The Status and Role of the Aged in Lebanon

This is the title of a study based on a sample taken from Lebanese students enrolled in Beirut University, St. Joseph University, American University of Beirut, and the Lebanese University.

Data collected did not come directly from the aged but from their children, grand-children, and other younger generation included in the sample about whom the following preliminary information was obtained:

a. The majority of the students sampled represented the Lebanese middle class.
b. 80% claimed to have urban residence, 20% rural residence.
c. The respondents were 600: 480 urban residents, 120 rural (the latter were mostly concentrated in the Lebanese University: 95/120).
d. 92% of urban students and 87% of rural students were unmarried.
e. 79% were not involved in any employment (About half of them depended on parents for their support, the others received government aids, scholarships, etc.).

Status of the aged within the family

The Lebanese family is a moderately large type of extended family, with an average of 6-7 children.

The ratio of identified aged in the rural sample was significantly higher than that in the urban one. The 120 rural student sample could identify 146 aged, a ratio of 1 to 1.26. The 480 urban student sample identified 480 aged, a ratio of 1 to 1.

The larger number of aged men than women was due to the big difference in age between husbands and wives: 5-10 years, while the greater life expectancy of women accounted for the larger number of widows and grandmothers. Thus:

In rural districts: 53 grandmothers, 23 grandfathers
In urban districts: 173 , 87

As to residence, the majority of the aged lived with their children:

In urban districts: 57% with their children
18% alone
25% with other kin

In rural districts: 65% with their children
19% alone
16% with others

On the other hand, figures show that the aged were frequently visited by their family members, at the rate of 65% for urban agers and 66% for the rural.

Ailments of the Aged

Data obtained in the study shows a little higher percentage of physical ailments among the urban aged than among the rural ones. The rate of senility among urban agers is 6%, among rural agers, 3%, which shows that the village remains for the aged a healthier place to live than the city.

Who Takes Care of the Aged?

It is the immediate family circle that performs this duty, according to the sample study. It is considered a shame to let an aged member of the family be cared for by a maid. The mother seems to be the most responsible person for the care of the sick and aged. In the second place, come the female children. The male family member is the last to do such work.

Because of the difference in age between husbands and their wives, the aged husband rarely, if ever, assumes the responsibility of caring for his wife.

If, for imperative reasons, the immediate family circle is unable to take care of their sick aged, then they resort to the maid, the nurse or relatives, lastly to an old people’s home.

The Aged and the Use of Time

Reading is not a common entertainment for the Lebanese, except in the form of political newspapers. "Visits and radio listening are more dominant in the village than in the city, where reading is practiced by 38.5% of the aged, against 14.7% of them in the village". Gardening is a more popular pastime in city than in village.

Personal Income of the Aged

Most of those who were asked said that the aged had a personal income which came from personal savings. Many of them, however, receive help from their children in one way or another. Others receive money gifts from emigrant children, grandchildren, and other kin.

Work and Retirement

Work for aging people, whether it is productive or not, helps to keep their morale high. In Lebanon where the economy is predominantly a service economy and huge industrial corporations are almost non-existent, the problems resulting from forced retirement are at a minimum level. The study shows that 42.5% of rural aged, as contrasted with 36.8 of urban aged, have been throughout their lives self-employed. Consequently a high proportion of old age retirement becomes voluntary. Statistics show that only 44.2% of the rural aged and 55% of the urban ones were no longer working. The others were still busying themselves in full-time or part-time work.

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(1) Condensation of a study made by Dr. Mounir Khoury, and submitted to the U.N. Social Integration and Welfare Section, Social Development Division, 1973.
Here it is possible to add that aging women who live with their families, unless they have been incapacitated by sickness, may keep on their household chores till the end of their lives.

**The Aged as Seen by the Eyes of the Young**

When asked about their attitude toward their aged parents, most of the sample students declared that they held them in high respect. Only 19.6% of the total urban respondents and 17.5% of the rural respondents considered old agers as a burden. Most of them refused to admit that aged relatives were unhappy or lonely in their families.

Regarding this situation, it should be possible to assume that the respondents’ answers were not always sincere but, in many cases, dictated by pride and prejudice.

**Conclusions**

Though the study made by Dr. Mounir Khoury has not been updated, it still contains a number of enlightening facts which probably have undergone little change since 1973:

1. The gap between rural and urban Lebanon is being quickly bridged as a result of the forceful current of amalgamation between the two areas.
2. The great majority of old agers in Lebanon are residing with their children and other immediate family members. They are chiefly cared for by the females of the family, especially the wife.
3. Urban aged people suffer more than rural aged from old age ailments and idleness.
4. Senior citizens all seem to enjoy economic independence based on personal savings, regular money allowances from children, money coming from emigrant family members, etc.
5. Retirement of old agers is mostly voluntary because a good many of them have been self-employed. Almost half of them are still working.

The value of the study, however, remains highly limited for the following reasons:

First, it was based on a sample of college and university students who normally come from the middle and upper social strata.

Secondly, the data collected did not come from the aged but from their children and grandchildren, who tend to be biased and prejudiced in their answers.

Thirdly, the rural sector in the study is not as fully represented as the urban one (This is a major cause for this study’s inadequacy).

Dr. Khoury gives a final conclusion stating that the aged in Lebanon do not, as yet constitute a serious problem, which implies that they may do so in the near future.

This point was further elucidated in a previous study made in 1971, which, though earlier in time, throws further light on the problems of old age in Lebanon, because it deals with the impending disintegration of the Lebanese family, as well as the public and private policies and services related and rendered to the aged in Lebanon.

This earlier study agrees with the latter one on the conclusion that there is less dissatisfaction and resentment among the rural than among the urban aged. But it warns against the belief that old agers enjoy complete economic independence, as they or their children pretend. Money coming from emigrants is not dependable as a permanent source of income. The gradual breaking up of the Lebanese family threatens its traditional unity and the cooperation among its members.

The same study points out the lack of government policy regarding the aged. Cooperation between government officials and private institutions is limited to the allocation of funds to five major private institutions that take care of the aged in Lebanon. The majority of officials contacted admit that a problem of old age, if it does not already exist, may exist in the near future. The problem is in the making.

**What should be done?**

The following suggestions are presented by Dr. Khoury:

1. The devising of a well studied plan to check disintegration of family ties caused by urbanization and industrialization.
2. The encouraging of private clubs and institutions dealing with the aged to continue in their work with the following recommended changes:
   a. That some kind of coordination be established among them to insure more efficiency and less expense.
   b. That a more homelike atmosphere be created for the aged and better entertainment and recreational facilities be provided.
   c. That only the desperately aged who are homeless, and/or having no families, be admitted to public sponsored homes for senior citizens. This will require the government to subsidize those institutions with the necessary money to enable them to carry on their work.
3. The playing by the government of a more important role in alleviating the problem of the aged in the following ways:
   a. An intensive study of the aged may be undertaken by the ministries of Public Health, Education and Social Affairs, in the light of which a well coordinated plan of action can be drawn and executed.
   b. The Office of Social Security could expand its old age program to include all aged Lebanese, not only retired employees and workers.
   c. The Office of Social Development and the Ministry of Social Affairs should pay more attention to training and development of social workers.

At least one of Dr. Khoury’s suggestions will eventually be carried out if the law concerning the old age security which is already in the Social Security Program succeeds in being promulgated.

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