

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

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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

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Ageing in the Middle East and North Africa (MENA) Region

The Middle East and North Africa (MENA) region spans a large area and multiple countries; the exact definition is, however, rather loose. For example, the World Bank includes Iran and Malta as part of the region. At the same time, the World Health Organization's definition excludes countries traditionally regarded as an integral part of the region, such as Algeria, while including others that usually belong to other global regions, such as Afghanistan. Furthermore, countries like Turkey, situated across Europe and Asia, have many cultural and religious norms regarding ageing that are similar to those observed in the MENA region. In this article, I take a broad view of the region, where countries will likely share similar understanding and perspectives of ageing and gender roles within society. However, the MENA region is not a homogeneous group with various income levels and socio-political variabilities.

Despite these differences, the MENA region shares unique ageing features. First, while many countries are at an earlier stage of population ageing due to the 'youth bulge' and earlier trends of high fertility rates, the pace of ageing is considerably fast. For example, while France took 150 years to move from a young to an aged population,¹ most of the Gulf countries are expected to go through a similar transition in less than 20 years.² A few countries, including Turkey, Iran and Lebanon, have already started their ageing transition, while the rest of the region is expected to start this process in the next decade.³

Second, all countries experience population growth, with large cohorts of young people, at the same time as an ageing population. These create a 'window of opportunity' with population dividends and potential for economic sustainability if effectively harnessed. Most countries in the region have a median age between 25 and 35 years, which is a prime age for labour productivity. However, the optimal utilisation of working-age groups in the region is far from being achieved. Labour force participation rates in the region are generally low, particularly among women, with considerable lost economic returns. Furthermore, the labour markets in the region are dominated by informal work arrangements leading to low formal contributions to pensions and national taxation systems.⁴ High unemployment rates and large cohorts of younger people create considerable policy challenges and competing priorities

¹ A country starts its ageing transition when at least 7 per cent of its population is aged 65 years or more (or when 10 per cent is aged 60) and completes it when the same percentage reaches 14 per cent (or when 20 per cent is 60+). For statistics on France see: <https://www.weforum.org/agenda/2021/10/healthy-ageing-older-people/>.

² UN-ESCWA (2022).

³ UN-ESCWA (2022).

⁴ Gatti *et al.* (2014).

diverting societal and state attention away from the growing proportions of older people. The large proportion of younger people makes it imperative to create positive environments conducive to healthy and productive ageing for the current and fast approaching large cohorts nearing old age.

Thirdly, all countries in the region share a common set of cultural values that emphasise a duty of respect and protection for older people. These are shared within a framework of interdependency across generations governed by norms of duties, obedience, obligations and sacrifices.⁵ Most countries have residual social welfare systems, where attention is directed to societal groups with the most pressing needs, with less room to invest in policies that aim to improve the quality of life of older people more generally.⁶ Within this policy context, the family unit is assumed to bear most of the responsibilities for providing social and economic support to vulnerable groups, including older people.⁷

The fast-paced moves towards ageing populations necessitate a paradigm shift in the perception of ageing, including expectations of and opportunities for older people. In this reflective piece, I draw on recently collected data (2020–2) to further the understanding of the experience of older people, including during the COVID-19 pandemic.

The Intersectionality of Gender and Ageing Perception in the MENA Region

Population ageing is a by-product of a process known as demographic transition and entails a shift in the distribution of a country's population towards older ages. Trends in fertility and mortality rates primarily determine this process. Countries in the region have all observed declines in fertility and mortality rates but with variable degrees and speeds. Women in the region live longer than men. However, they tend to have more years lived in ill health than men. For example, in 2020, women in Jordan had around two years more average life expectancy at birth but a lower healthy life expectancy than men.⁸

Women also have differential marriage patterns, including a tendency to marry at younger ages than men. Women are less likely to remarry after divorce or widowhood.⁹ With gender differences in life expectancy, remarriage rates and relatively large

⁵ Yazdanpanahi and Hussein (2021).

⁶ Hussein and Ismail (2017).

⁷ Yount and Rashad (2008); Ismail and Hussein (2021).

⁸ 78.8 vs 77.0 and 67.2 vs 68.1, respectively. World Health Organization estimates: <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth>.

⁹ Hussein and Manthorpe (2007).

inter spousal age gaps, women are increasingly more likely to live alone for considerably longer periods of time than men.¹⁰ Furthermore, women in the region experience significant inequalities across different aspects. For example, The Gender Inequality Index (GII), which measures gender inequalities in three essential aspects of human development: reproductive health, empowerment, and economic status, was as high as 0.8 in Yemen in 2020, compared to 0.014 in Norway. However, these inequalities vary across the region, where it is lower than 0.3 in most Gulf countries and 0.5 or more in many conflict states such as Syria and Iraq, with an average of 0.4.¹¹

The increased proportions and numbers of older people bring potential benefits and social challenges shaped by how society appreciates and treats older people. The MENA region is usually presented as collective, familistic and socially connected societies that are governed by norms and principles that emphasise support, protection of the vulnerable and solidarity within families and communities. Within such a context, older people are usually presented through a narrative of respect and affection within a framework of dependency, with duty and obligations of the family to ensure their 'comfort' in the last phase of life. The religious context also strongly presents older people as a source of blessing, and caring for them as sacred.¹²

However, the realities of relationships and interactions in daily practices are far more complex than the simplified narrative of love and respect.¹³ Filial obligations and intergenerational duties require conditions that enable a mutually beneficial exchange of relations and resources. The interpretation of this sense of obligation to care for older relatives is complex and shaped by societal and individual views and perceptions of ageing. Furthermore, such duties are situated within a vulnerability framework, where older people are assumed to be unable to live independently or make their own decisions.

Conceptualising Ageing Perception in the MENA Region

At least three theories might explain the different ageing perceptions across societies: cultural, modernisation and speed of population hypotheses. First, a cultural hypothesis indicates better-ageing perceptions in the global south (collective societies) than in Western (individualistic societies).¹⁴ According to this hypothesis, the MENA

¹⁰ Tohme *et al.* (2011); Fahmei *et al.* (2020).

¹¹ Hussein (forthcoming). A maximum of one represents the most (worst) gender inequality, while zero represents no gender inequalities: <http://hdr.undp.org/en/content/gender-inequality-index-gii>.

¹² Arafa (2017).

¹³ Yazdanpanahi and Hussein (2021).

¹⁴ Vaclair *et al.* (2017).

region, as a collective society, is expected to have more positive views on ageing than more individualistic societies. Second, the modernisation hypothesis aligns attitudes towards ageing with levels of modernisation and industrialisation. Guided by that hypothesis, ageing perceptions should be similar across different societies if they have reached similar levels of modernisation.¹⁵ Hence, one might expect attitudes towards older people within the MENA region to be correlated with indicators of modernisation. Finally, the speed of ageing hypothesis indicates that rapid and abrupt population ageing might lead to negative views of ageing. This hypothesis is similar to the competition over resources hypothesis, where a fast ageing process may lead to a devaluation of old age and resentment towards a growing cohort of older people.¹⁶ According to this hypothesis, the MENA region would be expected to hold more negative views than already-aged societies.

These theories are not independent in the sense that none of them can fully explain how ageing perceptions are formulated. Each has been criticised for ignoring certain aspects or making generalisable assumptions. A recent literature review suggests that attitudes towards older people in the region are heterogeneous and do not conclusively support any of these three hypotheses.¹⁷ Such a conclusion is, in part, affected by the limited research on this topic.

Data and Methods

The analysis in this article draws on data collected as part of the MENARAH Network¹⁸ engagement activities in the MENA region between 2020 and 2022. The MENARAH Network was the fruition of considerable partnership-building efforts across the region and internationally, spanning several years. The Network's core aim is to address the significant phenomena of population ageing in the region, which has direct and indirect implications for almost all segments of society – recognising the scarcity of nuanced evidence required to develop tailored policies and effective practice interventions in the MENA region.

The Network is a partnership between international and regional academics, representatives of relevant organisations and charities supporting older people and their informal carers. Equitable partnership principles guide the operation of the Network,

¹⁵ Aboderin (2004).

¹⁶ Peterson and Ralston (2017).

¹⁷ Ibrahim and Bayen (2019).

¹⁸ The Network was officially launched in September 2020, facilitated by initial funding from the UK Global Challenge Research Fund, followed by various small partnership grants from multiple national and international funders.

where the views of all stakeholders, particularly older people, are sought and included. Since 2020, the Network has conducted over 10 regional engagement workshops and over 50 one-to-one and group conversations with older people, informal carers, policymakers, researchers and charitable organisations in the region. It has further undertaken initiatives such as ‘Movement is a Blessing’, a set of tailored physical exercise videos designed to encourage basic physical activities among older people. The Network has also supported the development of several ageing reports in the region, working closely with international organisations including the World Bank, the World Health Organization and the United Nations.¹⁹

In the next section I draw on qualitative conversations and group discussions with older people, family carers and academics in the region that took place at three time points: September 2019 – February 2020, January – April 2021 and February – May 2022, to understand the complexity of ageing perception. The conversations with older people, family and carers, did not follow any specific interview schedule, but covered more general topics which were guided by initial engagement stakeholders’ events. The method of data collection was through conversational and storytelling techniques.²⁰ Participants were recruited through gatekeepers such as NGOs, snowballing and informal contacts. For the analysis, I employed a reflectivity analytical process,²¹ while acknowledging my positionality as someone who is familiar with the cultural context.²²

Findings

Ageing Perceptions

Views on ageing are formulated early in life; such views have significant influence on attitudes and behaviour at later ages.²³ The speed of changes in life expectancy²⁴ observed in the region is likely to have been much faster than changes in the views and perceptions of ageing. These perceptions and expectations affect older people regarding what they feel is appropriate and acceptable in old age. For example, in a blog entry, Ismail explains that in 1960 in Algeria the average life expectancy at birth was

¹⁹ For further details on the MENARAH Network, visit: www.menarah.org.

²⁰ De Carteret (2008).

²¹ Mortari (2015).

²² Bourke (2014).

²³ Westerhof *et al.* (2014); Wurm *et al.* (2014).

²⁴ World Health Organization (2023).

as little as 46 years.²⁵ Hence, 80-year-olds in 2022 have grown up expecting to have a very short lifespan. Consequently, they might not have had the opportunity to reflect on the meaning of ageing or have a clear imagination or expectations from life and society beyond a certain 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)

Similar to global experience, ageing perceptions are further affected by gender and are linked to appearance and varying societal standards when it comes to men and women.²⁶ Recent research indicates that 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.²⁷

Based on a study conducted in Syria, both men and women participants identified a much higher age to become old for men than women. These gender differentials interact with both health and employment status. For example, a 70-year-old man working as a farmer at the time of the study indicated he was not old, compared to a 50-year-old woman who felt very old due to her health status.²⁸ Similar observations were found in Kuwait,²⁹ where women were perceived to age much younger. In turn, such societal perception hindered the ability of ‘older’ women to participate in different activities.

Respect, Love and Dependency

The conversations highlight a narrative of respect and a high sense of duty towards older people in the region. However, this is positioned within a framework of vulnerability and limited expectations of older individuals. These views are further shaped by gender perceptions and expectations, with older women perceived as the most vulnerable with fewer capabilities. For example, when discussing the meaning of ‘good’ and ‘healthy’ ageing with a prominent academic, who described himself as an ‘older person’, he said:

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

²⁵ Ismail (2022).

²⁶ Clarke and Bennett (2015).

²⁷ UN-ESCWA (2022).

²⁸ Syrian Commission for Family and Population Affairs (2019).

²⁹ Donnelly *et al.* (2018).

For some, respect and love operated in a way that increased dependency. An informal carer, in her 40s, explained that despite her and her two sisters being engineers, their misunderstanding of how to support their mother as she aged has led to her losing functional abilities. They, as offspring, believed that expressing their love and respect to their mother as she retired translated into preventing her from taking part in any domestic chores or any activities that might exert her physically. This led to their mother losing the ability to walk independently and she now needed to use a wheelchair:

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)

Interestingly, the same informant did not mention whether they offered the same type of support to their father who was 82 years old. In contrast, she talked about the lack of employment opportunities her father faces despite his strong technical experience and knowledge. The above example shows the poor application of love and respect when it comes to ageing and care. It also highlights the different perspectives held for older men and women; the daughter's concern was for her father to continue being economically and cognitively productive while for her mother, care meant making things easier for her by asking her not to participate in activities she felt may burden her. This has resulted in further loss of function and increased dependency.

The experience of this participant aligns with the previous quote from the ageing researcher presented above. The understanding of 'good' ageing appears to be under-developed with over-romantic notions that have very limited practical applications and fail to respect the rights and agency of the older individual. The gender aspect of care and support calls for further investigations into its causes. Perhaps relevant is the emphasis in religious scripture on the physical burden of motherhood and childbearing, hence, some may perceive the best care for an older mother is to elevate any physical burden as much as possible. Such observations were explored in recent research on intergenerational aged care among Muslim migrants in Denmark.³⁰

Abuse, Mistreatment and Social Isolation

While research on elder abuse in the region is limited, the current evidence indicates a high presence of several forms of mistreatment and abuse (up to 48 per cent),³¹ despite

³⁰ Ismail (2021).

³¹ Abdi *et al.* (2019).

a narrative of respect and care.³² Elder abuse is also situated within a broader context of gender violence, with higher prevalence among older women.³³ Abuse is usually inflicted upon the older person by a member of their family, in most cases an adult son or daughter. Incidences of mistreatment and isolation appear to increase when the older person develops complex needs such as dementia³⁴ and during crises such as COVID-19.³⁵

Given the cycle of dependency and reliance within the family care dynamics, it is very difficult for older people to admit and talk openly about potential mistreatment or abuse. They might fear losing the only source of support they have at the same time as fearing the stigma and shame associated with not having a good offspring.³⁶ Furthermore, ageism coupled with limited awareness of older people's human rights makes it difficult for individuals involved in the care cycle, including older people, to realise and acknowledge incidences of abuse.³⁷ Indeed, it is estimated that 80 per cent of abuse and neglect towards older people in the region is undetected.³⁸

An 80-year-old woman who was widowed at a young age and never remarried spoke about her financial arrangement with her grown-up son. She stated that since she has retired, she receives both hers and her late husband's pensions (both held professional jobs during their working lives). When her son was about to marry, she sold her marital house and moved to a smaller flat to support her son financially. Furthermore, she has given her son the right to draw the pensions on her behalf, keep the monthly income and give her a small portion to cover her basic needs. Such arrangements have been in place for 20 years. She currently has no savings or financial security in the event of needing any health or care services. However, when she spoke about this, she did not explain it in a negative way; to the contrary, she framed this as part of intergenerational obligations and duties:

Well, my son looks after me. He lives far away so I see him every few days. I try to manage my own needs. I do not like people coming into my home and cleaning or cooking. 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)

³² Abdi *et al.* (2019); Almakki *et al.* (2020); Hussein (2023).

³³ Ennaji and Sadiqi (2011).

³⁴ Dong *et al.* (2014).

³⁵ Chang *et al.* (2021).

³⁶ Dedeli *et al.* (2013).

³⁷ Usta *et al.* (2021); Hussein (2023).

³⁸ UNFPA (2018).

The above quote might imply no financial abuse is taking place. However, throughout the conversation, there were clear indications of unmet needs and a lack of authority to make financial decisions. Furthermore, despite receiving a good income for a long period of time, this informant did not have any financial security in case of urgent or unexpected needs. The loss of financial independence is likely to reflect a broader sense of lack of rights as an older person. Indeed, recent research from Turkey shows that for individuals, ageing is perceived as a period of loss of independence, being useless and isolated and at the societal level regarded as undesirable or unfavourable.³⁹

A sense of isolation and inability to engage in a broad set of social activities was expressed by several older people who participated in a workshop organised by MENARAH in February 2020, just before the onset of COVID-19. A 79-year-old woman who lives with her adult single son explained:

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. I wish there were a nearby park that I could walk to and spend some time outdoors. However, 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)

Impact of COVID-19

COVID-19 also intensified the feelings of isolation among older people in the region, especially among women. In early 2021, MENARAH Network conducted several phone interviews with older persons and their informal carers in Cairo to understand the impact of COVID-19 on their daily lives, including feelings of isolation and the impact on their functional abilities. All participants indicated an increased sense of isolation, particularly among older women, who felt trapped in their homes and unable to commence their usual social activities. An 81-year-old woman summarised her experience in the following terms:

Before COVID-19, I used to go on many trips. I enjoyed seeing new places and having the opportunity to walk and feel active. However, COVID-19 made me unable to go out alone. I need someone to take me out. After many months at home, I worry about going out alone. I fear I will fall. Also, I am afraid I will meet someone with the disease. I feel isolated and reliant on my son, who is very busy and lives far away. (Woman, 81 years old, lives alone, 2021)

³⁹ Kalaycıoğlu (2019).

Lack of physical activities had further implications for the functional ability of older people during and post-COVID-19. An informal male carer who had relocated his mother to live with his family after his father's death explained some of these impacts:

Mum was very active. Every day she used to go to the leisure centre. Two years earlier, she used to do this on her own. Then we recruited a domestic helper to take her. She used to climb down four floors as our building does not have a lift. Since COVID-19, she has not been active, which has affected her ability to walk, and now she needs help going to the toilet. (Male family carer, mother 90 years old, 2021)

The effect on emotional wellbeing was also pronounced. A female, paid carer, speaks about the experience of the older woman (86 years) she was caring for during COVID-19:

Social life has almost completely disappeared, she has become afraid to see anybody and this has made her sad and depressed most of the time. It also impacted her physically; she can barely walk now. Her family has become worried about her and they do not encourage her to go out for fear of catching COVID-19. But even if they allowed her [to go out] she has become too frail to go out. (Female paid carer, caring for a woman 86 years old, 2021)

It was also interesting to hear some of the perceived positive effects of the pandemic. Another family, where the mother had moved in to live with the daughter and her nuclear family when the father died, explained that before COVID-19, none of the three generations living in the same home interacted much with each other. They felt that being forced to stay in one place and rely on each other for social activities forged new relations and appreciation. They gave an example when it was time for a religious celebration, where people traditionally ate a specific type of cookie but could not go out and buy them. They also did not know how to bake them at home. Only the grandmother knew how to bake them; this created a rare opportunity where she was the centre of knowledge and led the baking activity while everyone else participated. While sentimental, the last example also illustrates that even when older people reside with family, they might be isolated by superficial daily interactions.

Discussion and Conclusion

Cultural norms surrounding ageing and the perception of ageing in the MENA region are embedded within predominant Islamic and Christian religious codes where individuals and communities prescribe and internalise intergenerational care and duty roles. These occur within a theoretical framework of obligations, sacrifices and respect.

Within an ideal intergenerational system, older people are held in a place of honour where the responsibility for their protection and comfort is placed on, and accepted by, the younger generations. Such duties are strongly presented within the religious texts and practices. For example, in the Quran, treating parents well as they grow older is emphasised, to the extent that expressing verbal discontent to older parents is forbidden.⁴⁰ However, the practical applications of respect and protection need to be better articulated regarding the broader position of older individuals within a society.

At one end, older people are ‘treasured’, perceived as sources of wisdom, and portrayed as deserving of respect. However, they are simultaneously considered dependent and frail, with few social roles. These perceptions are not gender neutral: women are more likely to be perceived as vulnerable and dependent. While a narrative of respect represents a picture of love and comfort to all older people, the limited evidence indicates a minimal application of what respect means. This framework, therefore, lacks a mechanism for a meaningful exchange that acknowledges the autonomy of the older person and their actual needs and desires. The accounts of older people illustrate this gap and indicate a high level of social isolation and limited opportunities to participate in the wider society.

The COVID-19 pandemic has exacerbated this experience and impacted the abilities of older people. The reliance on the family and elimination of pre-pandemic limited engagement opportunities have led to fast physiological and psychological deterioration of older people. It is likely that these effects are irreversible among many of the oldest groups, those aged 80 years or more.

The rapid shifts towards population ageing in the MENA region create tensions between different segments of society. They also challenge the very concepts of what ageing means and the expectations of older people by society, their close families and themselves. Women are more affected by ageing, as they tend to live longer, alone for extended periods and with a higher disease burden in the region. While the narrative and religious context emphasise respect for older people, the exact application of such respect remains ambiguous. Older people themselves have seen fast changes. Their understanding of ageing might not have been well formulated and is likely to have been informed by historical events they observed as children and young adults.

Reflecting on the three concepts that might shape perceptions of ageing discussed earlier: cultural, speed of ageing and modernisation, I find that the first two interact to formulate ageing perceptions in the MENA region. The cultural argument presents an ideologically positive narrative of love and respect woven within a complex intergenerational framework of duties, obligations and sacrifices. At the same time, due to the speed of ageing, this narrative is oversimplified, romanticised and abstract

⁴⁰ Quran 17: 23–5.

in nature with limited practical application. This intersectionality leads to a state of dependency, lack of empowerment and reduced quality of life among older people.

Furthermore, these concepts ignore the intersectionality of gender in formulating ageing perceptions. The data and analysis in this article emphasise the importance of including gender in such conceptualisation. Older women are presented as weak and requiring support with little acknowledgement of their own autonomy or needs. Expectations and experiences of men and women vary considerably throughout the life course with direct implications for individual older men and women. Advocacy and awareness through research and policy engagement are urgently needed to challenge the existing framing of older people within a dependency paradigm in the region. Older people – current and upcoming cohorts – should be encouraged to develop their autonomy and voice within a human rights framework while the region is at the cusp of considerable demographic and societal changes.

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