

SUMMARY

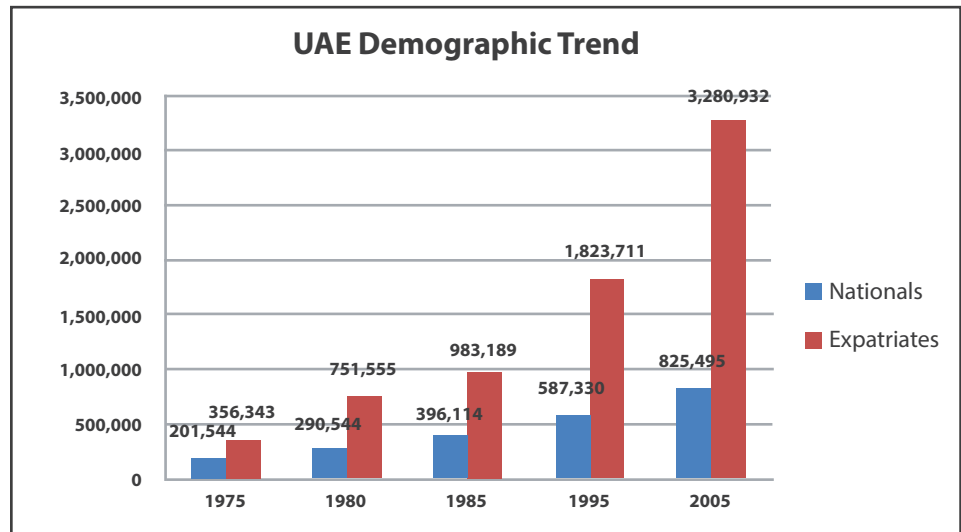
The source of income for the vast majority of older people comes from their pension pay and/or social security subsidy. At such a stage, they are at risk of abuse, especially, when they tend to depend on others for care due to aging progression, and poor health status. It is observed that the number of older people has increased than ever before. On the other hand, the current public facilities do not have the capacity to serve and to accommodate the existing elderly population. Current policies do not include such issues although the pressure on the health and social settings is constantly rising. In the GCC, the demographic transition is still progressing, as the mortality and the fertility rates are dropping causing the population to grow older. This poses definite challenges in the absence of a law or policy in the social, health and legal sectors to protect the rights of elderly people. Relying on the experience of specialists in the field, this brief presents the key research findings from their perspective in order to reach an understanding of such a dilemma and makes recommendations for public policy geared towards overcoming these challenges.

Aging in the UAE and Services Available for the Elderly: Structured Interviews with Experts in the Field

*Aisha Zayed Al Ali**

After the discovery of oil, the UAE has evolved significantly to become one of the most sophisticated places in the world today. Oil profits were directed toward improving socioeconomic activities and infrastructure development which brought about an increase in employment, a higher standard of living, improved education and health sector, as well as GDP growth. This coincided with an increase in demographic trend of

Figure 1: Source UAE National Bureau of Statistics



nationals and expatriates, who keep pressuring the government to provide more services and to issue new legislations to track the rapid demographic growth and aging population.

The issues associated with the elderly in the UAE are obscure, and sometimes, not clearly understood. These concerns need to be explored by focusing on, above all, how they influence and impact the UAE community, families, and government. Due to data limitations, estimating the exact number of elderly being abused or victimized is difficult.



*The research for this policy brief has been conducted under guidance by Dr. Tarek Coury, assistant professor at DSG from 2008- 2011 .

There is growing evidence from local media about elderly issues in the community. For example, according to Al Emarat Al youm (Ameen, 2012), a judge rejected a custody case filed by the daughter of an old man in objection to his financial contribution to charity organizations. The case was dismissed after a medical report supported his physical and mental fitness. Although this case is not recurrent in the UAE, this case serves as indication of social change.

Also, (Alreyami, 2010), addressing the same issue, revealed that the number of elderly-neglect reported cases to Dubai Social Affairs is on the rise. Currently there are 468 elderly persons living alone, lacking proper care at their homes; many of which do not receive any care whatsoever at their homes, and some delegate their care to the domestic help.

PRELIMINARY COMMENTS

There are relatively few elderly care facilities in the UAE. We have identified the following five units: Sharjah Old People's Home supervised by Sharjah Social Service Department, the Community Centre for the Elderly supervised by Dubai Health Care Authority, Ajman Nursing Home and Umm Al Quwain Elderly Club supervised by the Ministry of Social Affairs, and the elderly wards in Ras Al Khaimah Ibrahim Bin Hamad Obaidallah Hospital supervised by the MOH. The interviews conducted during the course of this research have revealed that the existing institutions are not adequately prepared to support and deliver effective elderly care due to a number of challenges linked to limited budgets, growing numbers of elderly patients in various advanced stages of disease, and the general lack of specialization in geriatric medicine. Furthermore, our interviews have revealed a shortage of healthcare professionals, an untrained workforce, and a lack of suitable medications and medical supplies.

In 2009, a Public Forum called Sense of Heart raised the predicament of the elderly by quoting an excerpt from Al Bayan newspaper entitled, "The Elderly Issues Concern Al-Qassimi Hospital Administration." Based on information

provided by the Head of Community Services at Al-Qassimi Hospital in Sharjah, the number of elderly being treated there has increased notably in the past five years because families entrust hospitals with palliative and hospice care for their elderly relatives.

The hospital was forced to return about 20% of admitted elderly patients to their families against relatives' wishes; about 30% returned back home with the family's consent while 25% died in the hospital due to chronic diseases. The remaining 25% were transferred to Sharjah Old People's Home after their families refused to take them back home. Experts in the field, along with similar testimonies in the press and relevant forums, highlight the importance of exploring the often overlooked issue of elderly care in the Emirates. The movement of young nationals from the northern emirates to Dubai and Abu Dhabi makes it more difficult for the elderly as they have to care for themselves. Observers can clearly see that life in the UAE has dramatically changed, more rapidly than in the past, as numerous changes took place thereby escalating modernization and developments influenced by demographic transformation, urban development, technology development, openness to more than one culture, new policies and many other factors.

A book written by Hurreiz (2002), a professor at UAE University provides a descriptive analysis of the various domains of UAE folklore. It deals with folklore in public life against the historical, social and political background of the UAE. He claims that these factors are entirely new to the UAE and have resulted in a number of changes in social values that go against the traditional UAE heritage. These changes resulted in the weakening of communal solidarity, previously prevalent in Emirati society, ethnic and occupational groups. These tendencies toward working away from home resulted in a breakdown of the extended and sometimes, the nuclear family structure.

A study of the demographic changes and their effects on pension funds and social security in the GCC countries by Rutkowsky in 2006, under

the auspices of the World Bank, argues that different age structures in the population reflect different stages of demographic transitions between 1985- 2000. He used the fertility rate of the total number of births per woman and life expectancy at birth to emphasize that the fertility and life expectancy rates are converting in the region. He also mentioned the first stage of demographic transition triggered by the progress in health care and decrease in mortality rate, while the second stage triggered by decrease in fertility rate which is still in progress. In the GCC the decrease in fertility rate has been slower than in other countries in the region. As shown in Figure 2 from 2002 to 2010, the stages of demographic transition progressed; fertility and life expectancy rates converged in the GCC.

On the other hand, the next stage of demographic transition is still in progress showing slow decreases in fertility rates within the region. As the population aging process continues, he argues that the inflow of working age population will gradually be overwhelmed by the outflow from the working age population to old age in the next 10 to 15 years; as a result, old-age dependency rates will increase. After 2015, the dependent population, mostly the elderly, will begin to grow faster than the working age population in the UAE as shown in Figure 3. Kuwait, Qatar and the UAE are expected to reach dependency ratios similar to those in OECD countries by 2020, while Bahrain will reach this stage by 2030.

DEMOGRAPHIC OVERVIEW

The life expectancy rate has increased noticeably in the GCC countries, showing reduction in mortality rates. According to World Bank data, the overall mortality rate in the GCC has decreased as shown in table 1. For example, in the UAE, the mortality rate dropped in 2002 to 83.37 per 1000 population, 74.42 in 2005, and reached 67.52 by 2010. Age longevity is linked to a number of reasons, including good access to health care sectors, rising standards of living, better awareness of health issues, and higher incomes.

*An Arabic speaking network, أئمة الإمارات

Life expectancy has also increased as shown in Figure 5. In the past 30 years demographic trends in the UAE have changed substantially as life expectancy in 2009 reached 7.639 for all Emiratis. Among Emiratis there are also distinguished differences in life expectancy; for example, as shown in Figure 4 in 2009 Abu Dhabi life expectancy was 78.1 for males and 81.5 for females, and in 2010 the number increased to 79.1 for males and 81.9 for females. This indicates that there has been better development in health sector and high health spending on health issues than other Emirates according to TCO-Management Consulting. The annual budget of Abu Dhabi SEHA in 2010 reached AED 8 billion.

According to the Alam-UAE Network* in 1995, the national population aged 60 and above was equal to 24520 distributed as follows in order of magnitude: Abu Dhabi at 7147, Dubai at 5287, Sharjah at 5062, Ras Al-khaimah at 3692,

Fujairah at 1538, Ajman at 1142, and Umm Al-quwain at 652. These figures have increased over the years as shown in Figure 6. In 2005 they reached 32433; this strongly supports the notion of increasing elderly people in the UAE.

In the UAE, the development of health sector varies and Emiratis avail different standards of care and services according to their location of residence as shown in table 2.

Data indicates, as shown in Figure 5, that people live longer and the population is growing and, as evidenced in table 2, the number of nationals per emirate varies, and that there are more nationals in Abu Dhabi and Dubai than the Northern Emirates. Therefore, assessing current and future challenges in healthcare, social and legal sectors in accordance with the aging population is an essential issue.

POLICY AND REGULATORY OVERVIEW

Currently, the policy frameworks regarding elderly care in the UAE in social, legal and health sectors centers on a) the amount of subsidy given as social support, b) police community

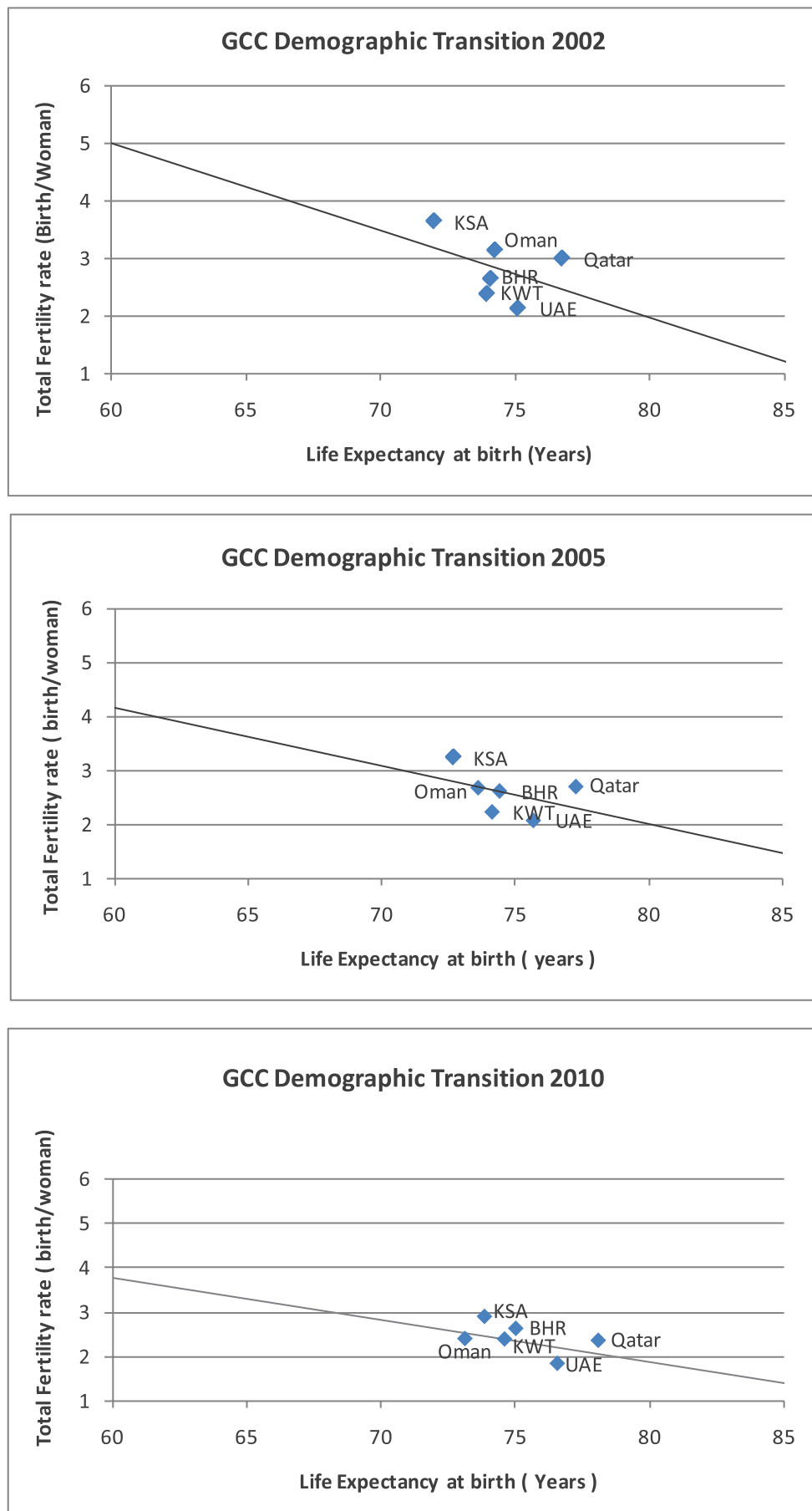


Figure 2: Data extracted from World Bank database

to resolve general issues, and c) treatment to underline health conditions. Overall, there is no elderly protection policy that shields the elderly from financial, physical, and physiological abuse. The available policies, as discussed, are limited to subsidies. In 1977, the new law of social security sanctioned financial support to certain groups amongst which are the disabled, the elderly and employees with a limited income. Before 1999, the Social Security Law was regulated by Ministry of Labor and Social Affairs before they split into two separate federal ministries. Federal Law No (2) was issued in 2001 in favor of Social Security that contained 12 categories. Among them are the elderly, de-

finied as those who reached 60 and do not have any source of income. In addition to the 2001 law, the UAE Cabinet issued Resolution No (21) of 2005 to modify the value of social subsidy that contained 14 categories with 75% increment on the subsidy values. The elderly subsidy value was AED 1,095 for a person with financial constraints and AED 2,190 for the average individual. In 2008, the UAE Cabinet Resolution No (14) set the value of social subsidy to AED 4,400 for a single person in all categories who is illegible for the subsidy, excluding those with financial constraints.

GCC Mortality Rate			
GCC	2002	2005	2010
Bahrain	83.12	79.21	73.44
KSA	111.85	105.76	95.61
Kuwait	69.20	66.56	62.18
Oman	91.59	87.11	76.16
Qatar	69.62	65.23	59.23
UAE	83.37	74.42	67.52

Table 1: Extracted from World Bank Database

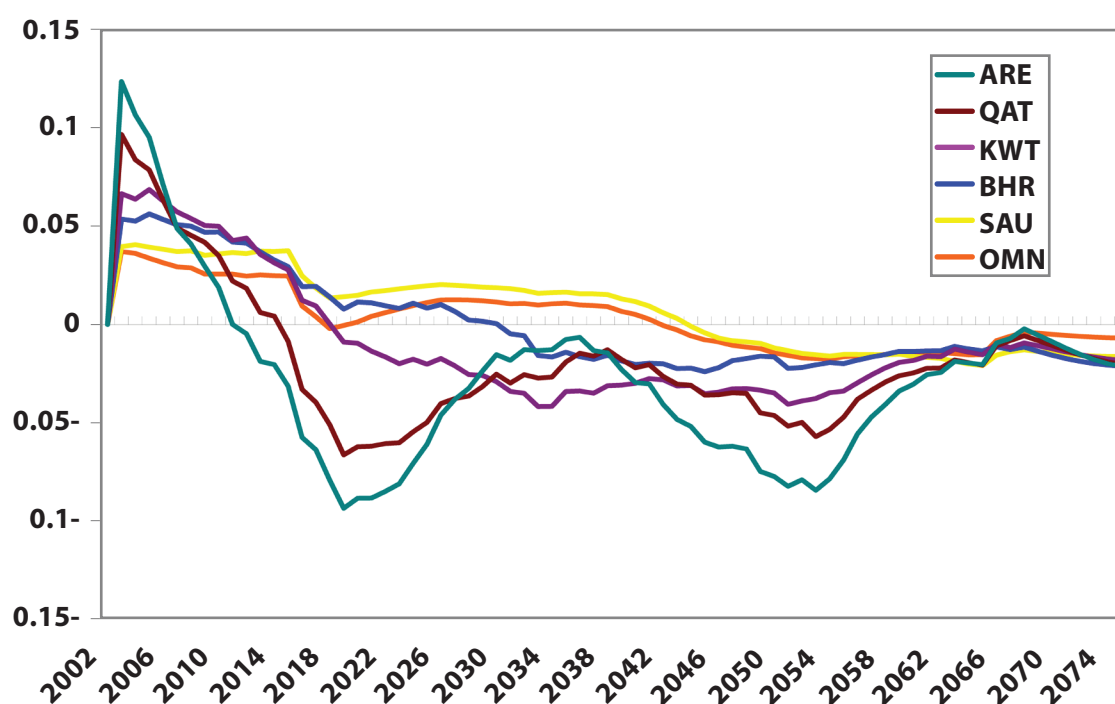


Figure 3: Adapted from Rutkowsky's (2006) presentation. Excess growth rate of Working Age Population over Dependent Population in the GCC

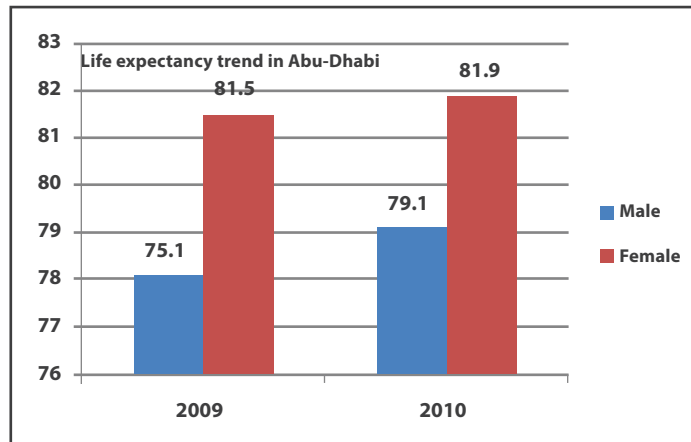


Figure 4: Source - Abu Dhabi Health Authority 2011

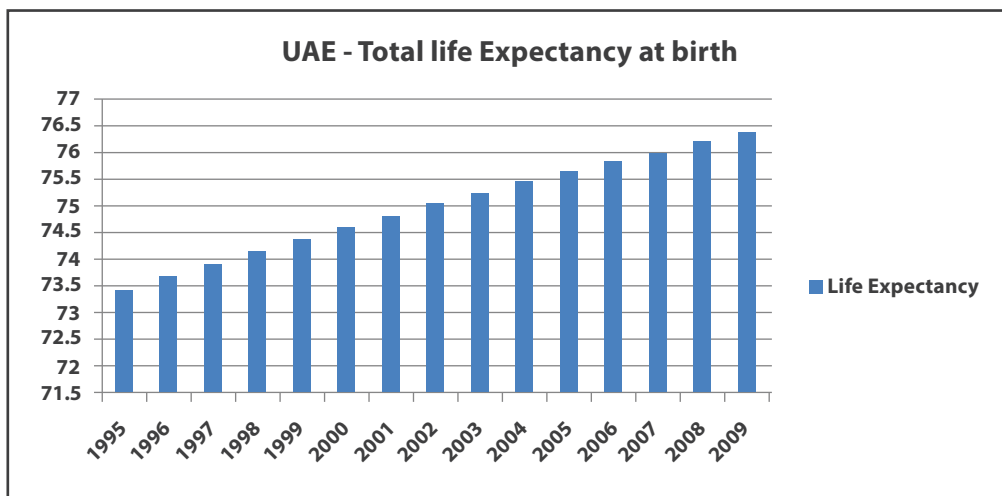


Figure 5: Data extracted from World Bank database

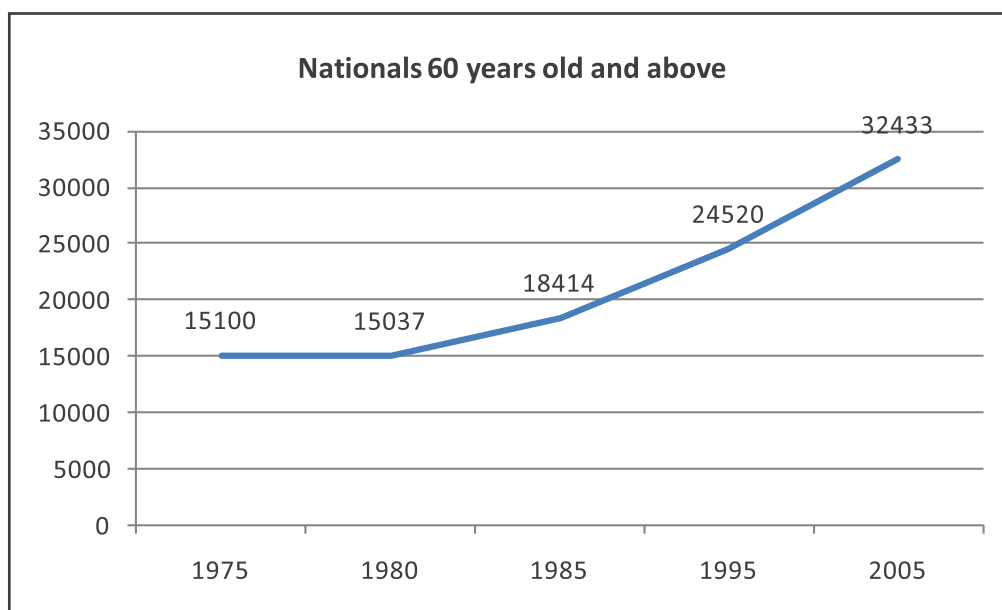


Figure 6: Data extracted from Ministry of Economy Census

The Ministry of Social Affairs has one elderly mobile unit that provides residential care to the elderly in Ajman. The unit offers three types of visits: social visit, medical visit, and physiotherapy visit. The number of elderly served by the unit were 36 according to 2010 Ministry census.

In the case of the UAE, it is difficult to obtain the precise details of the problem as the information available is not coherent and does not reflect the current situation of the elderly. This brief provides an exploratory research on the elderly in the UAE by using a case study from Sharjah.

INTERVIEW METHODOLOGY AND FINDINGS

We interviewed officials from Sharjah in three sectors: health, social and legal. The interviewees were chosen based on their specialization and administrative work experience. These officials have evidence from within their practice and expertise that showed the extent of limited resources that are available, the issue with other entities' policy constraints which are split amongst sectors and its complexity on their work, as well as contingencies that have occurred. For example, lack of cooperation between federal and local Emiratis, delay in policy implementation, budget control and

insufficient legislation. The brief discusses the major findings from these interviews and gives suggested directions for public policy geared toward resolving these challenges.

The research meant to explore the situation of the elderly from the perspective of specialists by relying on their experience and understanding of such a predicament. The collected data from the interviews was followed by a thematic analysis to find the facts using grounded theory. We used the candidates' responses to differentiate between data collection and analysis. The coding process used helped us reflect the given information under the desired theme. Each context described the situation of the elderly from a relevant experience. The questionnaires were divided into 3 sets: legal, social, and health, and were designed using grand questions and related sub-questions. We interviewed 18 individuals selected by their degree of specialization and exposure to the elderly. In each sector the interviewees were divided between 4 specialists and 2 administrators.

The interview findings:

The responses that the interviewees gave us were used to reflect on the given information under the desired theme. The responses were coded for specific information that is important

Facts	Abu Dhabi	Dubai	Northern Emirates
Population	2.3 million	1.9 million	1.72 million
Nationals as a % of the population	19% Nationals	9% Nationals	22% Nationals
Healthcare Zone Facts	SEHA	Dubai Health Authority	MOH
Annual Budget	AED 8 billion	AED 2.1 billion	AED 2.8 billion
Number of Employees	16500	9310	10000
Number of Patient Encounters	4.5 million	1.5 million	4.3 million
Number of Hospitals	12 Hospitals	4 Hospitals	14 Hospitals
Number of Primary Health Clinics	41 PHCs	13 PHCs	68 PHCs
Total Number of Best in Hospitals and Primary Health Care Clinics	2369	1752	2116
Average Spending per Patient Encounter	AED 1788	AED 1429	AED 647

Table 2: Adapted from TCO-Management Consulting 2010

to the elderly and based on the regularity of theme occurrence between three sectors as follows:

1. Elderly Abuse More Common in Poor Families:

The majority of the interviewees from the three sectors linked elderly abuse with economic status and poor conditions of the families. They are poor, lack proper education and have low income careers. They cannot afford to take care of the elderly because of the high cost of rehabilitation, medication, and medical equipment. Families with sick bedridden elderly persons have no choice except to keep their elderly parents alone at home due to work circumstances as they have to leave every day to work. Expensive medical needs burden them even more particularly when the elderly parents become very dependent. The situation becomes even worse after an elderly person is discharged from the hospital, where they face negligence and many are readmitted due to poor conditions and family follow up. All social workers stressed that most of the self-reliant elderly are afraid to stay alone at home; their fears come from their medical conditions and the possibility of sudden complications in the absence of the family who can provide support and understanding.

2. Reduced Contact Time between Family and Elderly:

The interviewees pointed to the fact that the pace of life is faster than before and the elderly are finding it difficult to cope, especially when the rest of the family members are not around as much, and since women entered the workforce. Interviewees from legal and social sectors uphold the gap that persists between the elderly people who lived before the UAE became united and the new generation who witnessed the development era. The elderly fall within two generations: the semi-educated and the illiterate. The relationship has worsened as the development era generation are busy, have less spare time on their hands, spend less time with older people and have much less time to care for them. With all the challenges facing the UAE society, the time spent with the elderly is dramatically minimized.

3. There is no Law or Policy for Elderly Protection:

The UAE currently lacks a law or policy for protecting the elderly in the social, health and legal sectors. Interviewees from the health sector were anxious about the elderly who cannot afford to buy chronic disease medications, such

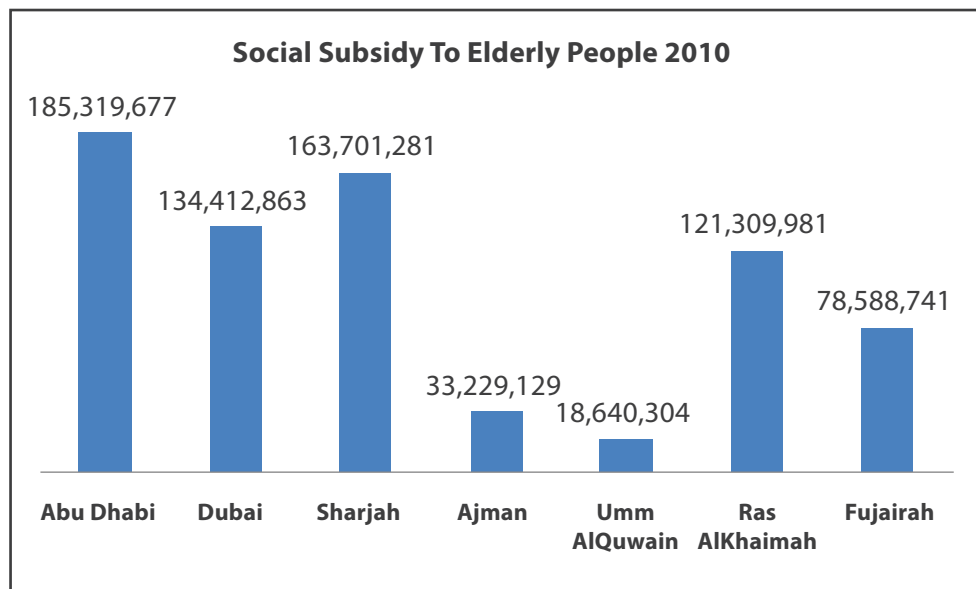


Figure 7: Data extracted from UAE National Bureau of Statistics

as medication for high blood pressure, diabetes, and cardiovascular diseases. They emphasized that MOH current policy exempts the handicapped and prisoners from medication fees, but not the elderly. On the other hand, they call attention to poor and outdated health standards asking for further updates and improvements. Furthermore, some interviewees from the legal sector openly verified that there is no protection policy for the elderly. The interviewees from the social sector mentioned that the protection policy covers only the elderly who reside at Sharjah Old Peoples' Home.

4. Lack of Specialization in Geriatric Medicine:

The majority of the elderly are slow due to the inevitable aging process, complex health conditions and mental status. Health care professionals need to comprehend the risks that are linked with the aging process. All interviewed healthcare professionals stressed that in order to maintain the physical condition, well-being and the quality of life of older patients, training in geriatric medicine is required. Additional hospital problems such as negligence and maltreatment are due to lack of specialization, lack of geriatric expertise, and relevant knowledge. They have stated that older patients can acquire diseases and some physicians prescribe incorrect medications while at hospital, thereby prolonging their stay.

5. Lack of Awareness among Families and the Elderly:

Lack of awareness among families and the elderly themselves is another explanation that is stressed by the interviewees that lies behind certain elderly issues, like abuse. The elderly and their families are not aware of the consequences of the aging process, mental illness and medicine complications which leaves them vulnerable to abuse because of their ignorance and lack of ability to report such abuse and negligence. The interviewed health professionals and social workers highlighted that there are misconceptions among Emirati families about having public Nursing Homes. For people in this

society placing their older parents into nursing homes is synonymous with disobedience; to them it is a sign of dishonor and embarrassment. Changing cultural concepts must be taken to the higher levels of policymakers so they may develop continuous public awareness campaigns of such matters.

6. Financial Abuse of Elderly is More Common among Families:

In the UAE, financial abuse is the most common type of maltreatment to date, and the least common is physical neglect. Psychological abuse is very rare and is limited to verbal abuse. Sexual abuse is virtually nonexistent. Inheritance issues are the main financial abuse; where children dispute over their parents' legacy in their lifetime, especially when they suffer from dementia. Children go to court to keep their parents under their custody so they can get the maximum benefit from their parents' money. Children also take full advantage of their parents' illiteracy.

7. Lack of Proper Statistics and Studies about Elderly and Related Issues in the Region:

There are no related elderly studies and no definite statistics in the region. The three sectors did not work together on collecting and processing statistical data, link it to improvement or providing data for decision makers to carry out the necessary reforms.

There is a lack of social research that is related to the elderly, and most of the social workers are not aware of other Emirates' elderly statistical information.

8. Elderly Issues Within Other Emirates:

Most of the UAE Hospitals suffer from the prolonged duration of residency by the elderly. Although many families are willing to pay for the care that is required of them, they are compelled to hospitalize their parents due to the lack of specialized facilities for the elderly.

POLICY IMPLICATION AND RECOMMENDATIONS

1. Develop New Federal Policy in Favor of Aging Population

The public policies focus on youth development and children protection, but the focus needs to change to include the elderly. The federal government should be aware that the older population in the UAE is increasing. The focus should be to develop a new policy that is in favor of the aging population. The future policy should support and include the current social policies, such as including protection of the elderly in the social security law. The policy could be derived easily from Islamic rules and regulations since it is the ideal and comprehensive norm and method in caring for the elderly as these rules still appeal to the UAE community. By combining the new federal policy with the long-term plan, the new initiatives will be able to support the accomplishment of the integrated services to older people by holding on to durable programs. The scheme should enhance the professionals' technical and interpersonal skills to carry out the new responsibilities. With the aging consequences that appear to be due to the natural changes in body functions, many elderly will suffer from mobility problems and become unable to carry on with their daily living activities; thus the new federal policy has to ensure the continued provision of services for the elderly and to plan for long-term services.

2. Endorse Plans and Activities Related to Research and Surveillance

Allocating resources to support research development is essential to help in focusing on aging related issues and to improve the surveillance system for better data collection. Accurate data is needed to help guide and inform decision makers when making or updating public policies. Negotiating issues pertaining to the elderly in the health, legal and social sectors has not been done before; so raising the subsidy for older people is not necessarily the only solution. The older population is increasing in

number, but, unfortunately, their problems are growing as well. In addition to poor health conditions, inadequate treatment strategies and occupied nursing homes, many elderly people suffer low income in comparison to the high cost of living and the lack of a viable pension system.

The pressure on the current social, health and legal systems is increasing the demand for additional services and expenditure. Spending more money on the new services can impact the aging population who are on the social security program, and can affect the legal system are possibilities that need to be examined through data collection and research. The current social systems at the federal and the Emirat level cannot provide such data and cannot correlate the data with the social and the economic changes. Therefore, the social centers need support to provide the necessary data on abused cases, the solutions taken, and to be able to study the potential social issues.

Strong monitoring, data collection, analysis, and reporting will grant the scholars the accurate data they require to present further comprehensive research studies. Federal health, social and legal entities have to fund the research and to continue to partner with the local academic agencies to endorse researches in gerontology, and to enable the health and social graduates to have a more informed understanding on the conditions the elderly live in the society prior to employment.

3. Improve and Transfer Knowledge about Aging

Promoting awareness on the aging process and the potential aging risks can bring about public understanding about geriatric issues. It is important to teach older people and their families about chronic diseases and related disabilities as most are unwilling to seek help. The elderly are too weak to ask for support due to mental illness, impaired physical and psychological abilities, and this makes them more dependent on others.

The healthcare profession needs information on gerontology, particularly where it concerns sick

and older patients. Workforce training is necessary to prepare the professionals to care more attentively for the elderly, to prevent further illness and to provide proper medical management.

Developing awareness campaigns that focus on improving the public perception about public nursing homes and day care centers to reduce the burden on hospitals and reduce patients' hospital stay is also an important issue to address; particularly when no one is at home to take care of an older person. Since most family members are busy or occupied with other responsibilities, staying away from home for long periods of time, and commuting to study or work, the older person ends up being neglected. This makes the demand for high standard nursing homes more critical than before.

4. Incorporate the Private Sector in Providing Care to Older People

Public and private sectors could work together to provide a comprehensive series of health and social services. The private sector could be a valuable partner, one that can effectively contribute in providing the necessary health and social care to the elderly. Systems may be implemented to monitor the private sector. Privatization could supply both sectors with expertise, training, and technology under the umbrella of the UAE policy.

CONCLUSION

This paper brought to light the issue of elderly care in the UAE by providing subjective information and data that affects the elderly and one that reveals the current system's weaknesses and areas for improvement. The health, social and legal policies' structure and frameworks should be improved to correct the current situation and to prepare itself for the upcoming group of elderly people. The federal government has the capability to make the necessary reforms to provide a well-deserved and unique care system for the elderly. The set of recommendations and observations mentioned in this brief can be taken as a starting point towards a better elderly care system in the UAE.

Further research areas recommended, based on this exploratory study; such as the impact of older people on the UAE pension system, the relationship between the elderly level of literacy and level of dependency, as well as the quality of care. Social, health and legal systems need encouragement to provide data beyond the number of elderly served; to include data on demographic studies, and to be proficient in studying the potential issues and uncertainties that are associated with aging population.

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