

**Population Ageing in the Eastern Mediterranean Countries:  
A Regional Overview of the Situation  
JORDAN**

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**ABSTRACT**

**Introduction:** Jordan is a small, upper middle-income country with a relatively young, largely urban population. This report is a thorough analysis of aging of the Jordanian population in terms of population structure, growth, aging indicators, and consequences of aging. The latter includes poverty and income security, health services, vulnerability and family support. Policies and legislations have also been looked at in light of Madrid International Plan of Action on Ageing.

**Methodology:** An extensive review of the literature was conducted looking for both qualitative and quantitative data obtained from development and demographic databases published by various national and international bodies.

**Conclusions:** In order for Jordan to move forward with mainstream ageing, stakeholders must become intimately aware of the implications of the ageing population, and invest in strengthening Jordan's capacity to provide the older people with an excellent quality of life. Key issues include augmenting the incomplete databases, encouraging late-life community engagement, financial support to the agencies dealing with older persons as well as their caregivers, in addition to universal health coverage and pension security. A complete reform is needed for the health sector to introduce geriatric training for all allied health team members and establish research databases in different geriatric topics.

**Key words:** Jordan; older adult; elderly; aging / ageing.

## Introduction

The Hashemite Kingdom of Jordan, one of the most modern developing countries in the Middle East, and is a land steeped in history. It is a small, almost entirely landlocked country divided administratively into 12 governorates. Economically, it is an upper middle-income country with a gross domestic product (GDP) per capita of JOD 9,829.2 and with an estimated annual growth rate 3.7% (current prices in 2017). (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

Due to its location, in the heart of the Middle East, the country has witnessed many political conflicts including the wars in 1948, 1967 and the “Arab Spring” in 2011. These events have affected the demographics and structure of the country and as a result it has transformed from a sparsely populated country to one with ten million people (10,053,10 Thousand) in 2017. This rapid growth has led to doubling of the population in the last few decades, with another doubling expected to ensue again by 2040. Importantly, however, is the demographic transition the country is undergoing, as it moves from high fertility and mortality, to low fertility and mortality. As a result, Jordan’s demographics will further change dramatically— a change that has the potential to translate into dividend or disaster for the country. This altering of the population’s age structure might lead to fundamental changes in parents’ perceptions of what their children can and should achieve. (Statistics D. o., Jordan in Figures, 2017)

Over the next 30 years, Jordan will see the relative size of its working age population more than double. It can also expect demand for quality education and health care to rise, and for people to save increasing proportions of their income, so that they can maintain a reasonable standard of living in their old age. Policies will be needed to continue to reduce fertility rates, anticipate future retirement needs, and address issues that might impede efficient use of the anticipated new labor, national savings, and human capital. (Bloom, et al., 2001).

## Objectives and Methods

The objectives of this paper were to study population aging in Jordan and the determinants of its pace of growth in the period 1950-2050. These include the changing age structure over the years, the share of the older population in the total population, feminization of aging and aging of the older population. The

pros and cons of population aging were also discussed thoroughly from economic, social and health points of view. Further, the evolution of policies and legislations involving older people in Jordan was reviewed in concordance with Madrid International Plan of Action on Aging (MIPA). The last part of the paper drew on key recommendations that can be adopted by policy makers to offset the impact of the demographic shift and to enhance the aging process in Jordan.

The data sources for the analysis included in this paper were based on national and international demographic and development databases. The national databases included Department of Statistics, Ministry of Health, Ministry of Social Development, the Higher Population Council, and the National Council for Family Affairs. On the other hand, international databases included the United Nations, the World Health Organizations, and the Center for Disease Control. Published original articles and reviews, and unpublished PhD’s and master’s dissertations were also included in this comprehensive paper. All quantitative and qualitative data in both English and Arabic languages were included.

## Results and Discussion

### 1. Overview of population ageing; 1950-2050

#### 1.1 Pace of ageing and changing share of older persons:

Population ageing, the process by which older individuals become a proportionally larger share of the total population, is a distinctive demographic event mostly observed in the developed world. In its report, the United Nations’ Department of Economic and Social Affairs (DESA) has estimated 962 million people aged 60 or over living in the world in 2017, with a projected rise to 1.4 billion in 2030. Rapid ageing will occur in all parts of the world, so that by 2050 all regions of the world except Africa will have nearly a quarter or more of their populations at ages 60 and above. (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

In Jordan, there were no organized attempts to study the population prior to 1952, except for rough estimates based on registers compiled by the United Nations Relief and Welfare Agency (UNRWA). The 1952 Housing Census provided some information about the population, yet the first population census was carried out in 1961. A summary of the censuses and estimates done by the Department of Statistics in Jordan (DOS), and their results are shown in Table 1.

**Table 1: Summary of censuses done by Jordanian Department of Statistics**

Indicator	1952 census	1961 census	1979 census	1994 census	2004 census	2012 estimates	2015 census	2017 estimates <sup>c</sup>
Population (millions)	0.59	0.90	2.13	4.14	5.10	6.30	6.60	10.05
Intercensal growth rate (%)	N.A	N.A	4.8	4.4	2.6	2.2	3.1 <sup>a</sup>	5.2 <sup>d</sup>
Life expectancy/years								
Male	N.A	N.A	N.A	68.5	70.6	70.6	72.47 <sup>b</sup>	72.80
Female	N.A	N.A	N.A	69.2	72.4	74.4	74.00 <sup>b</sup>	74.2

(National Population Commission, 1991), (Department of Statistics, 1982)

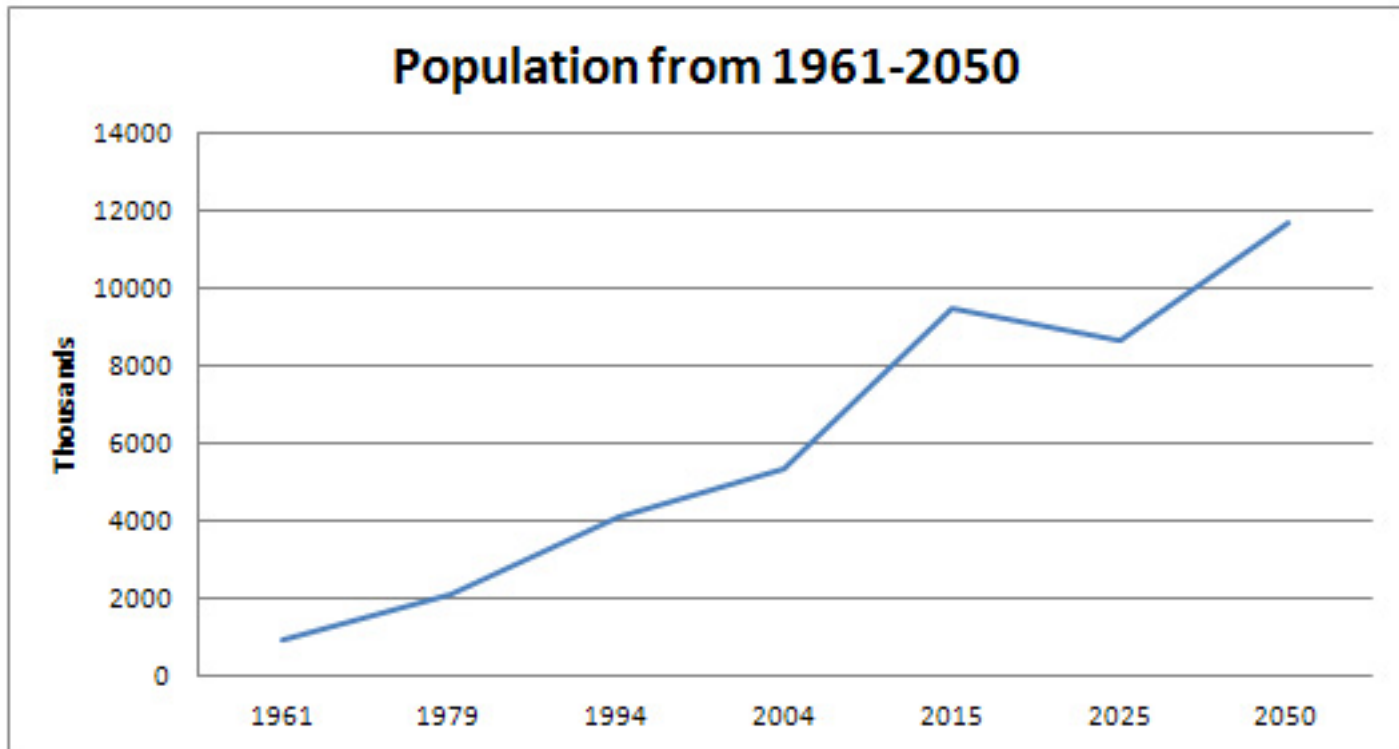
<sup>a</sup> Ranging from 3.1% for Jordanians to 18% for non-Jordanians. The average is 5.3% per year for the total population. (DOS2015, 2015)

<sup>b</sup> (World Health Statistics 2015, 2015): Data are for the year 2013, <sup>c</sup> (Statistics D. o., Population Estimates , 2017), <sup>d</sup> 2.4% for Jordanians only

Jordan's population is relatively young with 62% in the age group 15-64 years and only 3.7% above the age of 65. It is projected to increase into almost 11 and 14 thousand in 2030 and 2050, respectively (Table 2). (DOS2015, 2015) (Statistics D. o., Population Estimates , 2017) (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

Figure 1 shows Jordan's population count from 1961 to 2050 as published by the Department of Statistics and the United Nations' report titled World Population Ageing 1950-2050. (DOS2015, 2015) (World Population Ageing:1950-2050, 2002).

**Figure 1: Jordan's population count from 1961 to 2050**



(DOS2015, 2015) (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

Table 2 summarizes the percentages of older ages living in Jordan from 1950 to 2050, and Figure 2 shows growth rates of all age groups in Jordan in the same period. (World Population Ageing:1950-2050, 2002) (DOS2015, 2015).

**Table 2: The share of older adults out of the total population in Jordan from 1950 to 2050a**

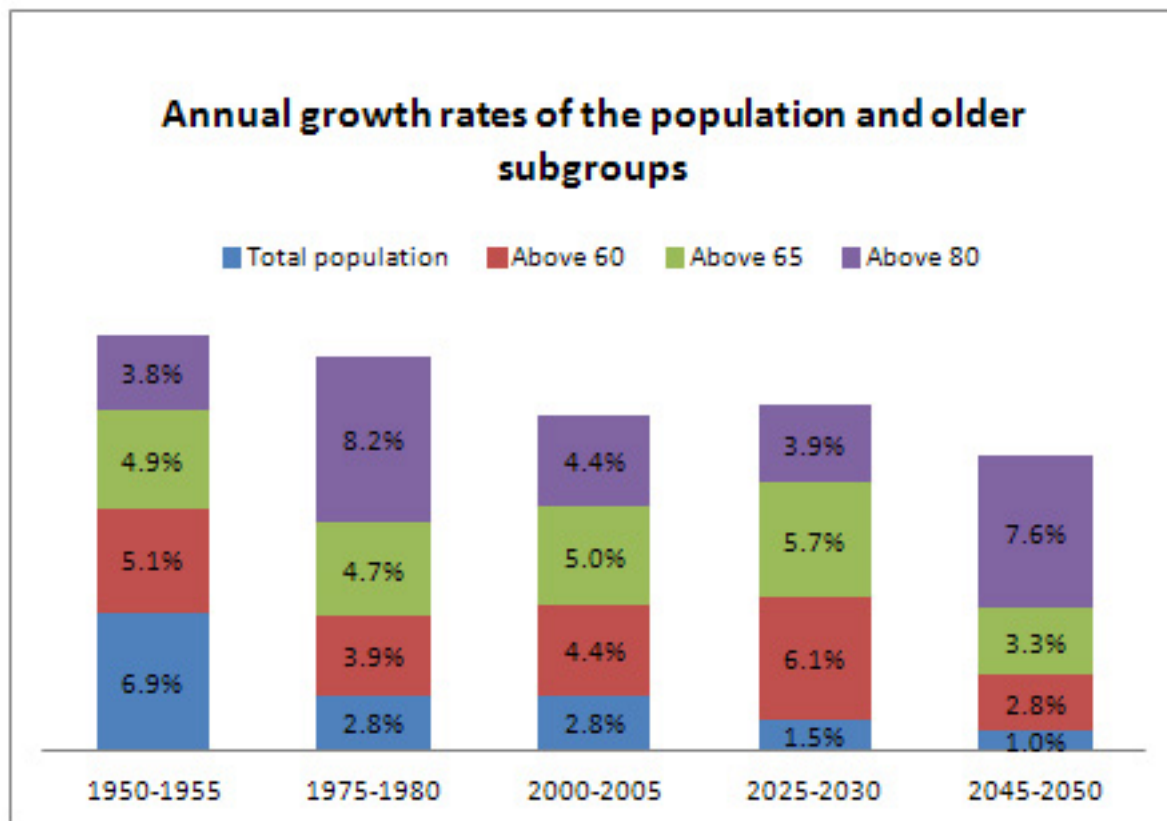
Population	1950 Thousand (%) <sup>b</sup>	1975 Thousand (%)	2000 Thousand (%)	2015 <sup>c</sup> Thousand (%)	2025 Thousand (%)	2050 Thousand (%)
<b>Total</b>	472.5	1 936.7	4 913.1	6613.6	8 666.1	11 709.1
+60	35.1 (7.4)	84.1(4.3)	223.3 (4.5)	406.2 (6.1)	609.2 (7.0)	1821.3(15.6)
+65	22.9 (4.8)	55.0 (2.8)	137.0 (2.8)	278.0 (4.2)	374.0 (4.3)	1315.2 (11.2)
+80	2.0 (0.4)	6.7 (0.3)	17.8 (0.4)	41.2 (0.6)	63.7 (0.7)	254.5 (2.2)
<b>Males/Total</b>	245.2	990.7	2553.9	3368.1	4444.1	5931.0
+60	18.8 (7.7)	41.0(4.1)	113.4 (4.4)	204.7(6.1)	300.7 (6.8)	878.8 (14.8)
+65	12.2 (5)	27.0 (2.7)	68.3 (2.7)	140.0 (4.2)	178.0 (4.0)	625.7 (10.5)
+80	1.1 (0.4)	3.0 (0.3)	8.5 (0.3)	20.2 (0.6)	28.6 (0.6)	109.7 (1.8)
<b>Females/ Total</b>	227.3	946.0	2359.3	3245.5	4222.1	5778.2
+60	16.3 (7.1)	43.2 (4.6)	110.0 (4.7)	201.5 (6.2)	308.6 (7.3)	942.6 (16.3)
+65	10.7 (4.7)	28.3 (3.0)	69.0 (2.9)	138.1 (4.3)	196.0 (4.6)	689.7 (11.9)
+80	0.9 (0.4)	3.7 (0.4)	9.3 (0.4)	21.0 (0.65)	35.2 (0.8)	144.8 (2.5)

a (World Population Ageing:1950-2050, 2002), (Department of Economic and Social Affairs, World Population Prospects: The 2015 Revision, Key Findings and Advance Tables, 2015)

b % of the total population c (DOS2015, 2015)

In practically all regions of the world, the older population is growing faster than the total population. Jordan is no exception; as this fast growth is more noticeable in the very-old elderly (+80) where their number has grown by 6.6% yearly versus 3.1% yearly growth of the total population in the past few years. Further, it is expected by the year 2050 that the total population will double, reaching 11.7 million, while the older people's population (+60) is projected to expand by more than eight times reaching 1.85 million which makes up 15.8% of the population. Noteworthy, these growth rates of the older population in Jordan are projected to be higher than they are for the rest of the world. (United Nations, 2015)

**Figure 2: Annual growth rate of the population and older people subgroups**



(Profiles Of Ageing 2015, 2015), (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

Figure 3 (next page) shows the change that the population age structure has witnessed in the past three decades. The most important feature of this change is definitely the decline in the percent of children (individuals under the age of 15 years) as well as the increase in the proportion of the working age group (15-64 years).

**1.2 Determinants: decline in fertility and improvements in life expectancy:**

Population growth is a natural result of Jordan's mortality and fertility transition. International migration is also a contributing factor in changing a populations' structure. In fact, the immediate cause of population ageing is fertility decline that, along with increases in longevity, is producing substantial shifts in the population age structure, so as the share of children is shrinking while that of older persons continues to grow. (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

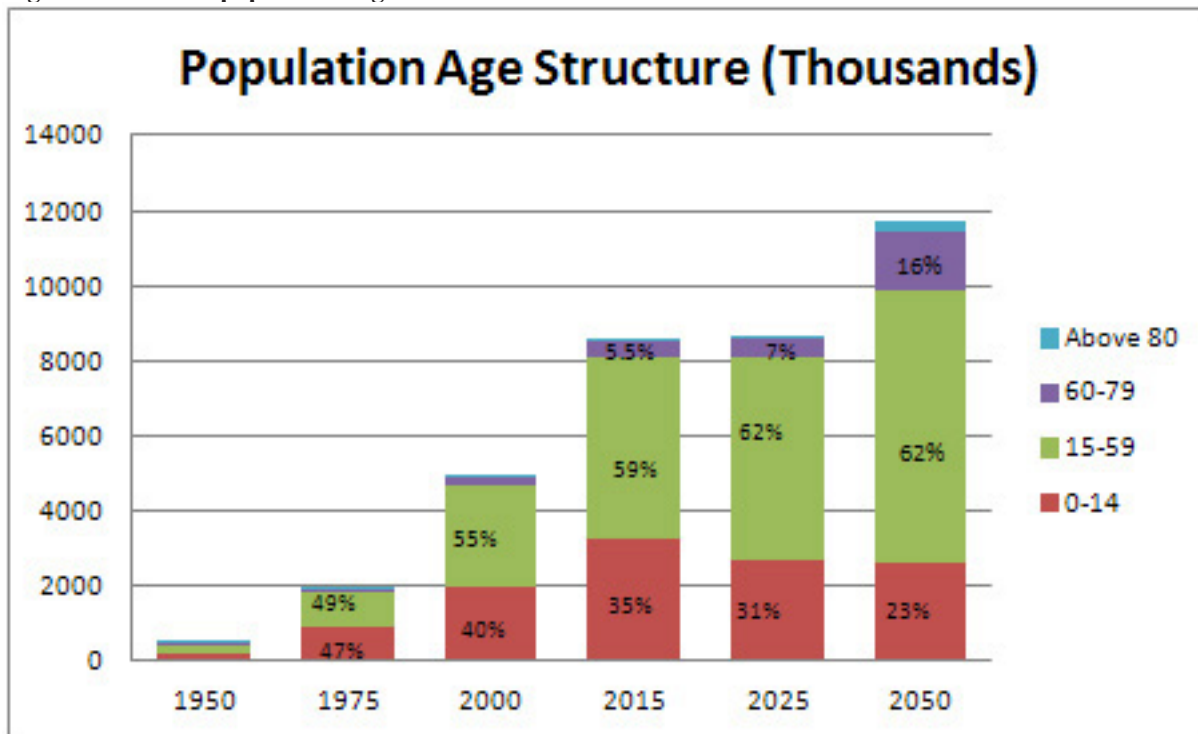
In Jordan, data in Figure 4 show that the total fertility rate (TFR) has declined steeply in the past century, with 50% reduction from 7.38 births per woman in 1975-1985 to 3.60 births per woman in 2010-2015. (Statistics D. o., JPFHS 2002, 2003), (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

The main factors behind this decline include an increase in the rate of contraceptive use among couples and an increase in the age at first marriage. This is due to the increase in education opportunities for females, which has led to a decrease in the percent of married women (15-49 years) who are likely to become pregnant and reproduce. (Council T. H., 2009)

Despite these declines in the TFRs, they remain higher than the global rates (2.52, 2.39, and 1.97 children per woman in the years 2010-2015, 2025-2030, and 2095-2100; respectively) and reproduction continues to remain an important determinant of population change and rapid growth in Jordan and explaining the main reasons behind doubling of the population in the year 2050. (Council T. H., 2009) (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017).



Figure 3: Jordan's population Age Structure 1950 to 2050



(DOS2015, 2015), (World Population Ageing:1950-2050, 2002)

When it comes to death rates, Jordan has outpaced its geographical neighbours in increases in life expectancy, due to remarkable developments in the health sector. In numbers, life expectancy at birth has risen from 43.2 years in the second half of the last century to 73.8 in the period 2010-2015. Furthermore, it is projected to approach 78.9 years in 2050. Table 4 summarizes trends in life expectancy in Jordan, and Figure 4 shows the trends in life expectancy and fertility rates in the period 1950-2100. (Nations, Prospects of Ageing with Dignity in the Arab Region, 2017)

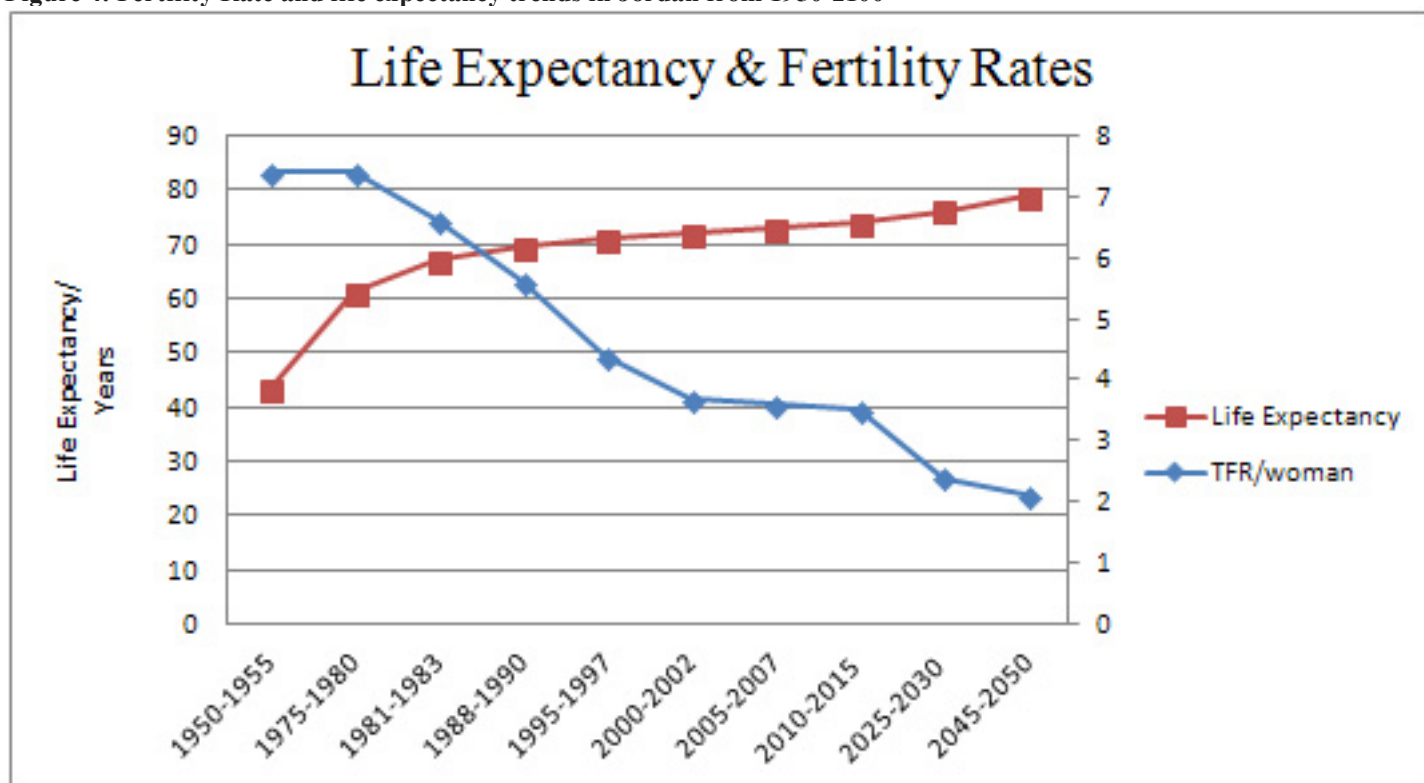
The report published by the United Nations in 2017 shows that significant gains in global life-expectancy-at birth have been achieved in recent years rising from 69.1 years to 70.8 years in the past decade. Moreover, global life expectancy- at birth is projected to further rise to 76.9 years in 2045-2050, which is less than what is expected for Jordan. (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

Table 3: Life expectancy in Jordan in the period 1950-2050

	Age	1950-1955 <sup>a</sup>	1975-1980 <sup>a</sup>	2010-2015 <sup>b</sup>	2030-2035 <sup>b</sup>	2045-2050 <sup>b</sup>
Both sexes	At Birth	43.2	61.2	73.8 (74.1 <sup>c</sup> )	76.8	78.9
	60	--	--	19.0	20.7	22.1
	65	--	--	15.2	16.7	17.9
	80	--	--	6.4	7.2	7.9
Females	At Birth	44.3	63.0	75.5 (75.9 <sup>c</sup> )	78.6	80.5
	60	--	--	20.2	22.0	23.3
	65	--	--	16.2	17.9	19.1
	80	--	--	6.8	7.8	8.5
Males	Birth	42.2	59.4	72.2 (72.5 <sup>c</sup> )	75.1	77.4
	60	--	--	17.8	19.4	20.8
	65	--	--	14.2	15.6	16.9
	80	--	--	6.0	6.6	7.2

a (World Population Ageing:1950-2050, 2002), b (Profiles Of Ageing 2015, 2015), (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017) <sup>c</sup> (EMRO)

Figure 4: Fertility Rate and life expectancy trends in Jordan from 1950-2100



(World Population Ageing:1950-2050, 2002), (Statistics D. O., 1977), (Statistics D. o., JFFHS 1983, 1983), (Statistics D. o., JPFHS 1997, 1998), (Statistics D. o., JPFHS 1990, 1992), (Statistics D. o., JPFHS 2002, 2003), (Statistics D. o., JPFHS 2007, 2008), (Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables, 2017)

## 2. Demographic impact of ageing, 1950-2050

### 2.1 The changing age structure:

As mentioned above, the changing age structure of the population brings with it many impacts across society, with especially important effects on labor supply, savings, and human capital. According to data published by the Higher Population Council in 2009, the demographic opportunity is reached during demographic transition when Jordan witnesses a decline in fertility rates paralleled with an increase in longevity. These, in turn, will lead to having the proportion of working age population at its greatest, and the proportion of dependency at its lowest. The outcomes of using such an opportunity include growing labor force and increased savings and GDP (economic growth period), decreased load on the country and services and lower dependency rates on working Jordanians. It is expected that Jordan will enter such a demographic opportunity in the year 2030, when fertility reaches its nadir at 2.1, and to last for 20 years. After that, our demographic transition is expected to enter the next stage where the young and working age groups move to retirement age hence increasing the dependency ratio again. (Council T. H., 2009), (NCFA, Jordan's National Strategy for Older Persons, 2008)

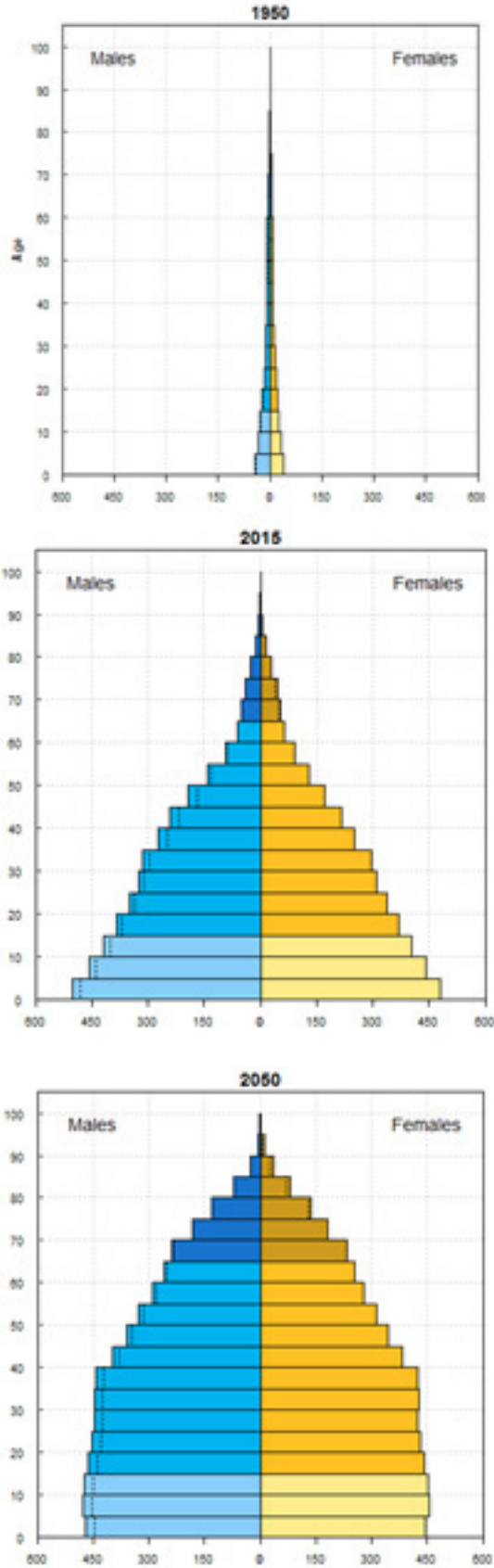
Figure 5 (next page) shows the Jordanian population's pyramids as published by the Department of Statistics.

### 2.2 Indicators of Population Ageing:

The **ageing index** is calculated as the number of persons 60 years old or over per hundred persons under age 15. Over the past 50 years, the ratio of people aged 60 or over to children younger than 15 has increased by only a small portion, from 16.3 per hundred in 1950 to 17.8 per hundred in 2015, yet it is projected to quadruple by the year 2050 reaching 69.1. By comparison, there will be 101 people 60 years or older for every one hundred children 0-14 years in the world in 2050, which is much higher than that expected for Jordan. (World Population Ageing:1950-2050, 2002)

The **median age** of a population, on the other hand, is the age that divides a population into two groups of the same size, such that half the total population is younger than this age, and the other half is older. During the past 50 years, the median age of Jordan's population increased by only about 2 years, from nearly 17 years in 1950 to nearly 19 years in 2000. Over the next half century, the increase will be approximately 13 years. By 2050, half of Jordan's population is projected to be more than 32 years old. This is lower than the world's median age, which is projected to be more than 36. It is also lower than the median age of the less developed countries (35), yet higher than the least developed countries (26.5). (World Population Ageing:1950-2050, 2002)

**Figure 5: Jordan's Population Pyramids in the years 1950, 2015 and 2050.a**



The **potential support ratio** is the number of people aged 20 to 64 per every person aged 65 or older. It is an alternative way of expressing the numerical relationship between those more likely to be economically productive and those more likely to be dependents. The number of workers per retiree is expected to drop globally by more than 50% over the next 50 years. By 2050, the number of workers for every person 65 or older is projected to be 4.1; ranging from 2.2 in the more developed regions to 10.2 in the least developed countries. Jordan is no different from the rest of the world, where potential support ratio is expected to drop markedly to 5.7 by 2050 with consequent political and fiscal pressures. (World Population Ageing:1950-2050, 2002)

The **parent support ratio** is a measure used to assess the demands on families to provide support for their oldest-old members. It relates the oldest-old to their presumed offspring, who were born when the older persons were in their twenties and thirties. So it measures the number of persons aged 85 years or over per 100 of those between 50 and 64 years. However, since the people in the numerator and those in the denominator are not necessarily related by kinship ties, the parent support ratio should be taken only as a rough indicator of changes in the family support system required for the oldest-old. (World Population Ageing:1950-2050, 2002) (Kinsella & Taeuber, 1993).

High levels of parent support ratio are expected in the world by 2050, more markedly in the developed countries and to a lesser extent in the least developed countries. The global ratio was 4 per hundred in 2000, and is projected to triple by 2050. (World Population Ageing:1950-2050, 2002).

In Jordan the ratio has increased minimally during this century and will continue to be lower than is expected in the least developed regions of the world. Tables 4 through to 7 summarize the above-mentioned ageing indicators in Jordan.

**Table 4: Ageing Index**

Ageing Index	1950	1975	2000	2015*	2025	2050
	16.3	9.2	11.4	17.8	22.8	69.1

(Profiles Of Ageing 2015, 2015), (World Population Ageing:1950-2050, 2002)  
a (DOS2015, 2015)

**Table 5: Median Age**

Median Age (years)	1950	1980	2000	2015	2030	2050
	17.2	15.5	19.5	22.5	26.3	32.4

(Profiles Of Ageing 2015, 2015), (World Population Ageing:1950-2050, 2002)

**Table 6: Potential support ratio (per person aged 65+)**

Potential support ratio	1955	1980	2015	2030	2050
	10.2	14.9	16.0	12.4	5.7

(Profiles Of Ageing 2015, 2015) (World Population Ageing:1950-2050, 2002)

**Table 7: Parent support ratio per 100 persons 50 to 64 years**

Parent support ratio	1950-1955	1975-1980	2000-2005	2025-2030	2045-2050
	1.6	2.1	2.6	2.3	5.3

(Profiles Of Ageing 2015, 2015), (World Population Ageing:1950-2050, 2002)

### 3. Characteristic features of the ageing population, 1950-2050

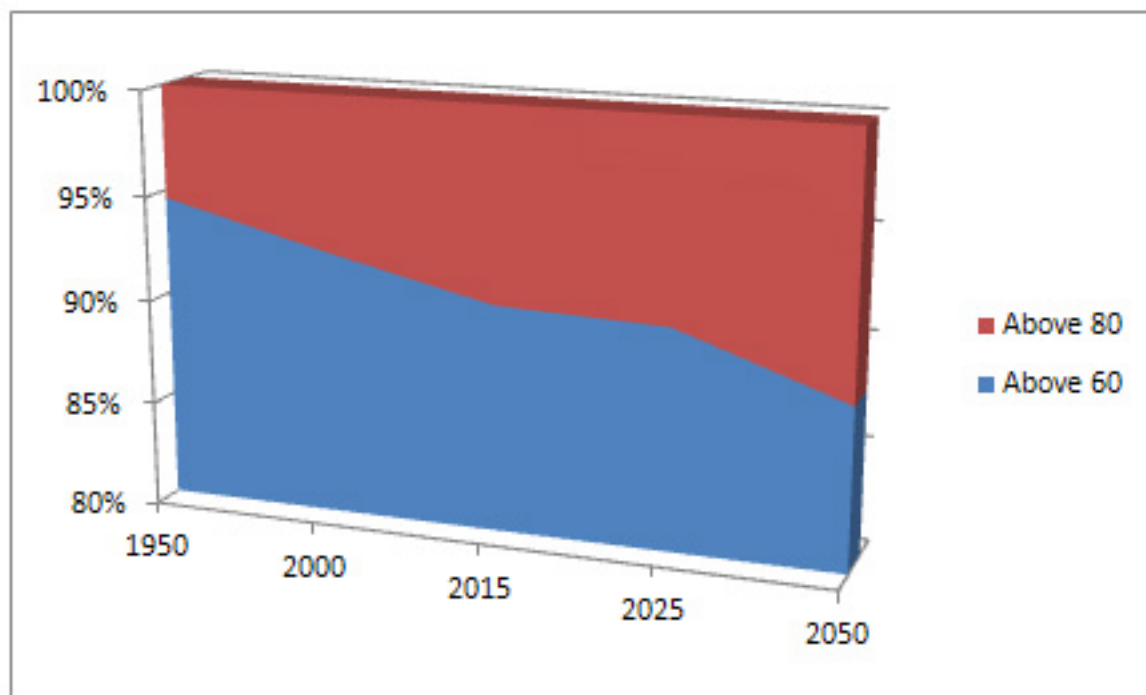
#### 3.1 Ageing of the older population:

As the numbers and relative proportions of the older population increase, their demographic characteristics are also changing. The 80 and over age group is growing faster than any younger segment of the older population in all nations, regardless of their geographic location or developmental stage. Table 3 and Figures 2 and 3 above, show that the growth rate of the Jordanian population had slowed down in the past century and is expected to further go down to 1% per year in the period 2045-2050. This decline is offset by the increased growth rates of the older people population above the age of 60 and largely those in the age group above 80. This considerable growth rate of the very-old elderly is expected to increase their numbers six times from 18 thousand in 2000 to 255 thousand in 2050 corresponding to 8% and 14% of the total older people's generation, respectively (Figure 6- next page). Noteworthy, the percentage of the very-old elderly is still low, currently 0.6% of the total Jordanian population, compared to the developed world which has 3% of its population above the age of 80. (DOS2015, 2015) (World Population Ageing:1950-2050, 2002)

As for the centenarians, there are no adequate data about their numbers in Jordan. However, the UN- Department of Economics and Social Affairs has estimated their numbers in the year 2000 by 0.1 thousand, with a projected rise to 0.8 thousand in 2050. Needless to say, the great majority of centenarians (more than 75%) live in the more developed regions of the world, with a very small proportion living in the less developed countries.

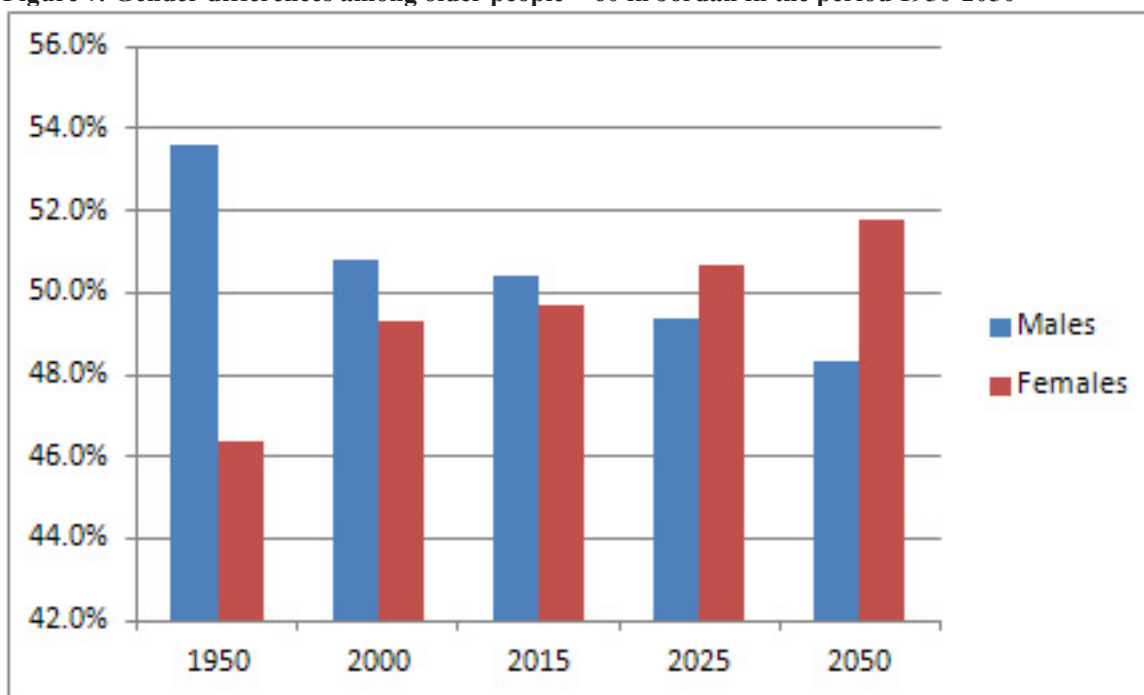


**Figure 6: Ageing of the older Jordanian population in the period 1950-2050**



(World Population Ageing:1950-2050, 2002), (Department of Economic and Social Affairs, World Population Prospects: The 2015 Revision, Key Findings and Advance Tables, 2015)

**Figure 7: Gender differences among older people + 60 in Jordan in the period 1950-2050**



### **3.2 Feminization of ageing:**

Because their life expectancy is greater than men's, women comprise a significant majority of the older population. The number of men per 100 women in Jordan (sex ratio) has come down during the past century from 115 for the +60-age group and 122 for the very-old elderly (+80), to 103 and 91, respectively. Currently, the Department of Statistics' latest census shows that men outnumber women in the age group 60 and above by 2 per 100 (Sex ratio= 102.16), whereas, sex ratio goes down to 95.8 in the age group +80. The projected changes in the coming few decades predict a sex ratio of 97 and 93 in the age group +60 during the years 2025 and 2050, respectively. The changes are more striking for the oldest-elderly where the expected ratio will be 81 and 76 in 2025 and 2050, respectively.

Regarding global gender differences, sex ratios at older ages are significantly lower in the more developed than in the less developed regions due to the large differences in longevity between genders that translate into very low sex ratios among the older population in the more developed regions. For instance, the global number of men per hundred women is projected to rise to 85 at ages 60 or over, and to 61 at ages 80 or over, by 2050.

### **3.3 Spatial dimension: the rural-urban differences:**

Historically, rural-to-urban migration and immigration have contributed to rapid urban growth in Jordan. The recent international crises in Iraq and Syria have also affected urban growth in Jordan. Latest data from the Department of Statistics in 2016 show that the percentage of the population living in urban areas has increased by 13% between 1979 and 1994, reaching 83% in 2004 and 90.3% in 2016. Urbanization of Jordanian older people has also gone up from 44% in 1961 to 55% in 1979 and further to 80% in 2004. (Department of Statistics, 2012) (Recent Demographic Estimates for the Countries and Regions of the World, 1983)

### **4. Positive side of ageing**

It is a universal fact that cultures, heritage, and religious norms dictate respectfulness toward individuals who have attained old age in any society, where family caregiving is considered fundamental. Jordan is no different as familial support among generations typically runs in both directions where older people are involved in financial and domestic help to their offspring, including childcare, where an unspoken system of obligations and duties is in place. On the other hand, it is the day to day and hands on care duties that are implicitly, and many times explicitly, placed on daughters or daughters in laws. (NCFSA, Jordan's National Strategy for Older Persons, 2008) (Hussein & Ismail, 2017) (Kamel, 2016)

Older parents are recognized as the source of wisdom and leadership, and are responsible for conservation of customs and traditions. Their role in raising grandchildren is also pivotal in light of increasing numbers of working mothers where 22%-33% of women in the age group 25-45 are economically active. (DOS2015, 2015)

There is a paucity of research studying family structure and dynamics in Jordan, but unpublished master dissertations addressing living arrangements of older people and analyzing their living experiences provide further insight. Ibrahim Gharaibeh

surveyed 312 community living older people in Amman in 2003, and concluded that most respondents showed a positive attitude and satisfaction towards their consultancy role in their families. Moreover, most of the study participants were getting pension coverage and they indicated that they support their families financially. They described the relationship between them and their extended family as being based on collaboration, understanding and mutual support. It was also shown that self-satisfaction was more prevalent among those living with their families. (Gharaibeh, 2003)

Hayfa Al Saleh interviewed 850 community living older people in Amman and Zarqa in 2002. Seventy six percent were satisfied with the help and support they were getting from their families, and the same percentage showed an atmosphere of respect to the old age where they spend most of their time with their family. She noted that the most common needs older people get through their families are housekeeping and help to get to their doctors' appointments. (Saleh, 2002)

Another master thesis by Sahar Mady in 2002 on 350 older women in Amman showed that the main tasks done by them are, in order of frequency, housekeeping followed by cooking, shopping, paying pills and consultancy roles in resolving conflicts among their siblings and relatives. 60% of those women were satisfied with the changing social roles associated with aging. (Mady, 2002)

These results emphasize the positive sides of ageing seen in the Jordanian community, although more recent and structured data studying older people's satisfaction rates are needed to better understand their social roles.

## **5. Implications of population ageing**

Population aging is an inevitable global demographic process with profound economic, social, and environmental consequences affecting economies, living arrangements, and personal and professional aspirations. These domains are discussed below with a specific relevance to the Jordanian population.

### **5.1 Poverty and Income Security:**

Over half of older people worldwide lack income security, and the number could grow to 1.2 billion by 2050.

In Jordan, studies have shown that older people were particularly vulnerable to sickness or disability. As they age, they are likely to become even poorer. Household Energy and Expenditure Data (HEIS) concluded that large numbers of children, low levels of education, unemployment, and non-Jordanian nationality are all associated with increased probability of being in poverty. (Household Expenditure and Income Survey 2008/2009, 2008-2009).

The Government of Jordan adopted its first "Poverty Alleviation Strategy" in 2002, followed by the National Agenda 2006-2015, that implemented its key strategic development directions of Jordan through the National Employment Strategy (2011-2020) and Poverty Reduction Strategy 2013-2020. The net result led to lowering the absolute poverty rate in the population from 21.3% in 1997 to 14.2% and 13% in 2002 and 2006, consecutively. It should be noted that the 2010 poverty rate of 14.4% should not

be compared to the previous rates as a new calculation methodology has been adopted to produce this figure. (UNDP, 2013) (Bank, 2004) (Elbers, 2003)

Unpublished data from World Bank Aspire show that 4.6% of the Jordanian elderly were poor in 2006, and more recent Department-of-Statistics' data show a higher rate of poverty among the older people at 6.6% in 2010. Unemployment further contributes to the problem as data from the 2015-census show that only 2.9% of the Jordanian workforce was made up of older persons +60; older males constituted 3.6% of the male workforce vs. 1.1% older females. (NCFA, The Analysis Report of the Evaluation of the Jordanian National Strategy for Senior Citizens (2009-2013), 2013) (DOS2015, 2015)

To complicate things more, the low average wage in Jordan coupled with the high prices of the various commodities and services, along with low GDP following the latest global economic crisis have led to a greater need and pressure on the social security systems in Jordan to help those subjected to indigence and poverty. These challenges have become even worse after the influx of the huge number of Syrian refugees in the past few years. (Awad, 2016)

Social protection systems in the Arab region are not well-developed and are mostly limited to workers in the public, military personnel or formal private sector. In Jordan, the engines are mainly governmental and they include the systems of Social Security Corporation (SSC), civil and military retirement pensions, professional associations pensions, Ministry of Social Development (MoSD), as well as some institutions and campaigns including inter alia Takiyet Um Ali (Food for Life), National Aid Fund (NAF), and National Zakat Fund (NZF). Private non-governmental engines are not well developed; they include Metlife Alico, and Al Nisr Al Arabi Insurance Company.

MoSD manages a range of social assistance services and benefits to poor, disabled, unemployed, older people, and other vulnerable groups. It "buys" beds in nursing homes for the older people, who need institutionalization and cannot afford it, and it implements an emergency cash transfer similar to NAF activities. This program is not linked to NAF assistance database and it might lead to duplicated efforts.

SSC has become one of the key players in providing large numbers of Jordanians with social protection, particularly those retired, ill, and unemployed. In order to help beneficiaries below the poverty line, particularly individuals who receive salaries

below JD 180 per month, SSC shares its data with National Aid Fund (NAF) who in turn complement the income of beneficiaries to a ceiling of JD 180 if eligible. (Ghaith Zureiqat, 2015)

Table 8 shows sources of pension coverage of Jordanian older people in the years 2009 and 2013.

Jordan's National Zakat Fund (NZF) is one of the oldest funds in the region. It is under the Ministry of Awqaf and consists of a NZF with headquarter operations in Amman and 210 voluntary Zakat committees throughout the country. The largest of the NZF programs are cash assistance, orphan cash assistance, occasional in-kind benefits, and rehabilitation assistance programs. If a poor person or family receives recurring cash assistance from NAF, he or she is not eligible to receive the minute Zakat assistance which is around 30-50 JOD (40-70 USD) per month (Fund, 2012)

The successive governments have made some changes towards social security reforms by directing all pensions to the SSC to be the main and the only body providing retirement pensions. The problem that many retirees face is that they (helped by their employer) have to pay for the SSC for 15 years, that makes 180 contributions, before they would be able to get a retirement pension at the age of 60 for males and 55 for females. If they were unable to pay the total amount of these contributions, they can "BUY" them ahead. Table 8 shows that 25% of senior citizens are not covered by retirement pensions. Further, the percentage of retirees who receive retirement pensions below the national poverty line reached 66%. These strict laws need revision to protect the poor older people especially those who are also unemployed and unable to "buy" pension. Laws also need to keep enrolling those older people in jobs that they are capable of doing, as only 2.4% of older people and 0.3% of older females were working in 2013. (NCFA, The Analysis Report of the Evaluation of the Jordanian National Strategy for Senior Citizens (2009-2013), 2013)

Collaboration is also needed between social security bodies like MoSD, NAF, NZF and other charity institutions that need to be involved on a more organized level in order to ensure more equal distribution of beneficiaries and to avoid duplication. What is concerning in the long run, though, is that current estimates forecast a cash deficit for the SSC by 2053. This deficit threatens social security of the older Jordanians and necessitates policies to prevent or even mitigate its consequences. (Performance, 2006)

**Table 8: Pension coverage for older Jordanians**

Source of Retirement pension	Percentage of older people covered in 2009	Percentage of older people covered in 2013
SSC pension	10.9%	12.2%
Total Civil and Military pensions	58%	62.5%
Total pension coverage from all resources	68.9%	74.7%

SSC: Social Security Corporation. (NCFA, The Analysis Report of the Evaluation of the Jordanian National Strategy for Senior Citizens (2009-2013), 2013)

In a nutshell, although Jordan has higher public social protection expenditure on pensions and other benefits for older persons than most of the Arab countries, the social protection system needs substantial reforms to make sure it covers all recipients as a right, including women and older people living in rural areas.

### **5.2 Health Services and increased disability:**

The health situation in Jordan is one of the best in the Middle East due to a set of effective development plans and projects that included health as an important element and essential part of sustainable development. (Council H. H., 2015)

In common sense, proposed health strategies are regarded as successful when they are shown to make health coverage expansion, healthcare quality enhancement, and health cost minimization their high priorities. (Abu-Kharmeh, 2012).

Some of the major challenges of the health care system in Jordan include the increased demand for health services due to steady population growth and the influx of refugees, in addition to changing population structure due to increased proportion of the senior citizens with resultant increased rate of non-communicable diseases. Rising health care costs in light of the challenging economic situation should not be overlooked, as well.

Despite these challenges, the per capita total expenditure on health is 359 USD, and the general government expenditure on health as a percentage of the total government expenditure is 13.7%. Furthermore, the general government health expenditure makes 70% of the total health expenditure. This governmental contribution to health expenditure is one of the highest among countries of the Middle East and North Africa. (EMRO) (WHO, 2014)

Health services providers include the Ministry of Health, the Royal Medical Services, university hospitals (University of Jordan Hospital, King Abdullah University Hospital), and the Centre for Diabetes and Endocrinology and Genetics. The private sector includes private hospitals and diagnostic and therapeutic centers in addition to hundreds of private clinics. The international and charitable sectors provide services through UNRWA clinics, the UNHCR, King Hussein Cancer Center and charity association clinics. Of those, Ministry of Health (MOH) is the main provider of health services, followed by the Royal Medical Services. Civil Insurance Program (CIP) is a mandatory service provided by the MOH to cover all government employees (and their dependents), in addition to those receiving beneficiaries from the National Aid Fund. On the other hand, private health insurance is provided either by private insurance companies or by self-insured firms.

In 2006, the CIP has expanded to include those uninsured persons aged sixty years and above under the umbrella of health insurance in public hospitals and centers against a small nominal amount from each beneficiary (six dinars per month/8.4\$). These efforts have helped widening of the insurance coverage to include more seniors from all social classes including the financially well off, with a rate of coverage going up from 67.3% in 2010 to 73.3% in 2015. (Council H. H., 2015) (DOS2015, 2015) More laws were also changed to further expand health insur-

ance coverage, although the feasibility of which is still questionable. For example, the SSC's law in 2014 was modified to include health insurance for all SSC beneficiaries. Despite these changes, SSC's studies indicate that applying health insurance for SSC services will require a deduction of 17% from the beneficiary's salary, which makes the implementation of this law unfeasible (Ghaith Zureiqat, 2015).

In terms of accessibility and equality of care, it is noted that health care services are unequally distributed, where those living in the north of the kingdom have better chances compared to those living in the south. The same principle is also applied to people living in urban compared to rural areas (Abu-Kharmeh, 2012).

When it comes to analyzing the health situation of the Jordanian older people, results are scarce due to the absence of specific studies targeting older people, and reliance on the national and international health surveys, which cover the population as a whole and do not focus on the older people as the main category of research. The results of a study done by Taani indicate that advanced age was highly associated with poor health status that was associated with high utilization of health services. The study also showed that 86% of the sample suffered from at least one medical problem during the year prior to the study. In addition, the older people felt that they were not receiving adequate care for several of the health problems they suffered from. The results also indicated that females tended to suffer from more health and social problems than males. (I, 1995)

Further, a survey conducted by the Jordanian Ministry of Health and World Health Organization (WHO) in the year 2000, showed that only 10.5% of the sample perceived that their health was excellent vs. 26% who believed that their health was poor. More than a quarter of the sample suffered from an accident or illness that affected their abilities to perform activities of daily living. Interestingly, 75% of the sample had always had feelings of loneliness, anxiety, depression, and difficulty falling asleep in addition to being tired all the time. Another important point to mention is that 19% believed that health care was unavailable for a health problem they had at present, and the main reasons for not receiving care were the high cost of care (70.1%), absence of health insurance (14.3%), perceived poor medical treatment (7.8%) and treatment not available (7.8%). (Mahasneh, 2000)

Table 9 shows increased prevalence of chronic diseases among older people compared to the general population especially hypertension, dyslipidemia and diabetes. Disabilities are, also, more prevalent among Jordanian older people as per the latest 2015 Department-of-Statistics' Census. Tables 10 and 11 show the prevalence of ANY of the following disabilities involving: hearing, vision, memory and concentration, walking, dependence in any of the Activities of Daily Living (ADLs), or communication difficulties. The questionnaire used by the Department of Statistics 2015 is based on Washington Group on Disability Statistics.



**Table 9: Prevalence of Selected Chronic, Non-communicable Disease Risk Factors**

Chronic disease	Prevalence among +65 <sup>a</sup> (%)	Prevalence among population <sup>b</sup> (%)
Obesity	43.6 <sup>b</sup>	36
High Blood Pressure	53%	29.8
High Blood cholesterol	30	13.9
Diabetes Mellitus	25	19.5
Current smoking	19.4	-
Heart Disease	13	-
Asthma	10	-

a Higher Health Council (Council H. H., 2015). b CDC data 2012 (Al-Nsour M, 2012).

**Table 10: The presence of functional disabilities and dependency among older age groups<sup>1</sup>**

Age Groups	Total number (Thousands)	Presence of any <sup>2</sup> functional disability N in thousands (%)	Presence of severe functional disabilities and/or dependency N in thousands (%)
60-64	166.0	52.7 (32%)	14.5 (8.7%)
65-69	135.1	53.8 (40%)	17.5 (13%)
70-74	99.5	48.1 (48%)	17.6 (17.7%)
75-79	64.0	36.2 (57%)	15.4 (24%)
80-84	30.9	19.8 (64%)	-
Above 85	20.3	14.0 (69%)	17.9 (34.9%) <sup>3</sup>
Overall +60	515.8	224.6 (43.5%)	82.9 (16%)

1 Calculated based on DOS data. (DOS2015, 2015)

2 Any disability includes any one or more of the following: hearing or vision impairment, mobility/walking difficulty, difficulty concentrating or remembering, needing help in Activities of Daily Living (ADLs) and communication.

3 Above 80

**Table 11: The distribution of disabilities among older people in Jordan, 2015**

Disability	Number in Thousands (%) <sup>1</sup>	Number of males in Thousands (%) <sup>2</sup>	Number of females in Thousands (%) <sup>2</sup>
Vision	140.6 (62.6)	69.5 (49.4)	71.0 (50.6)
Hearing/Speech	102.4 (45.6)	48.4 (47.3)	54.0 (52.7)
Mobility	161.1 (71.7)	69.0 (42.8)	92.1 (48.2)
Trouble remembering & concentrating <sup>3</sup>	79.0 (85.2)	34.5 (43.6)	44.5 (56.4)
Dependence in ADLs <sup>4</sup>	66.0 (29.4)	26.8 (40.6)	39.2 (59.4)
Communication with others	40.8 (18.2)	17.3 (42.3)	23.5 (57.7)
Total	224.6 (43.5)	107.3 (47.8)	117.2 (52.2)

(DOS2015, 2015); Department of Statistics has adapted the Washington Group on Disability Statistics

1 The percentage of the older people with the particular disability out of the total number of disabilities among the population

2 The percentage of each gender within the same functional disability group.

3 Only by informant without a formal diagnosis of dementia.

4 ADLs: Activities of Daily Living

Having known these relatively high rates of chronic diseases and disabilities, here comes the importance of the role of prevention and proper management of these diseases in order to prevent the development of complications that are the cause of disabilities in approximately 7.4% of the cases of the older people. That's why more money needs to be allocated for the development and improvement of primary health care services and for specialized home care services which lack coverage under public and private insurance in addition to their high cost if they were available. (Council H. H., 2015)

Fortunately, the Ministry of Health has developed treatment protocols to deal with some chronic diseases and prepared a guide to the families of the older people on how to deal with them, in addition to provision of training of health care providers on the proper healthy patterns and treatment of older people. These efforts seem optimistic but sadly are inadequate, as they ignore social care and physical activity partaking which, along with the preventive services, constitute a backbone of the effective interventions in achieving the wellbeing of our older people. Most importantly, the absence of formal geriatric training programs approved and licensed by the Jordan Medical Council hinders the process of delivering the best specialized, coordinated and comprehensive health care our senior citizens deserve, given the fact that geriatricians are the principal doctors defining the medical, social, physical and psychological needs of the older people, in addition to coordinating their care plans. (Hayajneh, 2015)

Summarizing the situation of the health sector, The National Strategy for Health Sector in Jordan 2015-2019 was prepared by the Higher Health Council with the support and cooperation of the WHO through a participatory approach with all health sectors in Jordan. Through analysis of the social, economic and health status of the Jordanian community, the strategy concluded that there are lots of challenges facing the older people in Jordan that should be considered by the strategic plans to maintain a decent quality of life for the older people. These challenges include financial destitution, the prevalence of disabilities and chronic diseases, insufficient number of specialized home care service providers, the lack of a legal framework to protect them as well as the high cost of these services if they are not available, in addition to the lack of their coverage in the government and private health insurance programs. Absence of medical and nursing geriatrics is also a major challenge as the few doctors who practice geriatrics in the country are trained abroad without obtaining any accreditation from the Jordan Medical Council or the Jordan Medical Association. They provide geriatric care individually and their number is less than 10 in the whole country! (Council H. H., 2015)

### **5.3 Living arrangements and family support:**

Older people's care in the region is predominantly the responsibility of the families in light of the weak social protection systems. It is part of the Jordanian culture and religion that children care for their older parents and it is not acceptable to let them live alone. These traditional norms work against the proliferation of residential care for the older people and the general institutionalization of older people's care in the country, and the Arab region as well. (UNESCWA, 2017) (Hafez G, 2000, July)

In spite of the social norms, the latest DOS census showed that only 16.7% (324.4 thousands) of the total households (1941.9 thousands) in Jordan are headed by older people +60. Of those, 73.5% were males and 26.5% were females. (DOS2015, 2015)

Mahasneh found in her study in 2000, on 420 community older people living in Amman, that only 6.7% were living alone. Moreover, elders with long-term care needs, relied exclusively on their families to provide assistance and they rejected the idea of going to a nursing home. The few that accepted this level of care was a necessity and had severe physical disabilities and/or were neglected by their children. On the other hand, Haifa Ahmad Al Saleh showed in her unpublished Master thesis in 2002 that half of the study sample of community older people, living in Amman and Governorate of Zarqa, preferred to be institutionalized in order to not burden their children physically and economically. (Mahasneh, 2000) (Affairs)

Another interesting study in 2009 on 137 institutionalized older people representing all of the nursing homes in Jordan, found that 90% of the residents were single (never married, widow or separated) at the time of admission to the nursing home. Two thirds of those older people did not have adult children living in the country. This study reflects the changing socio-economic conditions of the Jordanian families where the family size has declined, and children who would normally live close to their parents are now working abroad leaving some older people to manage on their own. To complicate things more, there are other hurdles that include insufficient number of specialized home care services' providers, lack of a legal framework to protect them as well as the high cost of these services, and the lack of their coverage in the government and private health insurance programs. (Rawajfah, 2009) (Council H. H., 2015) (Musa T. Ajlouni, 2015)

The consequences of these hurdles leave the older people, especially those who are disabled and need a special level of care, facing a challenging situation as there are only ten licensed houses for older persons in Jordan that do not cover all the governorates especially South Jordan. Moreover, most of these homes are either privately run or are part of the voluntary sector. Luckily, the government, through Ministry of Social Development, defrays the residency costs for poor older persons, the sick or those unable to look after themselves. Despite this governmental help, the actual occupancy rate of these nursing homes does not exceed half of its capacity in most cases, as the monetary allowance paid by the government is less than the actual cost of residence. (Development, n.d.)

### **5.4 Vulnerability of the older people, particularly older women:**

Identifying vulnerable older people and understanding the causes and consequences of their vulnerability are of human concerns and an essential task of social policy. Vulnerability is the outcome of complex interactions of discrete risks, namely of being exposed to a threat, and of lacking the defenses or resources to deal with a threat. (Schröder-Butterfill & Mariani, 2006).

Common threats that particularly affect older people include low levels of education and employment, weak pension coverage especially for employees in the informal sector, limited participation in the economy, poor access to the credit market, and weak financial security. Women, who constitute the larger group among older persons, are particularly vulnerable, given higher illiteracy rates among them, higher economic dependency, and increased susceptibility to non-communicable diseases. (Nations, Prospects of Ageing with Dignity in the Arab Region, 2017)

In numbers, Department of Statistics' latest census showed that 53.5% of older women were single vs. only 9.4% of older men. Local studies highlight the different vulnerabilities single older women face in Jordan, including economic, social and emotional, let alone the unmet health needs. Furthermore, illiterate women constitute 48.5% of the total illiteracy rate among older Jordanians vs. 17.9% among older men. To complicate things more, the presence of at least one functional disability was more prevalent among older women +60 compared to older men (117.2 thousand= 52.2%, vs. 107.3 thousand= 47.8%; respectively). (DOS2015, 2015)

In terms of economic vulnerability, Jordanian women make up merely a quarter of those insured with the SSC, and have lower insurable wages and, therefore, lower pensions. Data in 2009 and 2010 reveal that only about 12% of those in receipt of pensions were females and their average benefits were lower than males' counterparts were. (UNDP, 2013) (ILO, 2014)

### **5.5 Other relevant implications:**

The absence of Jordanian seniors' involvement in the economic and political dimensions is to be acted upon. The retirement age in Jordan, as mentioned above, is 60 for males and 55 for females. This means that retirees are "young" older people who are, most of the time, physically, emotionally and mentally capable to continue working. Strikingly, only 12.8% of older persons are still working and 14.7% are unemployed but looking for jobs (DOS2015, 2015). Moreover, it is forbidden by the social security laws to continue working once the senior gets his/her pension paid. These laws render a good portion of older retirees spending their days bored at home, at a time they are still capable of being active and productive members in the society.

When it comes to political contribution and decision-making, data from the Independent Election Commission show that only 11.02% of those who voted in the last parliamentary elections in 2013 were +60. Although the percentage of seniors in the Cabinet of Ministers in 2013 went up to 52% (from 25%), the percentage of seniors in the Upper House of Parliament has declined from 81% to 78%.

Another important aspect that needs attention is the absence of adequate recreational services for the elders. Gharaibeh showed in his Master thesis that one of the most important problems the older population faces is boredom (Gharaibeh, 2003). In addition to cultural and social factors, entertainment and social interactions were the most important motives behind choosing to be institutionalized (Rawajfah, 2009).

Noteworthy, the Ministry of Social Development has set elderly-friendly regulations and very affordable fees for establishing day centers for the older people in Jordan. Despite these facilitations, there are only three non-governmental day-centers in the kingdom serving 140 older persons. The relatively high membership costs make it very unlikely to the average-income person to join them, in addition to the absence of the inspection and control roles of the Ministry of Social Development which rather sets the legislations and the criteria of approving establishing new older people's homes (Rights, 2017).

## **6. Policy response and measures**

### **6.1 Policies and programs introduced by the Jordanian government:**

*Jordan's National Strategy for Older Persons* is the first document endorsing older Jordanians' rights. It was prepared in 2008 by the National Council for Family Affairs (NCFA), in collaboration with the Ministries of Social Development and Health, the Greater Amman Municipality, the Nursing Council of Jordan, and the World Health Organization along with the participation of many national institutions, experts and representatives of care homes, and a group of older people. It stems from the Arab and Islamic values and teachings of the monotheistic religions, which is keen to respect older persons, in addition to global and regional conventions, strategies and action plans, and the Madrid International Plan of Action for 2002.

The strategy included priority areas and actions that need to be undertaken within the period of its implementation which was structured along the following three overarching pillars:

- **Pillar One:** Contribution of senior citizens to the development process
- **Pillar Two:** Advancement of health care for senior citizens
- **Pillar Three:** Provision of a supportive physical environment and social care to senior citizens. (NCFA, Jordan's National Strategy for Older Persons, 2008)

The strategy was followed by an "Analytical Evaluation Report of the National Strategy for Senior Citizens" launched in 2015 under the patronage of HM Queen Rania (Chair of NCFA Board of Trustees). The report concluded with a range of findings and recommendations which have guided the update of the strategy and its executive plan for the years 2018-2022. Furthermore, a set of applicable actions has been incorporated within to help achieve the strategy's envisaged goal in "the realization of a positive ageing that ensures senior citizens a life of dignity and active participation in building the society".

### **6.2 Highlight Measures taken since Madrid 2002:**

Madrid Plan has spread the awareness on older people's issues all over the world. In Jordan, the initiative "Amman, age-friendly city" was launched in 2007 and currently most governmental and nongovernmental buildings have taken into consideration access of older persons, who also have priority for benches and seats in public gardens and squares. Moreover, the national public institution for social security has rehabilitated its buildings to better serve the older people and the Ministry of Transportation has upgraded its shuttles and public buses with special seats for them.



The Disabled Persons Act No. 31 of 2007 also caters for older persons with disabilities. They are able to access the services they require, on an equal footing with other age groups, depending upon their disability and without discrimination. Further, directives governing exemptions for special vehicles for the use of persons with disabilities set forth the conditions whereby such vehicles may be obtained duty free. These directives also accommodate older persons, without discrimination.

The National Strategy for Older Persons 2008-2012 was based mainly on the Madrid International Plan of Action on Ageing (MIPAA) and the local, Arabic and Islamic values.

In 2008, the modified Public Health Act No. 47 included an article (4 g) about the responsibility of the Ministry of Health to collaborate with related partners in order to implement programs related to the health of older persons and to monitor the institutions which provide them with care.

Article 3 (c) of the Domestic Violence Act No. 6 of 2008 states that, for the purposes of the Act, “the father or the mother of either or the spouses” shall be considered as members of the family. In most cases, the father or the mother of the spouses are older persons. One of the conditions of the law is that they should all be living in the same family home. Moreover, under article 54 of the Criminal Code (Act No. 16 of 1960), as amended, account may be taken of the age of anyone convicted for major or serious offences, and the court may suspend the sentence if the offender is an older person. The years between 2009 and 2013 witnessed a noticeable drop in the number of cases examined by the sharia courts involving support for older persons by their children. In fact, the number of such cases fell from 746 in 2009 to 530 in 2013, a drop of 29%. This is a testament to the success of the Personal Status Act and of efforts made to promote social solidarity between the generations.

In 2011, Jordan amended an important constitutional provision concerning older persons in article 6(5) of the Jordanian Constitution. The article, currently, states that “The law protects motherhood, childhood and the elderly and cares for youth and the disabled and protects them from offense and exploitation.” The aim of this provision is to shield older persons from violence.

In labor force; the Higher Education Council issued the Decree No. 295 in 2014 allowing persons over the age of 70 who hold the rank of professor to remain in their posts as full-time lecturers on an annual contract without administrative duties.

### **6.3 Part played by other players: NGOs, civil society; social networks of older persons, community-based organizations etc.:**

The Civil Society Organizations (CSOs), NGOs and Charity Organizations help to a limited extent in the planning and provision of needed health services. Therefore, there is a need to involve these CSOs in decision making through finding national initiatives to facilitate dialogue between stakeholders and decision makers on the one hand and CSOs on the other. (Council H. H., 2015)

Major local NGOs implementing social protection:

1. Tkiyet Um Ali (TUA)
2. National Alliance Against Hunger and Malnutrition (NAJMAH)
3. The Islamic Centre Charity Society (ICCS)

Other strategies introduced by the different non-governmental national institutions addressing almost all of the issues pertaining to the older people in Jordan include: The Human Rights Annual Reports by the National Centre for Human Rights, and The Jordanian National Commission for Women which has updated its National Strategy for Women to include a section on older women under the theme “Human Security and Social Protection”.

## **Conclusions and Recommendations**

Based on the above analysis of the situation of older people in Jordan, we propose the following suggestions to enhance the quality-of-life older adults deserve, and to enable them to continue live with their families, in their own homes in the community.

### **1) Mainstream ageing:**

Mainstream ageing is the integration and inclusion of older people’s issues into wider national policymaking to build a “society for all ages”. For mainstreaming to be successful, it is critical that both policymakers and policy implementers view mainstream policy through the lens of the Madrid Plan priority directions and recommended actions. (Ageing in the Twenty-First Century: A Celebration and A Challenge, 2012)

In spite of the recent legislative developments towards the benefit of the older people, Jordan’s current society does not have sufficient awareness or the resources to support implementing these policies on ageing. In order to best meet the care needs of our older population, stakeholders must become intimately aware of the implications of the ageing population, and invest in strengthening Jordan’s capacity to provide them with an excellent quality of life in their later years. Important stakeholders that need to engage synergistically in meeting the needs of our older population include governments, civil society, private sector, communities, and families.

In order for Jordan to move forward with mainstream ageing, there are key issues that must be addressed. First, Jordan must fix its incomplete databases on older persons. Many organizations do not classify information by age and this should be encouraged. Further, many organizations fail to incorporate issues relating to older persons into their strategies or set performance indicators that are in line with the Jordanian National Strategy for Older Persons. Further, there is limited allocation of financial resources to the budgets of agencies dealing with older persons, an issue that will continue to be problematic as the population ages.



## **2) Recreational services:**

To succeed in mainstream ageing, we must rectify the low levels of community involvement of older persons. There should be priority on developing recreational services for the elderly, whether based in the community or in nursing homes in order to increase stimulation and reduce depression, loneliness and isolation. Programs to encourage late-life community engagement, such as volunteer activity, attending various hobby-groups or religious-groups, should be pursued.

## **3) Health care:**

To encourage successful ageing, health care should be accessible by all older adults. The lack of universal health insurance and pension systems currently limits accessibility by older persons and should be addressed. Jordan must also address the lack of specialized home-care services within the state system and the increased cost of such services in private sector institutions. Innovative practices to meet the care needs of our older population include establishing mobile units and outreach teams that provide health and care services to older people in their own home, in addition to improving accessibility to such care through establishing widely available community-based health-care services. Skilled nursing facility care should also be available for those who do require it. We recommend improving upon the currently limited private sector participation in supporting older people's nursing homes. To further improve health care, geriatric training should be incorporated in health-schools' curricula, in addition to residency training that needs to be established and accredited by the Jordan Medical Council. These efforts will dually lead to increased interest in addressing the paucity of geriatric research.

## **4) Voluntary sector initiatives:**

Volunteer initiatives, usually staffed by volunteers and students, play an important role in providing basic health and care services to poorer older people. These might be expanded and encouraged by providing volunteer network infrastructure, developing policies and offering financial incentives for volunteers in the form of tax relief or other benefits.

## **5) Caregiver recognition and support:**

The literature highlights the importance of flexible and supportive work environments in enabling people who provide informal care to participate in the labour market. Similar to maternity care; cash allowances, tax-breaks and relief and other financial support should be provided to those who cannot work fully due to their caregiver duties. Working caregivers, especially women, are particularly in need of support to help in their work-life balance. They often have multiple competing demands in addition to their caregiving role, which render them at heightened risk of caregiver burnout and frustration. Caregivers should, also, have ample access to other services, such as psychosocial support and respite care, in order to maintain their own health and wellbeing which, in turn, helps them better support their older ones.

## **6) Financial security:**

All older adults should have access to pension funds to prevent impoverishment in older age.

## **7) Develop evidence-informed policies for older adults:**

Encourage gender and culturally sensitive research that focuses on the older adult, through the provision of research grants and other incentives. This will help develop a sound evidence base to inform policy. Integrate older adults into all national development policies and programmes. Older persons should be included in national humanitarian response, climate change mitigation and adaptation plans, and disaster management and preparedness programmes.

## **8) Enhancing society's perception and support of older persons:**

The key to changing the society is to start off from within to build a culture of equity and justice. The smallest unit is the family institution; hence educating the younger generations and grandchildren is the most important tool in changing the attitudes and perceptions of the upcoming generations towards our older persons. Fortunately, Jordanian culture has a high level of social support, which in turn, contributes genuinely to assist in setting up successful interventions that rely on the social context in Jordan. The main pillars of interest should include:

- Modelling the religious values of taking care of the older parents
- Enabling and educating children to support their older parents as much as possible in their own homes among their families. This role can be facilitated through governmental support that includes caregivers training, involving social workers and volunteers, and financial assistance to subsidize the expenses beyond those covered by health insurance plans.
- Enhanced monitoring and identification of elder abuse. For older adults in whom there is a suspicion of elder abuse or neglect, there should be a system for reporting and support available.
- Involving older parents in taking care of the grandchildren and emphasizing intergenerational interaction to reduce loneliness and boredom while increasing self-esteem and satisfaction.
- Further, public education and awareness campaigns on celebrating older adults, especially in October celebrating the International Older People Day, should be created.

## References

- (MOH), M. o. (2013). Ministry of Health Strategic Plan 2013-2017. Amman: Ministry of Health (MOH).
- Abu-Kharmeh, S. (2012). Evaluating the Quality of Health Care Services in the Hashemite Kingdom of Jordan. *International Journal of Business and Management*, 7(4). p.195-205.
- Affairs, N. C. (2007). 2005-2007 National Zakat Survey Report. Amman, Jordan: National Council for Family Affairs. Retrieved from <http://ncfa.org.jo:85/NCFA/sites/default/files/publications/D8/AF/D9/84/D9/8A/D9/84-/D8/A7/D9/84/D8/AF/D8/B1/D8/A7/D8/B3/D8/A7/D8/AA-/D9/88/D8/A7/D9/84/D8/A8/D8/AD/D9/88/D8/AB.pdf>
- (2012). Ageing in the Twenty-First Century: A Celebration and A Challenge. New York, London: United Nations Population Fund (UNFPA), HelpAge International. Retrieved 8 1, 2018, from <https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>
- Al-Nsour M, Z. M. (2012). Prevalence of Selected Chronic, Noncommunicable Disease Risk Factors in Jordan: Results of the 2007 Jordan Behavioral Risk Factor Surveillance Survey. *Prev Chronic Dis*, 9, 110077. doi:<http://dx.doi.org/10.5888/pcd9.110077>
- Awad, A. (2016). The Social Protection System. *International Labour Conference (ILC)* (pp. 114-124). Geneva: Phoenix Center for Economic and Informatics Studies.
- Bank, H. K. (2004). Jordan Poverty Assessment Main Report. Amman: Hashemite Kingdom of Jordan and The World Bank.
- Bloom, D. E., Canning, D., Nandakumar, A., Sevilla, J., Huzarski, K., Levy, D., & Bhawalkar, M. (2001). Demographic Transition and Economic Opportunity: The Case of Jordan. Bethesda, Maryland: Abt Associates Inc. Retrieved from [www.moh.gov.jo/Documents/Demographic%20transition%20and%20economic.pdf](http://www.moh.gov.jo/Documents/Demographic%20transition%20and%20economic.pdf)
- Britannica, E. (2016). <http://www.britannica.com/place/Jordan/Transjordan-the-Hashimite-Kingdom-and-the-Palestine-war>.
- Council, H. H. (2015). The National Strategy for Health Sector in Jordan 2015-2019. Amman: Higher Health Council.
- Council, T. H. (2009, October). The Demographic Opportunity in Jordan "A policy Document". Amman.
- Department of Economic and Social Affairs, P. D. (2015). World Population Ageing 2015. Retrieved 12 2017, from United Nations: [http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015\\_Report.pdf](http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf)
- Department of Economic and Social Affairs, P. D. (2015). World Population Prospects: The 2015 Revision, Key Findings and Advance Tables. NY: United Nations.
- (1982). Department of Statistics.
- Department of Statistics, I. I. (2012). Jordan Population and Family Health Survey 2012. Calverton, Maryland. Retrieved from <https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>
- DESA, Population Division. (n.d.). World Population Ageing 1950-2050. United Nations. Retrieved from <http://www.un.org/esa/population/publications/worldageing19502050/>
- Development, M. O. (n.d.). Retrieved October 2017, from [http://www.mosd.gov.jo/index.php?option=com\\_content&view=article&id=238:2012-02-02-09-51-39&catid=50:50&Itemid=48](http://www.mosd.gov.jo/index.php?option=com_content&view=article&id=238:2012-02-02-09-51-39&catid=50:50&Itemid=48)
- DOS2015. (2015). Population and Housing Census 2015. Amman, Jordan: Department Of Statistics. Retrieved from [http://census.dos.gov.jo/wp-content/uploads/sites/2/2016/02/Census\\_results\\_2016.pdf](http://census.dos.gov.jo/wp-content/uploads/sites/2/2016/02/Census_results_2016.pdf)
- Elbers, C. L. (2003). Micro Level Estimation of Poverty and Inequality. *Econometrica*, Vol. 71 (1): 355-364.
- EMRO, W. (n.d.). Framework for health information systems and core indicators for monitoring health situation and health system performance 2016. WHO, Eastern Mediterranean Region.
- Fund, N. Z. (2012). National Zakat Fund 2012. National Zakat Fund.
- Ghaith Zureiqat, H. A. (2015). Social Protection and Safety Nets in Jordan. Amman: Centre for Social Protection at IDS/ World Food Programme (WFP).
- Gharaibeh, I. (2003). Physiological-social Adaptation for the Elderly and Participated in the Social Security in Amman Governorate. Physiological-social Adaptation for the Elderly and Participated in the Social Security in Amman Governorate. Amman, Jordan: University of Jordan, School of Graduate Studies.
- Hafez G, B. K. (2000, July). Caring for the elderly: A report on the status of care for the elderly in the Eastern Mediterranean Region. *East Mediterr Health J*, 6(4):636-43.
- Hayajneh, A. (2015, June). Are There Health Disparities Among Jordanian Older Adults? Proposed Interventions (Part II). *European Scientific Journal*, Vol.2 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431.
- (2008-2009). Household Expenditure and Income Survey 2008/2009. Amman: Economic Research Forum and the Department of Statistics of The Hashemite Kingdom of Jordan.
- Hussein, S., & Ismail, M. (2017, April). Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities. *Ageing Int*, 42, 274–289. doi:10.1007/s12126-016-9244-8
- I, T. (1995). Analysis of the health situation of the elderly in the city of Irbid. Master thesis, Jordan University of Science and Technology. Irbid, Jordan.
- ILO. (2014). World Social Protection Report 2014/15: Building economic recovery, inclusive development and social justice. Geneva: International Labour Office.
- Kamel, A. M. (2016). Who are the elder's caregivers in Jordan: A crosssectional study. *J Nurs Educ Pract*, 6(3), 116-121. doi:10.5430/jnep.v6n3p116
- Kinsella, K., & Taeuber, C. (1993). An Aging World II. Washington, D. C.: United States Bureau of the Census.
- Mady, S. M. (2002). Social Role Change of Female Elderly in Amman. Social Role Change of Female Elderly in Amman. Amman, Jordan: University of Jordan, School of Graduate Studies.
- Mahasneh, S. M. (2000). Survey of The Health of the Elderly in Jordan. *Medical Journal of Islamic Academy of Sciences*, 13:1, 39-48.
- MMWR, C. (2006/55(23);653-655). Assessing Risk Factors for Chronic Disease --- Jordan, 2004. Atlanta, USA: CDC.
- MOH. (2015). Annual Health Report. Amman: Ministry of Health (MOH).
- Musa T. Ajlouni, H. D. (2015). Home Health Care (HHC) Managers Perceptions About Challenges and Obstacles that Hinder HHC Services in Jordan. *Global Journal of Health Science*, 7(4), 121-129. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802083/pdf/GJHS-7-121.pdf>
- National Population Commission, I. (1991).
- Nations, U. (2011). 2013-2017 Jordan: United Nations Development Assistance Framework. Amman: United Nations.

- Nations, U. (2015). World Population Ageing 2015 Highlights. (ST/ESA/SER.A/368). New York: Department of Economic and Social Affairs. Retrieved from [http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015\\_Highlights.pdf](http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Highlights.pdf)
- Nations, U. (2017, 09). Prospects of Ageing with Dignity in the Arab Region. Population and Development Report - Issue No. 8 Prospects of Ageing with Dignity in the Arab Region. Beirut: United Nations Department of Economic and Social Affairs. Retrieved 01 7, 2018, from [https://www.unescwa.org/sites/www.unescwa.org/files/page\\_attachments/pdr8-prospects-ageing-dignity-arab-region-advance-copy-en\\_0.pdf](https://www.unescwa.org/sites/www.unescwa.org/files/page_attachments/pdr8-prospects-ageing-dignity-arab-region-advance-copy-en_0.pdf)
- NCFA. (2008). Jordan's National Strategy for Older Persons. Amman, Jordan: National Council for Family Affairs (NCFA). Retrieved from <http://social.un.org/ageing-working-group/documents/fourth/Jordan.pdf>
- NCFA. (2013). The Analysis Report of the Evaluation of the Jordanian National Strategy for Senior Citizens (2009-2013). National Council for Family Affairs (NCFA).
- Performance, M. o. (2006). The National Agenda The Jordan we strive for 2006-2015. Jordan: Ministry of Government Performance. Retrieved from <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=32488>
- (2015). Profiles Of Ageing 2015. New York: UN. Retrieved from <http://esa.un.org/unpd/popdev/Profilesofageing2015/index.html>
- Rawajfah, K. K. (2009). Motives of Sending Elderly People to Institutional Care in Jordan. Amman, Jordan: Deanship of Graduate Studies, University of Jordan.
- Recent Demographic Estimates for the Countries and Regions of the World. (1983). World Population 1983. Washington, D.C: U.S Bureau of the Census.
- Rights, T. N. (2017). The second report about the situation of the elderly in the Hashemite Kingdom of Jordan 2017. Amman: The National Centre for Human Rights. Retrieved from [http://www.nchr.org.jo/Admin\\_Site/Files/PDF/8688f0da-04cc-4c1d-b399-0cedb0e43fd4.pdf](http://www.nchr.org.jo/Admin_Site/Files/PDF/8688f0da-04cc-4c1d-b399-0cedb0e43fd4.pdf)
- Saleh, H. A. (2002). The Family's Role in Treating the Problems of the Old. The Family's Role in Treating the Problems of the Old. Amman, Jordan: University of Jordan, School of Graduate Studies.
- Schröder-Butterfill, E., & Mariani, R. (2006). A framework for understanding old-age vulnerabilities. *Ageing & Society*, 26(1), 9-35. doi:10.1017/S0144686X05004423
- Statistics, D. O. (1977). Jordan Fertility Survey 1976.
- Statistics, D. o. (1983). Jordan Fertility and Family Health Survey.
- Statistics, D. o. (1992). Jordan Population and Family Health Survey 1990. Columbia, Maryland USA: IRD/Macro International Inc. Retrieved from <https://dhsprogram.com/pubs/pdf/FR20/FR20.pdf>
- Statistics, D. o. (1998). Jordan Population and Family Health Survey 1997. Calverton, Maryland. USA: Macro International Inc.
- Statistics, D. o. (2003). Jordan Population and Family Health Survey 2002. Calverton, Maryland, USA: Macro International Inc. Retrieved from <https://dhsprogram.com/pubs/pdf/FR138/FR138.pdf>
- Statistics, D. o. (2008). Jordan Population and Family Health Survey 2007. Calverton, Maryland, USA: Macro International Inc.
- Statistics, Department Of. (n.d.). History of Population and Housing Census. Retrieved from DOS: <http://census.dos.gov.jo/about-us/jorhistory/>
- UNDP. (2013). Jordan Poverty Reduction Strategy . Amman: United Nations Development Programme (UNDP).
- UNESCWA. (2017). Prospects of Ageing with Dignity in the Arab Region. Beirut: United Nations Economic and Social Commission for Western Asia. Retrieved 2018
- United Nations, D. P. (2015). World Population Prospects: The 2015 Revision. New York: United Nations, DESA, Population Division. Retrieved from [http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2015\\_InfoChart.pdf](http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2015_InfoChart.pdf)
- WHO. (2014). Health expenditure series. Geneva: World Health Organization.
- (2015). World Health Statistics 2015.
- World Population Ageing:1950-2050. (2002). World Assembly on Ageing 2002 (pp. 288-289). New York: United Nations, DESA. Retrieved from <http://www.un.org/esa/population/publications/worldageing19502050/>