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## Care of the Elderly in Qatar

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### Abstract

Qatar is a small Arab country that is showing increased economic growth with changes in family and demographic structures. Family is an important social institution in Qatar and consists of extended, joint and nuclear households. Senior members of the family are seen as an integrated unit of the family. Qatar is among one of the wealthiest countries in the World and a country that is rich in natural gas reserves. Being one of the world's third largest natural gas providers, Qatar is recognised by the World Bank as a high-income economy. The high income generated from natural gas reserves has provided funding to transform, develop and ensure the growth of improved healthcare systems. During this paper we will review Qatar's population indicators on ageing and the policies and structures for elderly care.

**Key words:** Elderly Care; Population Indicators; Formal care; Fertility Rate.

### 1. Introduction

#### 1.1 Care and Support for the Elderly

Qatar has two main systems for providing old age care: informal care providers (unpaid family members – mainly women) and formal care providers (nursing aids, home care assistants, paid care workers).

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## **1.2 Informal care providers**

Qatari citizens place a high regard on religion and cultural standards that stipulates that the younger generations should take care of their elders and to avoid a stigma where elderly relatives are placed in nursing homes. Taking care of elderly relatives such as helping them to eat and wash is more than often fulfilled by family members as to nursing staff. Qatar family structures places the male/father as the head of the family and in most cases are the breadwinners of the family, therefore it is often assumed that the female/mother/wife will take the responsibility upon her to take care of the elderly. Women in Qatar are seen as the main source for care and emotional support. Arab women have to take the responsibility of being wives and mothers and upholding their traditional roles while also having to participate in increased duties of labour – this can all be very challenging to a woman. Qatar has seen a growth in the participation of women in the labour force and this may negatively affect informal care providers as being unavailable to take care of elderly family members. There is also the risk that an informal care provider may not have the necessary skills or training to provide elderly care to persons suffering from dementia, Alzheimer or complex illnesses.

## **1.3 Formal care providers**

Qatar has seen a vast economic growth in the health care system with new hospitals being used to provide frail, elderly citizens with medical care through hospitalization. Qatar Foundation for Elderly People Care (IHSAN) was founded to provide an organization that focusses on the elderly and disabled citizens of Qatar. The Foundation provides social care services for the elderly as well as studying cases of the elderly. The Foundation provides permanent, intermitted and limited period accommodation to assist families. Continuous communication with elderly families to provide support, home visits to provide assistance, visits to new elderly people at Hamad Hospital (provides reports on each case), providing basic suppliers such as clothes and food, training students of Qatar University in the social work department are just to name some of the support the Foundation provides.

## **1.4 The involvement of government in caring for the elderly**

Elderly citizens that were previously employed by government, are entitled to receive a pension and can also apply to the Ministry of Administrative Development, Labour and Social Affairs for assistance.

There is a need for government to create long-term care provisions and facilities to support family members that provide informal care. There is also a need to provide flexible and supportive working environments to enable informal care givers more flexibility to take care of the elderly family members. The Qatar National Vision (2030) set specific pillars to improve and ensure economic growth of the Arab region. The Population Policy of the State of Qatar 2017-2022 has stipulated the specific goals for the improvement in caring for elderly persons [1]. The strategic goals are to “*Promote effective participation of the elderly and persons with disabilities in various community activities, enable them to integrate society and continuously improve means of their care*” [2]. The strategic goals will be achieved by enabling and integrating the elderly to participate effectively in economic, community and social activities, increase the number of elderly who can work after retiring and the

introduction of rehabilitation and training programs for the elderly. The strategic goals can also be achieved by the development and improvement of care services provided to the elderly through an increase the number of public buildings, facilities and roads to take in account the physical needs of the elderly, increase in the number of vehicles and allocated parking spaces allocated to the elderly, plans to expand mobile home care services to alleviate the burden on health institutions caring for the elderly and to improve health and psychological status of the elderly to reduce the burden on families caring for them. As women primarily care for elderly family members, the Population Policy of the State of Qatar 2017-2022 has stipulated the strategic goal for women to “*Support the women community participation and provide the necessary conditions to increase their participation in labour force, while maintaining family cohesion*” [2]. This strategic goal can be achieved by supporting women’s participation in community through the introduction of legislation securing certain percentage of women’s presence in higher professions, increase in number of clinics that provide an environment to contribute to balancing women’s work and family responsibilities (part-time jobs, remote working etc.) and the revision of the articles of the Labour Law in terms of women’s employment to provide more flexible working hours.

### ***1.5 Centre of empowerment and care of the elderly***

This is a private, non-profit front that provides health care and social services to the elderly. These services include nursing services, physical therapy and the dispatch of social works to assess individuals and provide the necessary assistance. Nursing services provides guidance for the elderly and their families as well as hygiene care, diet counselling and treatments. Physical therapy services include examinations, diagnoses and treatment programs with the focus on reducing pain, increased mobility and an overall improvement on health. It is also important to continuously involve the elderly in family and community events as this will help them feel socially engaged and will also provide intellectual stimulation. By educating family members through training courses, workshops, drama programs, lectures and seminars the family members are educated in the needs of and to have a better understanding of the elderly.

### ***1.6 Qatar population indicators***

World meters and Indexmundi are online source providing statistics of process data collected from the United Nations Population Division, the total population count from 1950 to 2018 and the percentages from registrations on 01 July annually. The statistics below indicate growth in Qatar population of both male and female as well as the annual number of deaths during a year per 1000 population, also known as crude death rate. It is evident that the overall death rate significantly decreases from 2007.

This in return indicates that there is an increased life expectancy is due to socio-economic change, reduction in fertility rate and significant changes in family structures. Due to the increased life expectancy, provisions need to be made for those living longer and subsequent influences of illness and special care needed for old age. The reduction in fertility may have severe long-term consequences as there may be too many elderly dependents and not enough workers or family members to support the elderly as the high dependency ratio for 25-54 year old individuals indicates.

**Table 1: Qatar Population – Male [3]**

Qatar	2015		2016		2017		2018	
	Male		Male		Male		Male	
	Number	%	Number	%	Number	%	Number	%
45 - 49	103,706	4,8%	110,798	4,8%	117,393	5,0%	121,541	55,1%
50 - 54	62,944	2,9%	67,572	2,9%	73,202	3,1%	79,784	3,4%
55-59	39,708	1,8%	42,22	1,8%	44,135	1,9%	45,896	1,9%
60-64	17,714	0,9%	20,67	0,9%	23,688	1,0%	26,508	1,1%
65-69	6,405	0,3%	7,564	0,3%	9,026	0,4%	10,721	0,5%
70-74	5,362	0,2%	5,155	0,2%	4,979	0,2%	4,969	0,2%
75-79	4,544	0,2%	4,715	0,2%	4,718	0,2%	4,615	0,2%
80-84	812	0,1%	1,288	0,1%	1,88	0,1%	2,448	0,1%
85-95	378	0%	338	0%	227	0%	272	0%
90-94	82	0%	110	0%	151	0%	185	0%
95-99	29	0%	27	0%	20	0%	17	0%
100+	4	0%	4	0%	4	0%	5	0%

**Table 2: Qatar Population – Female [3]**

Qatar	2015		2016		2017		2018	
	Female		Female		Female		Female	
	Number	%	Number	%	Number	%	Number	%
45 - 49	34,950	1,6%	37,585	1,6%	39,524	1,7%	40,883	1,7%
50 - 54	18,598	0,8%	21,074	0,9%	23,851	1,0%	26,693	1,1%
55-59	11,485	0,5%	12,516	0,5%	13,408	0,6%	14,323	0,6%
60-64	6,413	0,3%	7,262	0,3%	8,154	0,3%	9,056	0,4%
65-69	3,249	0,1%	3,649	0,2%	4,151	0,2%	4,731	0,2%
70-74	2,555	0,1%	2,585	0,1%	2,597	0,1%	2,639	0,1%
75-79	1,834	0,1%	1,948	0,1%	2,027	0,1%	2,081	0,1%
80-84	683	0%	816	0%	978	0%	1,114	0%
85-95	348	0%	335	0%	349	0%	347	0%
90-94	115	0%	132	0%	152	0%	168	0%
95-99	40	0%	41	0%	37	0%	37	0%
100+	6	0%	6	0%	7	0%	8	0%

**Table 3:** Qatar Life Expectancy [4]

Qatar Life Expectancy according to the World Population Review for 2018	
Life Expectancy (Both Sexes)	78.41 years
Life Expectancy – Male	77.64 year
Life Expectancy – Female	80.11 years

**Table 4:** Annual Death Rate [4]

Annual Death Rate											
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Qatar	4.82	2.47	2.46	2.44	2.43	1.55	1.54	1.53	1.53	1.5	1.5

**Table 5:** Annual Fertility Rate [4]

Total Fertility Rate											
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Qatar	2.75	2.47	2.45	2.44	2.13	1.93	1.92	1.92	1.9	1.9	1.9

**Table 6:** Qatar Dependency Ratio Statistics 2018 [5]

Qatar Dependency Ratio Statistics 2018	
0-14 years	13.63%
15-24 years	12.35%
25-54 years	70.59%
55-64 years	3.42%
65 years and over	1%

**Table 7:** Qatar Population Forecast [6]

Qatar Population Forecast	2020	2025	2030	2035
Population	2,791,807	3,028,568	3,231,911	3,402,497
Yearly % change	2.38 %	1.64 %	1.31%	1.03 %

## **2. Conclusion**

As indicated there is an increased growth in life expectancy of Qatar citizens and with citizens living longer, there is bound to be pressure on those providing support to the elderly. It is therefore imperative for the government and private institutions to provide long-term care provisions and facilities for the elderly and their supporting families. The pressures placed on women to fulfil their duties and take care of elderly family members, places a high demand on women's welfare and to improve fertility, the correct supporting structures are needed.

Qatar has shown economic growth and improvement in the healthcare sector and with its vision and strategic goals of education, training courses, workshops, frail care facilities, nurses and continuous involving the elderly in family and community events, the economy will continue to grow, support and provide assistance to the elderly.

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