The Aging of Israel's Arab Population: Needs, Existing Responses, and Dilemmas in the Development of Services for a Society in Transition

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Abstract

The Arab population of Israel is relatively young. However, a significant increase is expected in the number of elderly Arabs in the coming years. At the end of 2001 there were 38,500 Arab elderly, but their number is expected to reach 92,100 by 2020. This will represent a nearly 2.5-fold increase in absolute numbers. As the population ages, the number and percentage of people with chronic diseases and related disabilities will rise significantly. While the Arab elderly are much younger than the Jewish elderly, they are more disabled and therefore have greater medical and nursing needs. An extremely important measure of the need for formal services is an elderly person's functional ability, especially the ability to live independently. The percentage of Arab elderly who are disabled and need help with activities of daily living is twice as high as that of the Jewish elderly population. At present, 30% of the Arab elderly (39% of the women and 20% of the men), compared to 14% of Jewish elderly (17% of the women and 11% of the men), need help in at least one ADL (bathing, dressing, eating, mobility in the home, rising and sitting, getting in and out of bed). Concomitant with demographic changes are forces that affect the ability of informal support systems to provide care. For example, the rising number of Arab women in the labor force together with changes in elderly peoples' living arrangements have increased the need for formal services to share responsibility for the elderly with families. As services are developed, questions arise regarding the extent to which they have been adapted to the culture and norms of Arab society and meet that society's unique needs. This paper elaborates on some of these issues.

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Israeli society is heterogeneous with many different population groups. One of the main challenges it faces is to ensure the equality and accessibility of services to all population groups. In recent years, efforts have been made to expand services for Israel's Arab elderly.

Arab society in Israel is undergoing a gradual transition and becoming westernized. This is having an impact on the spectrum of daily life, including societal forces, the economy, education, culture, the status of women, and the structure of the family. Although these changes are similar in nature, if not in scope, to those affecting rural populations throughout the Middle East, fundamental differences exist. For example, while elsewhere in the region educated young people are migrating out of their villages of birth, in Israel many young professionals return to their village. By doing so, they not only serve as powerful "agents of change" but also maintain, to some extent, traditional informal support systems for the elderly. At the same time, while the clan (*hamulla*) still exists, it no longer performs its traditional functions; the elders who once headed the clan are being relegated to the role of advisor, as practical leadership passes to the next generation who now serve as *elected* representatives to village institutions [1,2].

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As services are developed, questions arise about the degree to which they have been adapted to the culture and norms of Arab society and meet that society's unique needs. In this paper, we discuss the aging of Arab society, the sociodemographic characteristics and functional status of Arab elderly, existing responses to their needs, and issues in the development of services for them.

The aging of the Arab population

The aging of the Arab population differs from that of the Jewish population. In effect, between 1955 and 2001, the percentage of elderly in the Arab population decreased: in 1955, the percentage of elderly in the Arab population was greater than that in the Jewish population (5.4% vs. 4.7%, respectively), while at present, the portion of elderly in the Jewish population (11.4%) is nearly four times that in the non-Jewish population (3.1%) [3]. This increase is due primarily to a high fertility rate rather than to a decline in life expectancy in the Arab population. Consequently, only 6% of all elderly are Arabs, even though Arabs constitute 20% of Israel's total population. However, the number of elderly in the Arab population is expected to increase more rapidly than in the Jewish population. At the end of 2001 there were 38,500 Arab elderly, but their number is expected to reach 92,100 by 2020. This will represent a nearly 2.5-fold increase in absolute numbers (and will be 2.5 times greater than the increase in the number of Jewish elderly). However, the Arab population will remain much younger than the Jewish

ADL = activities of daily living

population, and the elderly will represent 4.8% of the Arab population in 2020, compared to 11.8% in the Jewish population. By 2020, Arab elderly are expected to constitute 9% of all elderly in Israel [3].

Selected characteristics of the Arab elderly

There are some significant differences between the Arab elderly and the Jewish elderly populations. As shown in Table 1, while the Arab elderly are much younger than the Jewish elderly, they are more disabled than the Jewish elderly and therefore have greater medical and nursing needs. For example, 44% of the Arab elderly report having problems with their vision, and 45% with their teeth (that is, in chewing), compared to 34% and 31% of the Jewish elderly, respectively [4]. An extremely important measure of the need for formal services is an elderly person's functional ability, especially the ability to live independently. It was found, for example, that the percentage of Arab elderly who are disabled and need help with activities of daily living is twice that of the Jewish elderly population. At present, 30% of the Arab elderly (39% of the women and 20% of the men), compared to 14% of Jewish elderly (17% of the women and 11% of the men), need help in at least one ADL (bathing, dressing, eating, mobility in the home, rising and sitting, getting in and out of bed). It was also found that about one-quarter of the Arab elderly living in the community are homebound, compared to 12% of the Jewish elderly [4]. Many interrelated factors, such as income, education, health behavior and habits, accessibility to health services, health utilization patterns, and genetics may contribute to an explanation of these differences. For example, smoking is extremely widespread among elderly Arab men: 24% vs. 12% of elderly Jewish men. Arab and Jewish elderly also differ considerably in other health-related behaviors, such as physical activity: approximately 38% of the Jewish elderly report performing regularly some type of physical activity compared to only 3% of the Arab elderly. Differences were found with regard to the utilization of preventive health services as well. For example, the rate of performance of mammogram examinations among Jewish elderly women is almost triple that among Arab elderly women (121 per 1,000 population, compared to 309/1,000 population, respectively) [4].

Table 1. Selected characteristics of the elderly In Israel, by population group

	All elderly	Arab elderly	Jewish elderly
Total population 65+ in 2001 (thousands)	639.0	38.5	600.4
Percentage of 65+ (of total population)	9.8	3.1	11.4
Projected population 65+ in 2020 (thousands)	1,025.8	95.0	930.8
Gender			
Men	42.5	45.9	42.3
Women	57.5	54.1	57.7
Age			
65–74	55.1	67.3	54.4
75 and over	44.9	32.7	45.6
Marital status			
Married	57.5	59.0	57.3
Widowed	37.0	36.6	37.1
Divorced	3.8	1.7	4.0
Never married	1.7	2.6	1.6
Living arrangement			
Alone	25.9	22.8	26.1
With spouse only	45.1	24.9	46.4
With spouse and children	11.2	30.7	10.0
With children only	9.7	12.1	9.6
Other	8.0	9.4	7.9
No formal education			
Total	13.8	59.9	10.9
Men	8.7	40.5	6.5
Women	17.7	76.8	14.2
Disability in ADL*			
Total	15.2	30.5	14.3
Men	11.4	20.2	10.8
Women	18.1	39.3	16.8
Homebound**	12.4	23.6	11.7
Uses services			
Social or enriched clubs	13.9	10.9	14.1
Day-care center	2.0	2.4	2.0
Long-term care institution	4.1	0.7	4.3

* Disabled in at least one of the following activities: bathing, dressing, eating, mobility in the home, rising and sitting, getting in and out of bed.

** Of those living in the community.

A significant and significantly greater percentage (60%) of Arab elderly has had no formal education, compared to the total elderly population (12%). The percentage is particularly high among elderly Arab women (76.8%), most of whom are illiterate. This is important, as level of education is a measure of socioeconomic status and is closely tied to measures of health and the use of health services, especially preventive health behavior [5]. Moreover, various studies have found an inverse relationship between level of education and mortality [6].

As the Arab population ages, the percentage of those with chronic diseases and related disabilities also rises significantly. For example, between 1999 and 2010, an increase of 72% is expected in the number of disabled Arab elderly, compared to 37% in the total number of disabled elderly in Israel. Thus, the rate of increase in the number of disabled among the Arab elderly population is expected to be double the rate of increase in the number of disabled in the total elderly population [7].

Another factor contributing to the need for formal services, mainly long-term care services, is the change in the availability and capacity of the informal support system to address these growing needs. It was found that, in general, there is no significant difference in marital status, and similar percentages of both Arab and Jewish elderly are married (59% and 57%, respectively).

In most countries, including Israel, changes have occurred in the

living arrangements of the elderly, with an increase in the percentage of elderly living alone. These changes are affected not only by demographic trends but also by social and economic changes, changes in societal norms, and changes in the preferences of the elderly and their families. Among the Arab population of Israel, the percentage of elderly living alone has also increased, currently reaching more than one-fifth of Arab elderly, compared to 12% in the 1970s. Nevertheless, significant differences persist in the living arrangements of the Arab and total elderly populations [Table 1]. It should be noted that living arrangements affect the need for formal services, since elderly living alone usually have a greater need for services.

We may distinguish between two main types of household: unigenerational (whether the elderly person lives alone or with his or her spouse only) and multigenerational. While as much as 71% of the total elderly population lives alone or with a spouse only – that is, in a unigenerational household – less than half (48%) of the Arab elderly live in a unigenerational household.

An elderly person's daily life is significantly influenced by the setting in which he or she lives: Those who live in a unigenerational household are autonomous, while those who live in a multigenerational household may have their autonomy curtailed by having to share living space and household facilities, live according to the timetable set by the younger generation, and adapt to a restricted or even total lack of privacy. However, these drawbacks are compensated for by increased physical security, assistance in performing tasks that they cannot perform themselves, a higher standard of living (usually), and daily contact with family members of all ages. Conversely, elderly people who live in a unigenerational household may become more dependent on formal services.

Examination of a society according to this division of households provides an empiric indicator of the traditionalism of that society. One salient characteristic of the traditional agrarian society was the multigenerational or extended household, in which parents, married children and their children lived under one roof [8,9]. When such a society is exposed to the radical economic, technological, and political changes brought by westernization, its more traditional structures, such as the multigenerational family, may weaken and crumble, even within the lifetime of one generation.

The model of family relations among elderly rural Arabs as it exists today in Israel is similar to the traditional model described in the literature, although differences exist. Whereas the traditional model consists of a multigenerational household comprising parents, one or all of their married sons and their wives and children (typically, married children live with the husband's family), Arab nuclear families in Israel usually occupy several households in the same village, which are proximate to one another. Children and grandchildren abound, and are actively involved in the lives of their parents/grandparents. This somewhat more "spacious" multigenerational system is possible because the distance among individual family residences is small. One wonders what would happen to this closely woven intergenerational fabric if geographic mobility were high [2].

The development of services and their use by elderly Arabs

During the past decade, community services have been developed for the elderly Arab population on the initiative of ESHEL – The Association for the Planning and Development of Services for the Aged in Israel, in cooperation with various government agencies, particularly the Ministry of Labor and Social Affairs, and the municipalities and local authorities. It should be noted that professionals are more willing and aware than they once were of the need to develop community services for the Arab population. This has come about mainly due to increased awareness and willingness among the elderly and their families to take advantage of the formal system of services.

At present, there are some 68 social clubs for elderly Arabs, visited by close to 4,000 individuals – roughly 11% of the Arab elderly population. In addition, 15 day-care centers have been established for the Arab elderly, primarily for those who are disabled; they serve close to 950 elderly, or about 2.5% of the total Arab elderly population. Arab elderly also use formal services that are provided under the Community Long-term Care Insurance Law: Some 5,300 Arab elderly receive home care services (representing about 14% of the total Arab elderly population in Israel). At present as in the past, few Arab elderly seek institutional solutions: only 0.7% of all Arab elderly reside in some institutional setting (for the frail, the nursing, or the mentally frail elderly), compared to 4.3% of the Jewish elderly. However, a need has been identified to develop institutional services to meet the unmet needs of the severely disabled elderly, especially those who do not have a strong informal support network. This provided the impetus for the establishment of a long-term care institution in the village of Dabburiyah in the north of Israel. This institution has become an integral component of the network and continuum of care offered to the Arab elderly.

The continued development of services for the Arab population is affected by trends in Israel's Jewish society. For example, the first supportive community was recently established in one Arab village and already has some 120 elderly members. The supportive community program's main goals are to improve the quality of life of the elderly living in the community and to provide specific services to meet needs that otherwise are not adequately addressed. The supportive community program supplies four services: special medical services (physician house calls and an ambulance service), an emergency call service, a neighborhood facilitator (simple home repairs and social support), and social activities. In contrast, however, several service models, such as respite care and sheltered housing programs, have been developed for the Jewish population but have not yet been "imported" into the Arab sector.

Discussion and Summary

The social, economic, educational, and cultural changes brought about by the modernization of Arab society in Israel have had a significant impact on the life and status of the elderly. The gradual abandonment of the multigenerational household and the increasing education and labor-force participation of Arab women have created a dual challenge of adapting to new demands while continuing to care for the frail and disabled.

While developing community-based services for the elderly such as home care, social clubs, day-care centers, and supportive communities, a fine balance must be maintained between formal care and family responsibility, so as not to harm the delicate fabric of intergenerational relationships founded on the value system [2].

The attitude of the elderly and their families toward the services provided by the authorities is a mixture of traditional and modern views. According to traditional concepts, responsibility for the aged rests with the family. However, the socioeconomic processes that the Arab population of Israel is undergoing have enhanced willingness to accept the support extended by the welfare state [1, 8].

Some professionals in the field of geriatrics express concern that formal services will inflict harm upon this delicate intergenerational structure, and that it is therefore imperative to keep the balance when developing new services. That is, on one hand not to absolve the family of all responsibilities toward its elderly members, while not neglecting or denying care to the elderly under the guise of tradition on the other.

The rapid modernization of Arab society in Israel is also leaving its mark on that society's values. The once axiomatic rule that offspring or close family should be the *sole* caregivers of the elderly is losing its validity as the Arab community slowly comes to view formal, "external" caregiving in a more positive light. Policy makers and planners face the fundamental dilemma of setting the boundary between supporting the informal support network and developing appropriate formal services in order to strengthen the informal support network rather than replace it. This issue pertains to the development of services for all of Israel's elderly, but particularly for its Arab elderly to whom the notion of formal support is still foreign.

Moreover, the education and practical training of most Arab social workers, nurses and physicians is based on knowledge developed in western society, which does not necessarily provide them with tools to cope with the dilemmas arising from the need to serve elderly people in a society that is making the transition from traditional to western norms. Arab professionals, too, must maintain the delicate balance between traditional values and the universal values that underlie national policy and legislation of service development for all of Israel's elderly. This should be addressed in training these professionals.

Further research is mandatory in continuing to develop formal services that will meet the increasing needs arising from the aging of the Arab population, which is compounded by the changes wrought by modernization in the capacity of the informal support system to address these needs. The primary objectives of such research should be the changing needs and types of service preferred by Arab families, the effects of the proliferating services for the aged on the traditionally close bonds among Arab family members, and how to best accommodate and use natural support networks steeped in cultural and religious heritage, to the benefit of Arab elderly and Arab society [10,11].

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