 Revisions
- **≻World Bank**
- >WHO

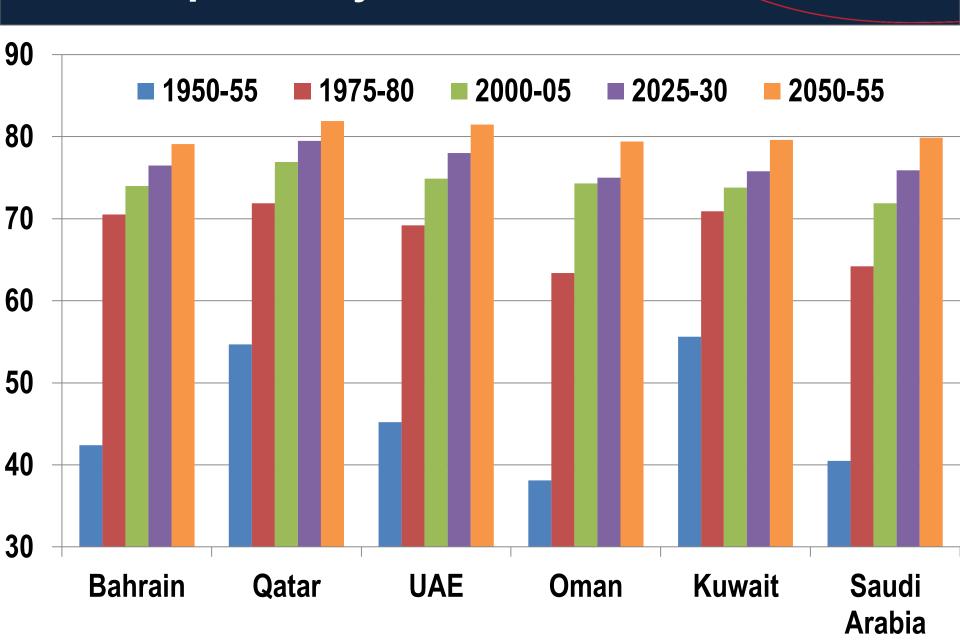
Population Trends





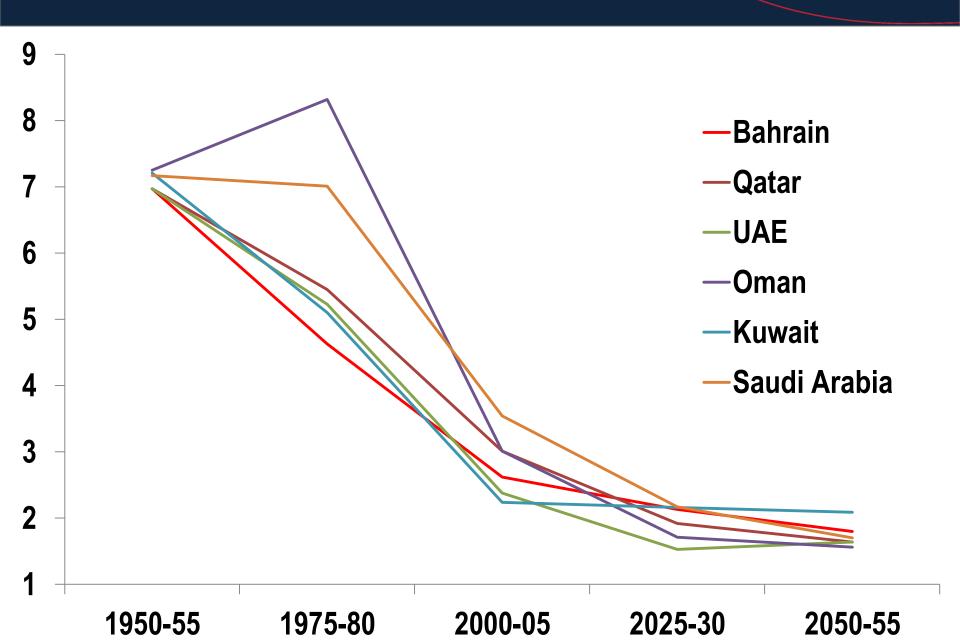
Life Expectancy: 1950-2050





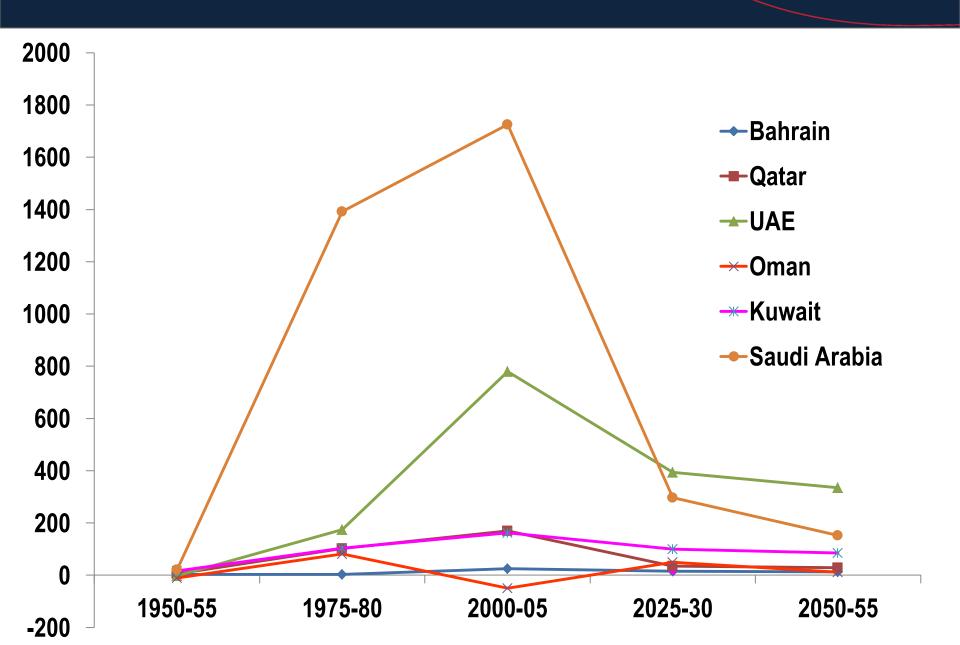
Fertility Decline: 1950-2055





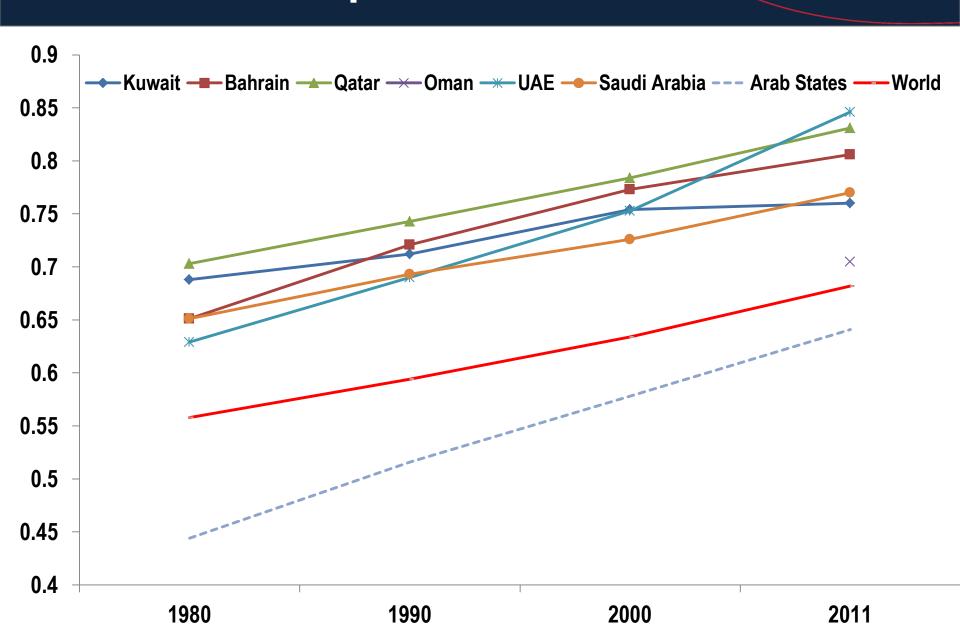
International Migration





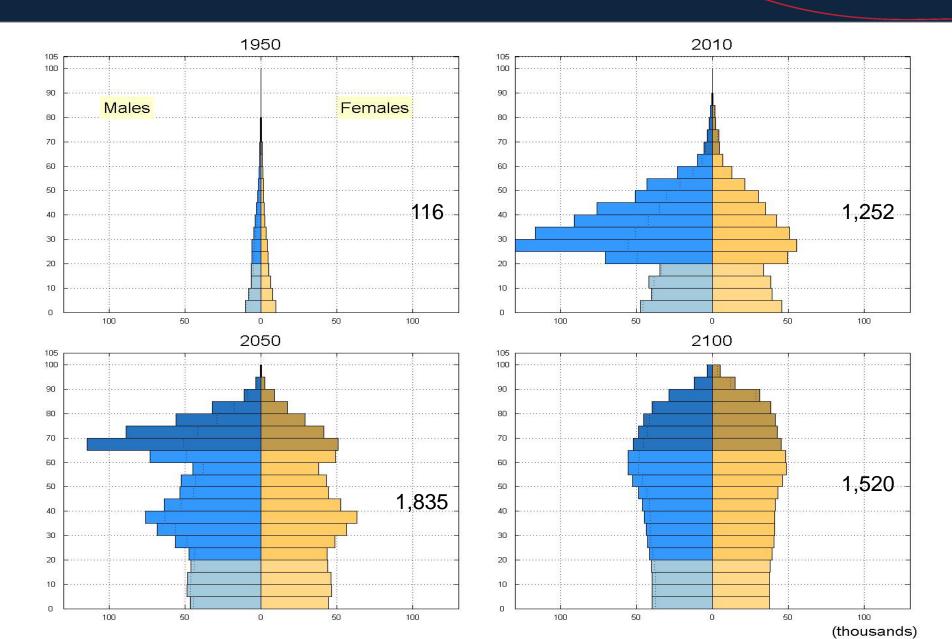
Human Development Index





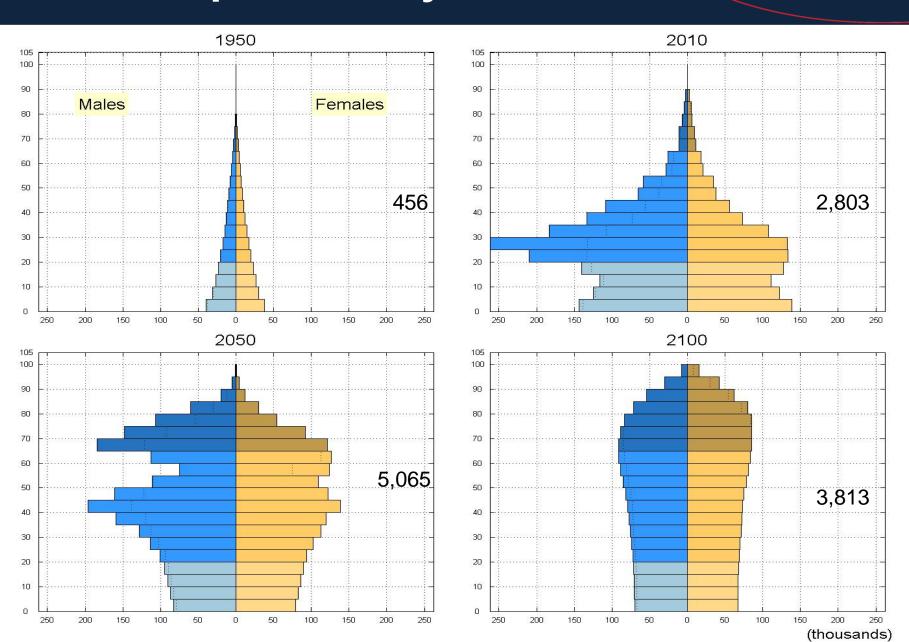
Bahrain: Population distribution





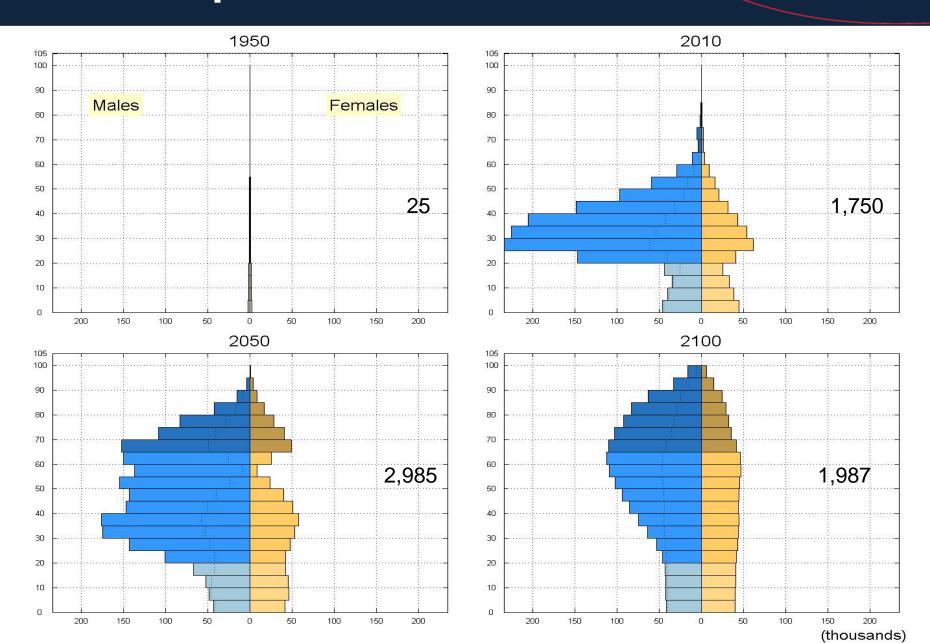
Oman: Population Pyramid





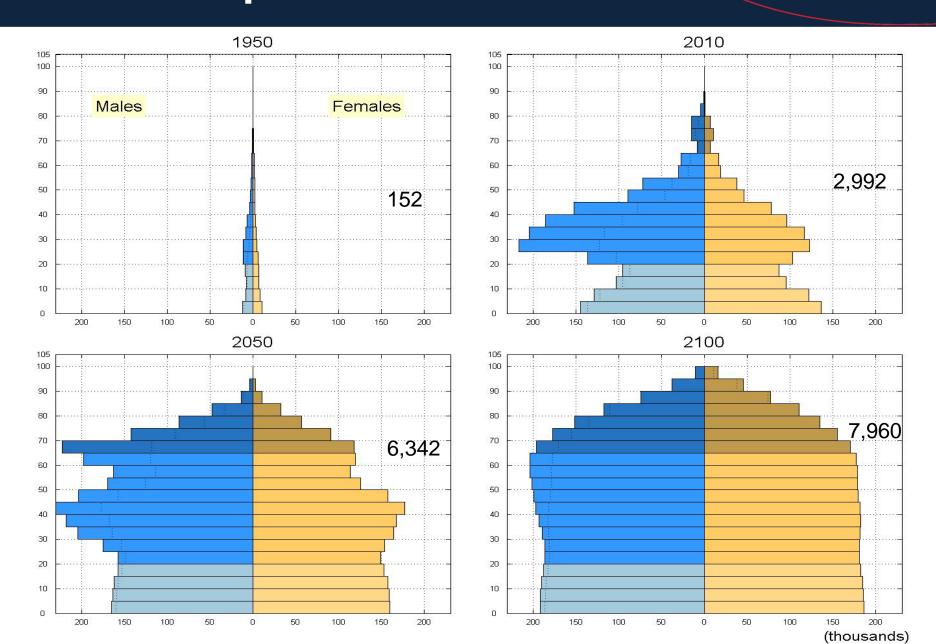
Qatar: Population Structure





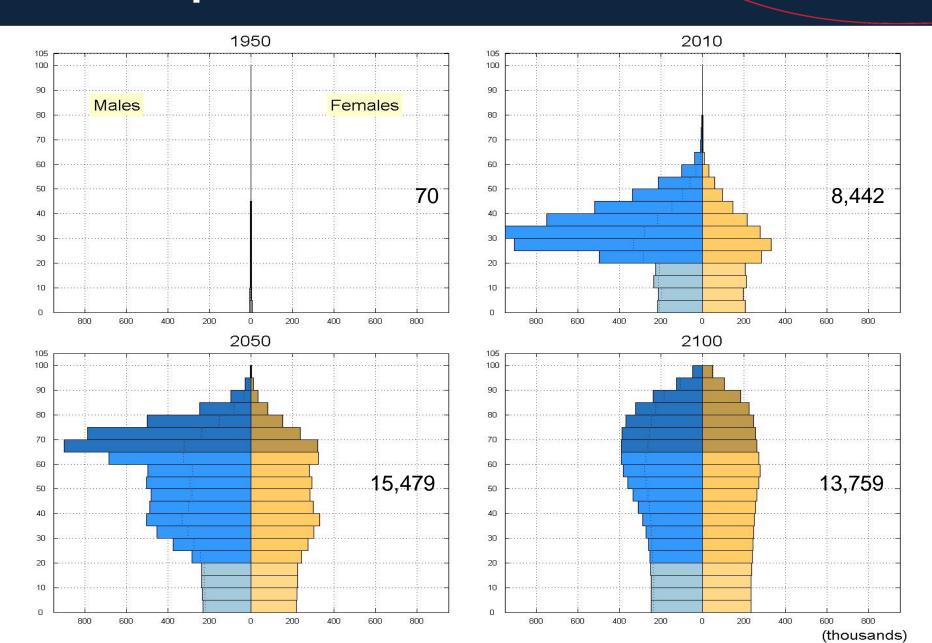
Kuwait: Population 1950-2100





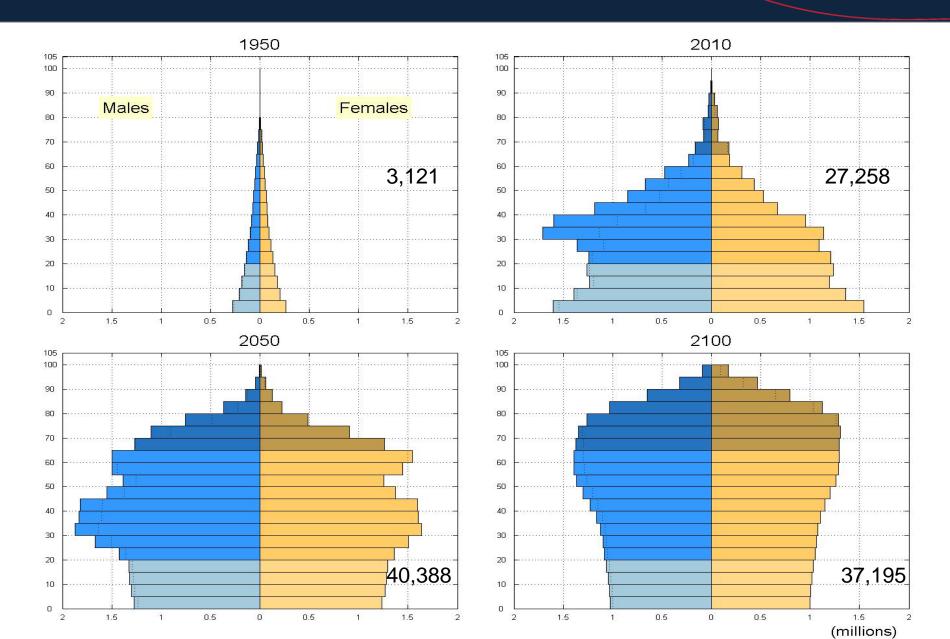
UAE: Population Distribution





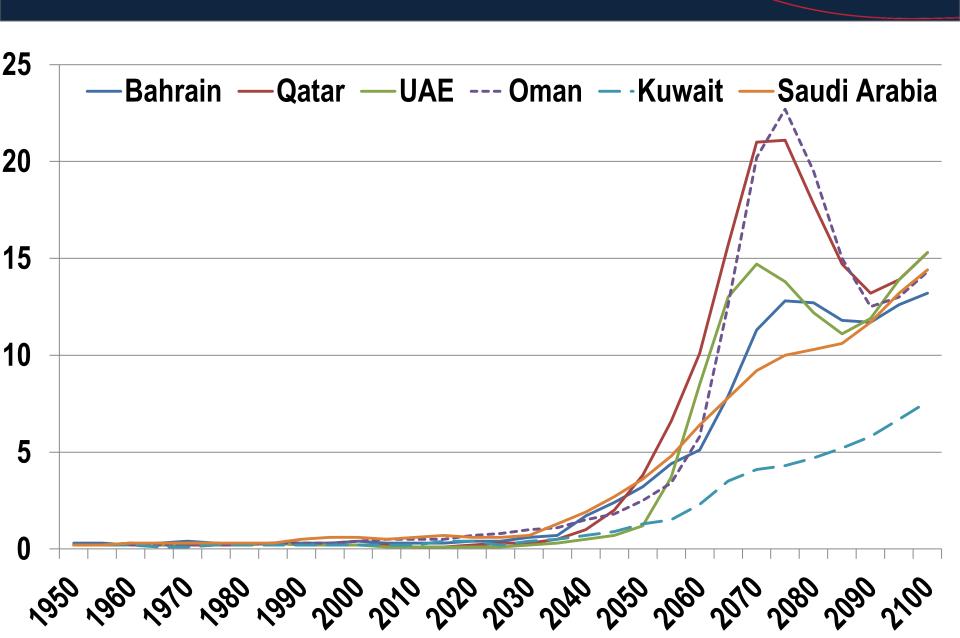
Saudi Arabia: Age-Sex Distribution





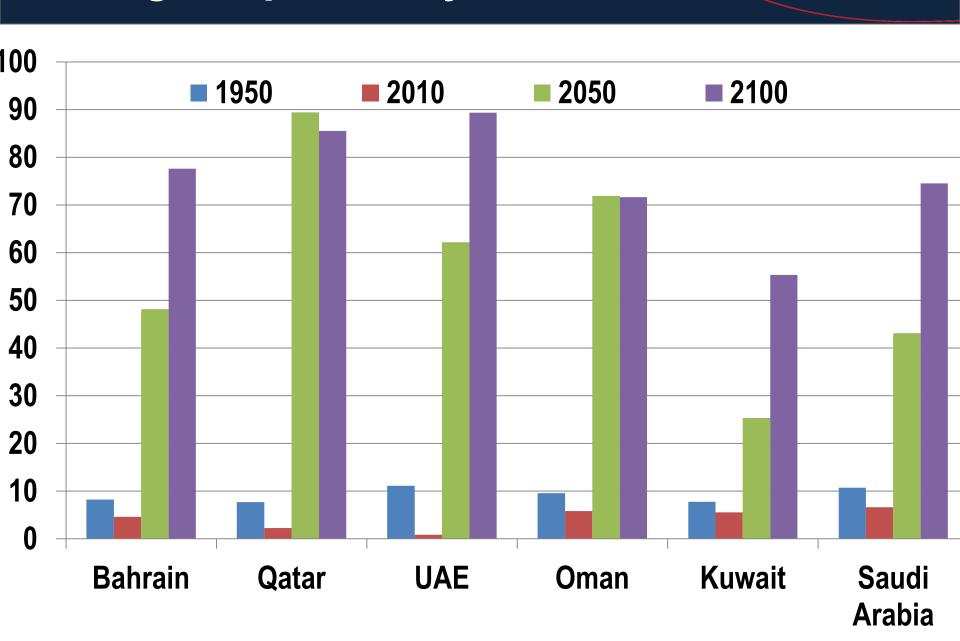
% Population Aged 80+ Years

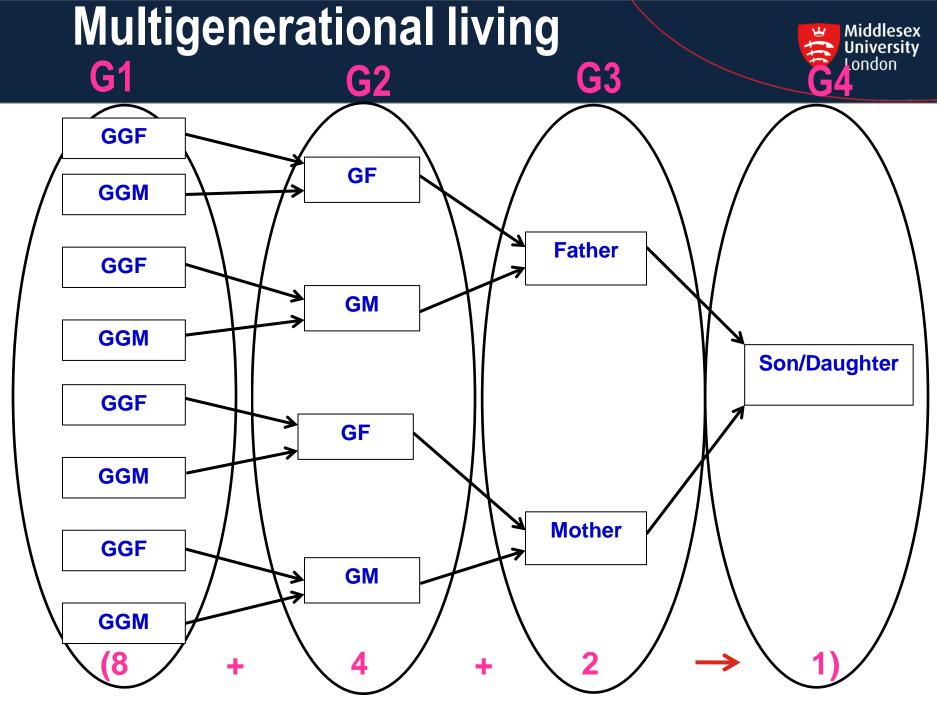




Old Age Dependency Ratio







The present generation may have taken sere of at most 14 poople

Care burden



- Today's generation has care responsibility of as many as a maximum of 14 people (if they wish to)
- Care responsibility goes to siblings and they share it
- The lower the number of sibling the higher responsibility of care goes to them
- Childlessness in the household may be a big issue for future care provision

Care workforce for elderly



- Health care labour market
- Huge demand for the production of health care
- Health care workers include doctors, dentists, nurses as well as a host of allied health professionals involved in the health care that patients receive
- The supply of health care

Key Findings



- > Fertility will fall dramatically
- Life expectancy is expected to increase
- > Population will continue to increase
- Huge change is noticeable for age and gender distribution
- Older population number will steadily grow
- Huge uncertainty involves in projecting future population
- A new population scenario will emerge in future i.e., ageing society

Challenges Ahead



- > Lack of data for studying family demography
- Ensuing reliable data for population projection
- Facing huge health burden such as disability and dementia
- Providing treatment for co-morbidities
- > Building awareness for a sustainable ageing society
- Providing elderly care generally (formal +informal)
- Launching programmers to educate people about self management of health



Questions!