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ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)

A REVIEW OF LITERATURE ON THE CHANGING ROLE OF THE FAMILY IN CARE PROVISION IN ARAB COUNTRIES

13-0005

Acknowledgements

This paper, the fifth in the Working Paper series of the Social Development Division, examines the main trends affecting family patterns in the ESCWA region and reviews the available literature on the role of the family in the provision of care.

The research presented in this working paper has been conducted by Ms. Tanja Brøndsted Sejersen, Associate Social Affairs Officer in the Social Policy Section of the Social Development Division at ESCWA. The author has benefited from the guidance and comments of Ms. Gisela Nauk, Chief of the Social Policy Section, Mr. Frederico Neto, Director of the Social Development Division, and Ms. Vanessa Steinmayer. In addition, the author would like to acknowledge the assistance received from Ms. Lubna Ismail.

Feedback from readers would be welcomed, and comments and suggestions may be sent to spsescwa@un.org.

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I. INTRODUCTION

"Woven into the fabric of almost every aspect of social life, family has been understood to be critical to social projects of all sorts... Relationships, ethics, and idioms nested in family discourse have been mobilized to link political, economic, social, religious, and cultural institutions and processes. Arab families have been seen to be crucial to development, democracy, participatory citizenship, human rights, and the basic production of culture".¹

As described in this excerpt from the Arab Families Working Group, the 'Arab family' has been discussed widely as an entrance point to a plethora of social developments. Arab families are diverse, and the concept of 'family' differs significantly between countries, cultures and socio-economic backgrounds, both between and within the Arab countries.

This paper focuses on a subset of family-related issues, with special focus on the changing role of Arab families in the provision of care. Traditionally, the family has been responsible for the care of its members, including children, individuals with illnesses and disabilities, and the elderly. This study will identify literature focusing on the issue of the changing role of the family in the provision of care. The geographical scope will be limited to the member countries of the Economic and Social Commission for Western Asia (ESCWA).²

THEMES IN FAMILY RESEARCH IN THE REGION

According to a 2010 article analysing the 1970-2006 literature on families of Arab descent, six main themes appear to be the focus of almost all scholarly output on the subject. These themes are: domestic violence, family planning and contraception, marital structure and process, mental illnesses and family characteristics, gender beliefs and practices, and the effects of conflict and war on families.³ More recent research covers additional topics, including the impact of migration on families. There is also some information on the role played by foreign domestic workers within Arab families, although this area is still in its infancy. The role of family responsibilities in the provision of care is not a frequently-studied topic, necessitating a broad analysis of generic literature relating to the changing patterns of family and care in the region.

This review focuses on four main themes within the literature on the changing role of Arab families in the provision of care. First, the literature on the changing role of families is presented. Following this, the multitude of social developments which have impacted family composition, and gender roles in particular, are described. Third, the various responsibilities of the family are explored through the lenses of child care, care for family members who are ill or living with disabilities, and care for the elderly. Throughout the paper, family-oriented policies within the ESCWA region are highlighted. Finally, suggestions for further research are explored.

II. THE CHANGING ROLE OF THE FAMILY

The idea of family is contingent on time, location and group. According to a United Nations publication on family indicators, a family can be defined as "a group of people linked by marriage, legally or customarily regulated, and their dependents, based on either consanguinity or adoption".⁴ For the purpose of

¹ Joseph and Rieker, 2008, p. 1.

² The member countries are: Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, the Syrian Arab Republic, the Sudan, Tunisia, the United Arab Emirates, and Yemen.

³ Beitin et al., 2010, p. 216.

⁴ United Nations, 2003, p. 7.

this review the family will be seen as distinct from the household, despite the interrelatedness of the concepts. While household membership is dependent on residence, 'family' generally connotes kinship.

While this international definition is broad enough to encompass a multitude of family types, a more regionally specific 'Arab family' often appears in literature.⁵ Various writers have debated the usefulness of the 'Arab family' concept, including Young and Shami in a 1997 paper⁶ which sought to demystify the concept and challenge static assumptions. Studies of the 'Arab family' are often marred by the Orientalist portrayal of a stereotyped patriarchal family, with multiple wives and cohabitation of the extended family.⁷

Studies of families in the region have been conducted by national and international scholars for more than a century. One of the most renowned early studies was the 1860 book *The Manners and Customs of the Modern Egyptians*, by Edward William Lane.⁸ Although his observations as an outsider have limited relevance to the Egypt of today, he highlighted gender differences in Egyptian society as well as the role of the family in society and child rearing. In this sense, he was an early observer of the topics under review in the current paper.

Later, in 1954, the Egyptian Scholar Hamed Ammar argued that the family constituted the basic social unit in the province of Silwa in Upper Egypt. He defined the family as follows: "In Arabic, the word family (*aila*) literally means the social unit that supports its members. In Silwa, the words for family and household (*bait*) are sometimes interchangeably used. Ideally, the minimum personnel of the family comprises parents, unmarried children and married sons with their wives. There are, however, many other variations on this pattern, e.g. a conjugal family with a son-in-law, with the husband's sister who is a widow, with the husband's paternal nephew or niece who is an orphan, or with a paternal cousin".⁹ One of the main findings of Ammar's study was that, at the time, individuals in rural Egypt had no value without the family, a finding that resonates with more recent studies. In addition, the study highlighted the multitude of possible family compositions.

From a political perspective, the role of the family is considered important in the region. The centrality of the family to policymakers becomes obvious from a glance at the constitutions of the region: more than half specifically highlight the family as the basic unit of society.¹⁰ Policies directly focusing on the family can be divided into two main types: personal status laws and family support mechanisms, including a multitude of family support schemes and family planning policies. Personal status laws regulate marriage, divorce, child custody and inheritance.

III. SOCIOECONOMIC DEVELOPMENTS IMPACTING THE FAMILY

A. POPULATION GROWTH

Various socio-economic developments have impacted family structures and circumstances in the ESCWA member countries, in particular during the last 30 to 40 years. To begin with, there has been a dramatic population increase. According to estimates from the United Nations Population Division, the population of the region has gone from 195 million in 1990 to 310 million in 2010.

- ⁷ Suad and Rieker, 2008, p. 5.
- ⁸ Lane, 1908.
- ⁹ Ammar, 1954, p. 42.

¹⁰ According to the Family Policy Centre, the constitutions of Bahrain, Egypt, Kuwait, Libya, Oman, Qatar, Saudi Arabia, the Sudan, the Syrian Arab Republic and Yemen highlight the role of the family. Family Policy Center, 2012.

⁵ See, for example, Barakat, 1993; Hopkins et al., 2003.

⁶ Young et al., 1997.

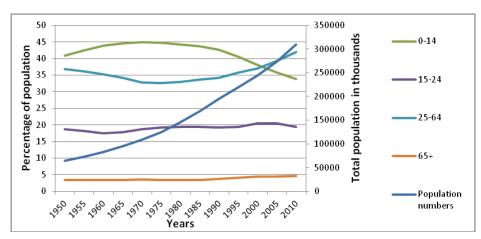


Figure I. Population growth and the proportion in each age group, ESCWA member countries, 1950-2010

Source: United Nations, 2011a.

This substantial increase is due to changing fertility, mortality and migration patterns, all of which are central to the family. As can be seen in figure I, the distribution of age groups has changed dramatically in recent decades, with children becoming a smaller percentage of the population and a surge in the number of working-age individuals (15-64).

B. DECLINING FERTILITY AND MORTALITY

The changes in population distribution reflect the shifting fertility patterns in the region. Between 1985 and 1990, all ESCWA member countries had fertility rates over three live births per woman, and the majority had rates of over five. In 2010, only Yemen had fertility rates higher than five live births per woman, and Lebanon, Tunisia and the United Arab Emirates had rates under replacement levels.¹¹ Several ESCWA member countries have introduced policies intended to minimize fertility rates. Exceptions include some Gulf countries, as well as the long-standing Palestinian discourse encouraging high fertility as crucial to national survival.¹² Figure II illustrates the decline in fertility rates in ESCWA member countries.

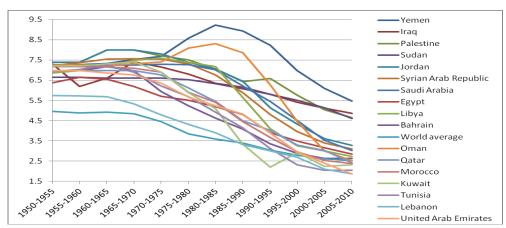


Figure II. Total fertility rate per woman, ESCWA member countries and world average, 1950-2010

Source: United Nations, 2011a.

Note: Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

¹¹ ESCWA, 2011b, p. 4.

¹² Jad et al., 2000, pp. 152-153.

Along with birth rates, mortality rates have also been in decline, increasing the number of people aged 65 and over, and alongside them, the pressure on families and societies for care.¹³ People in the ESCWA region are living longer than ever. While this development has been ongoing for decades, the elderly still represent a minority in these societies. Over time, there will be a sharp increase in the number of elderly people,¹⁴ which will substantially intensify the need for care. Table 1 traces regional life expectancy rates from 1960 to 2010.

	1960-	1965-	1970-	1975-	1980-	1985-	1990-	1995-	2000-	2005-
	1965	1970	1975	1980	1985	1990	1995	2000	2000-	2003-2010
Bahrain	55.1	61.2	65.5	68.5	70.5	71.9	72.7	73.4	74.0	74.6
Egypt	47.0	49.3	51.7	54.7	57.6	60.5	63.7	67.4	70.5	72.3
Iraq	51.4	55.9	59.0	61.0	53.3	63.3	70.3	71.0	70.1	67.3
Jordan	55.6	59.1	62.6	65.8	68.0	69.7	70.9	71.7	72.3	72.9
Kuwait	62.6	65.3	67.6	69.4	70.9	72.1	72.8	73.3	73.7	74.2
Lebanon	62.1	63.9	65.4	66.1	67.0	68.0	69.4	70.3	71.0	72.0
Libya [*]	48.0	50.4	53.0	57.7	62.4	66.4	69.0	71.6	72.8	74.0
Morocco	48.0	50.4	53.0	55.8	59.7	62.7	65.5	67.7	69.6	71.2
Oman	44.0	48.1	53.2	58.2	63.4	68.4	72.1	73.2	74.3	72.6
Palestine	50.7	54.1	57.4	61.0	64.4	67.1	68.9	70.4	71.3	72.2
Qatar	61.3	64.3	67.5	70.1	71.9	73.4	74.7	75.8	76.9	77.9
Saudi Arabia	46.4	50.2	54.9	59.9	64.2	67.3	69.6	70.7	71.9	73.1
Sudan	42.3	44.2	46.2	48.3	50.2	51.7	53.5	55.3	58.6	60.3
Syrian Arab										
Republic	54.4	58.1	61.8	64.8	67.5	70.0	72.0	73.5	74.5	75.3
Tunisia	49.6	52.1	55.6	59.8	64.1	67.0	70.1	72.0	73.0	73.9
United Arab										
Emirates	54.2	59.8	64.0	67.0	69.2	71.1	72.5	73.8	74.9	75.9
Yemen	38.5	39.8	41.3	46.2	51.5	55.2	56.8	58.3	61.3	63.9

TABLE 1. LIFE EXPECTANCY IN ESCWA MEMBER COUNTRIES, 1960-2010

Source: United Nations, 2011a.

^{*} Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

Between 1960 and 1965, the range of life expectancies in the region varied from 38.5 in Yemen to 62.6 in Kuwait. By the 2005-2010 period, they had risen dramatically, with a low of 60.3 in the Sudan and a high of 77.9 in Qatar. On average, life expectancy in the region increased by 21 years between 1960 and 2010.

These developments are thoroughly investigated in a multitude of studies. In particular, the United Nations and World Bank have published widely on this issue. One example is the 2010 United Nations Development Programme Arab Human Development Report, which focused on demographic transition.¹⁵ ESCWA has also published several reports on this subject.¹⁶

Of key significance to the topic of this paper is the fact that demographic transition is having a significant impact on dependency ratios in ESCWA member countries. The United Nations Population Division's estimates of the development of the elderly dependency ratio can be found in table 2.

¹³ ESCWA, 2011a.

¹⁴ ESCWA, 2011e, p. 6.

¹⁵ Mirkin, 2010.

¹⁶ See, for example: ESCWA, 2011a; ESCWA, 2011b; and ESCWA, 2008.

	1990	1995	2000	2005	2010	2015	2020	2025	2030	2035	2040
Bahrain	3.4	3.6	3.6	3.7	2.6	3.2	5.0	8.4	12.1	17.3	23.6
Egypt	6.8	7.2	7.4	7.6	7.9	9.2	10.3	11.8	13.2	14.5	15.8
Iraq	7.7	7.5	7.1	6.8	6.1	5.6	6.1	6.0	6.3	7.3	8.6
Jordan	7.1	5.8	5.8	6.1	6.7	6.6	6.7	7.1	8.1	10.0	12.7
Kuwait	2.4	3.1	4.4	4.7	3.5	3.8	3.9	5.5	7.0	10.3	13.9
Lebanon	8.9	10.1	10.8	10.8	10.7	10.9	12.5	14.5	17.2	20.3	23.9
Libya [*]	4.8	4.9	5.3	5.8	6.6	7.9	8.9	10.0	11.2	13.2	16.6
Morocco	6.8	7.5	7.6	8.2	8.3	8.9	10.5	13.2	15.4	17.5	20.0
Oman	4.3	3.9	4.1	4.3	3.6	5.2	6.1	8.5	11.2	15.7	20.8
Palestine	4.3	4.3	4.6	4.9	5.0	5.3	5.5	5.8	6.7	7.6	8.6
Qatar	1.7	1.9	2.3	1.6	1.2	1.5	1.6	2.9	5.1	9.0	15.0
Saudi Arabia	4.8	4.6	5.8	4.8	4.4	5.0	6.6	8.1	9.0	10.3	13.0
Sudan	5.8	5.8	6.0	6.1	6.3	6.6	6.8	7.2	7.7	8.3	9.2
Syrian Arab Republic	6.8	6.6	6.5	6.4	6.7	6.9	8.2	9.6	10.9	12.8	14.4
Tunisia	8.0	9.7	10.0	10.2	10.0	10.6	12.5	15.0	17.6	20.5	23.9
United Arab Emirates	1.7	1.4	1.4	1.0	0.5	0.9	2.1	4.4	7.8	13.0	21.2
Yemen	4.9	6.0	5.3	4.9	4.8	4.9	4.9	5.1	5.3	5.5	5.9

 TABLE 2. ELDERLY DEPENDENCY RATIO IN ESCWA MEMBER COUNTRIES, 1990-2040 (Percentage)

Source: United Nations, 2011a.

* Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

The old age dependency rate in Lebanon is currently the highest in the region. In other ESCWA member countries, the rate varied between 0.5 and 10.0 per cent in 2010. In the long run, there will be fewer people of working age taking care of a growing number of elderly. This development will have a transformative impact on the future role of the family in the provision of care.

C. INTERNATIONAL AND INTERNAL MIGRATION

Another societal development with severe implications for the family is migration. The stock of international migrants in ESCWA member countries, including Libya, Morocco and Tunisia, increased from 14.3 million in 1990 to 25.4 million in 2010. The majority of migrants are male, with women accounting for 36 per cent of migrants from ESCWA member countries in 2010.¹⁷ These large numbers of international migrants affect the sending as well as the hosting communities.

Several studies have dealt with the impact of migration on families in the region. A study from Lebanon shed some light on the potential impact of migration of the male head of the household. The 2009 study *Male Migration and the Lebanese Family: The impact on the wife left behind* shows that women are more likely to live by themselves following their husband's migration, specifically that the larger income provides the opportunity to live outside the extended family's home. The study further establishes that the main reason for migration is economic, either because of unemployment in Lebanon or the incentive of better paid jobs overseas.¹⁸ The majority (83.2 per cent) of families left behind receive 75 to 100 per cent of their income from remittances.¹⁹

Other studies have dealt with the subject of economic migration and its impact on the family in Lebanon,²⁰ Egypt,²¹ and Yemen.²² These studies predominantly focus on the impact of the male head of household's migration on the wife, particularly in relation to the household's expenditures and the work status of the woman. Ayman Onsy, for example, argues that migration has been detrimental to the

¹⁸ Khalaf, 2009, p. 107.

¹⁷ United Nations, 2011b.

¹⁹ Ibid., p. 109.

²⁰ Azzam and Shaib, 1980.

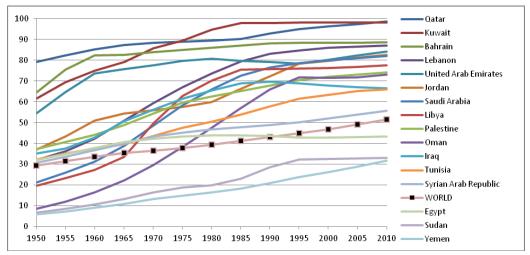
²¹ Brink, 1991; Hoodfar, 1996.

²² Stevenson, 1997; Myntti, 1984.

importance of the family, with child-rearing responsibilities transferred from the family to other institutions due to the migration of the male breadwinner.²³ Research in Egypt²⁴ and Lebanon²⁵ has demonstrated how women take on greater financial responsibilities when their husbands depart, although not necessarily full responsibility. A 1997 study conducted in Yemen found that women did not have a larger role in decision-making due to the absence of their husbands. Instead they would often have more work and less freedom of movement.²⁶ The findings regarding the work status of these women are inconclusive. These studies show that, in some cultural settings, migration has an impact on power balances and financial opportunities within families. However, most of the studies have small sample sizes and cannot be construed as representative of the region as a whole.

In addition to international migration, families in the region are influenced by displacements due to conflict. At least 5.6 million persons are internally displaced within the ESCWA region,²⁷ which creates substantial strain on families. In general, conflict has had a dramatic effect on many families in the region. Conflict affects the availability²⁸ and choice of spouse,²⁹ increases the importance of the family for protection,³⁰ impacts on and transforms gender relations,³¹ and engenders Post Traumatic Stress Disorder, depression and anxiety.³² A special issue of the *Journal of Comparative Family Studies*, titled 'Turbulent Times and Family Life in the Contemporary Middle East', dealt with the changing role of the family, especially in times of crisis, but also in relation to changes in the rate of fertility and the labour market.

Figure III. Percentage of population living in urban areas, ESCWA member countries and world, 1950-2010



Source: United Nations, 2012.

Note: Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

- ²³ Referenced in Hafez and Salem, 2004, p. 230.
- ²⁴ Brink, 1991; Hoodfar, 1996.
- ²⁵ Azzam and Shaib, 1980.
- ²⁶ Stevenson, 1997, pp. 34-35.

²⁷ Internal Displacement Monitoring Center (2011): 2.3-2.6 million in Iraq; at least 47,000 in Lebanon; around 160,000 in Palestine; at least 2.2 million in the Sudan; at least 433,000 in the Syrian Arab Republic (as of January 2013); and 431,000 in Yemen. These numbers do not take into account the recent developments in the Syrian Arab Republic and the Sudan.

- ²⁸ Saxena et al., 2004.
- ²⁹ Johnson et al., 2009.
- ³⁰ Joseph, 2004.
- ³¹ Ibid., p. 279.
- ³² Awadb et al., pp. 493-498.

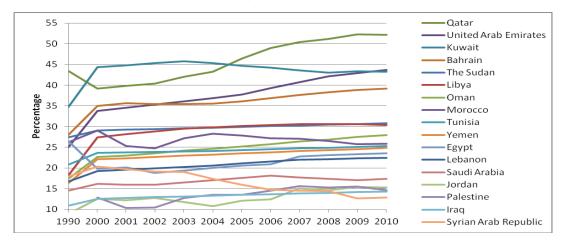
As well as the overall numbers, there are also significant changes to population distribution within the ESCWA member countries. Rapid urbanization is commonplace in many, and in the Gulf countries more than 90 per cent of the population is urbanized.³³ Figure III shows the percentage of the population living in urban areas, clearly confirming a broad trend of increased urbanization. As expected, many Gulf countries have the highest rates of urbanization, with Lebanon being the most urbanized country outside the Gulf.

Increased levels of urbanization may impact families' proximities to their kin networks. This in turn affects how care responsibilities are shared outside the household. Although urbanization is frequently mentioned as one of the reasons for the changing roles of Arab families, it has not been possible to locate any research specifically looking at the mechanisms of these impacts.

Increased female labour-force participation

In addition to fertility and mortality decline, conflict migration, and urbanization, changes within families have also occurred on a large scale. One of the main developments is the increasing participation of women in the labour force. This has been linked to the increased educational attainment of women (and men), to the extent that women are more likely to study than their male counterparts in some ESCWA member countries.³⁴ Figure IV shows the increase in female participation in the labour force of ESCWA member countries over the last twenty years. Although the ESCWA region still has the lowest female participation rate in the world, the graph shows a steady increase over time.

Figure IV. Female labour-force participation rate, ESCWA member countries, 1990-2010



Source: Palestine: Labour Force Survey Database 2000-2010. All other countries: International Labour Organization, 2011.

Note: Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

It is important to note that the high rate of female labour-force participation shown in several Gulf countries includes both nationals and non-nationals. Since non-nationals can generally only reside in these countries if they are working, their female labour-force participation rates appear comparatively high. Yet despite their increased participation in the workforce, many Gulf women stop working after marriage.³⁵

Female participation in the ESCWA region's labour-force has been frequently discussed.³⁶ The International Labour Organization has argued that "considering the value placed on home life in Arab societies, women's abilities to combine work with family responsibilities continue to be central to

³³ ESCWA, 2011b.

³⁴ Amer, 2012, p. 3.

³⁵ Amer, 2012, p. 4 and ESCWA, 2011d, p. 29.

³⁶ See for example ESCWA, 2011c; UNIFEM, 2004.

determining their participation in the labour force."³⁷ This highlights how women's increased participation in the labour market has intensified the need to find alternative care solutions during work hours, as women traditionally conduct the majority of care activities. This will be discussed further below. In countries were there is little institutionalised support for working mothers, women's labour-force participation rates have been shown to be much lower than in countries with support. A 1998 study of 14 developed countries' public care policies, leave entitlements and female labour-force participation concluded that Government policies influence the employment decisions of married women, in particular related to the continuity of labour-force attachments.³⁸ Several studies have shown how improvements to public provisions of child care have positive impacts on female labour force participation rates.³⁹

D. DEFERRAL OF MARRIAGES

One reason for the increase in female labour-force participation and the decreases in fertility rates are the deferral of marriage to later in life, although there is a circular causality between the three. Several authors have focused on the increase in the age of marriage.⁴⁰ Another cause of marriage deferral is economic; it has been argued that lack of finances, housing shortages and the high costs associated with marriage have played a role.⁴¹ This has led some Gulf countries to provide marriage funds to couples in financial need, often in the form of interest free loans. In the United Arab Emirates, the fund gives financial assistance to young Emirati men marrying Emirati women.⁴² The recipient is supposed to pay back the loan, but he receives a 20 per cent discount for each child produced by his marriage. Between its inception in 1992 and 2005, the grant was given to 32,000 families. A similar scheme exists in Saudi Arabia,⁴³ and Qatar is considering offering one as well.⁴⁴ Both the Saudi Arabian and the Emirati Governments also assist low income families to build houses,⁴⁵ and in Kuwait there are some provisions of free housing and loans to families in need.⁴⁶

In addition to economic concerns, another potential reason for the changing age of marriage is that many ESCWA countries have introduced minimum ages at marriage. Tunisia was one of the first countries to attempt to minimize the number of child marriages. The 1956 Tunisian Code of Personal Status set the minimum age of marriage at 15 years for girls, which was raised to 17 in 1964. In 2007 the age was raised to 18 for both men and women. According to the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), nearly half of Tunisian women were married before the age of 20 in 1960, but by 2004, only 3 per cent of girls between the ages of 15 and 19 years were married, divorced or widowed.⁴⁷ Table 3 clearly shows the decreasing occurrence of marriage before the age of 19.

As can be seen in table 3, in 2000 Yemen had the highest rate of women married before the age of 19. According to a 2005 study of the United States Agency for International Development (USAID), 14 per cent of Yemeni girls were married by the age of 14, and nearly half are married by age 17.⁴⁸ USAID's

- ⁴³ Money News, 2011.
- ⁴⁴ Qatar, Permanent Population Committee, 2012.
- ⁴⁵ United Arab Emirates, 2012; Money News, 2011.
- ⁴⁶ Al-Kazi, 2008, p. 247.
- ⁴⁷ UN-Women, 2011, p. 29.
- ⁴⁸ USAID, 2012.

³⁷ ILO, 2008, p. 2.

³⁸ Gornick et al., 1998, pp. 35-54.

³⁹ Schlosser, 2011; Viitanen, 2005; Powell, 1997; and Berlinski and Galiani, 2007.

⁴⁰ UNICEF, 2005; UN-Women, 2011; Rashad et al., 2005; Moghadam, 2004.

⁴¹ Singerman and Ibrahim, 2001, p. 96.

⁴² Rashad et al., 2005, p. 5.

recently implemented 'Safe Age of Marriage' programme in Yemen seeks to reduce the prevalence of marriage to young girls.

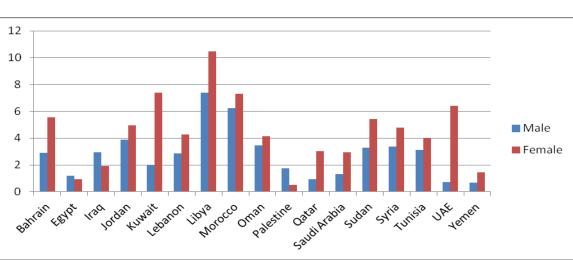
Country	1960-1969	1970-1979	1980-1989	1990-1999	2000
Bahrain		28.4	14.5	3.4	4.1
Egypt		21.1	20.2	14.3	12.3
Iraq		31.8	20.0	15.0	15.0
Jordan	27.6	20.1		12.6	8.8
Kuwait		37.0	14.3	9.9	
Lebanon		12.9			5.1
Libya [*]		36.7	8.7	0.9	
Morocco		30.9	16.9	12.1	10.7
Oman				14.8	4.1
Palestine	17.0			26.9	13.2
Qatar			14.1	4.0	3.6
Saudi Arabia			15.4	7.2	7.8
Sudan		41.0	27.7	19.7	
Syrian Arab Republic		27.3	24.6		10.8
Tunisia		10.4	6.5	3.0	
United Arab Emirates		55.0	17.4	7.7	
Yemen				23.2	16.6

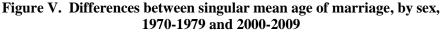
TABLE 3. MARRIED WOMEN AGED 15-19 AS A PERCENTAGE OF TOTAL WOMEN AGED 15-19

Source: United Nations, 2009.

^{*} Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

Between 1960 and 2000, all ESCWA member countries saw an increase in age at first marriage for both men and women. Figure V shows the extent of this change of marriage age. In Libya, for example, women are now on average more than 10 years older when they get married than they were in the period 1970-1979. The countries with the smallest increases are Egypt, Palestine and Yemen. Egypt, Iraq and Palestine are the only countries where men's average marriage age has increased more than women's.





Source: United Nations, 2009.

Note: For Egypt, Kuwait, Libya, the Sudan, Tunisia and the United Arab Emirates, the figure shows the differences in singular mean age of marriage in 1970-1979 and 1990-1999, due to missing data. In the case of Oman, Saudi Arabia and Yemen, the years included are 1980-89 to 2000-2009. Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

In Lebanon it has been argued that women's age at marriage in particular may have increased due to a lack of eligible partners as a result of conflict.⁴⁹ Other authors argue that the marriage age in Lebanon has increased for both sexes,⁵⁰ a finding supported by figure. Economic factors have also been given as a reason for the marriage age increase.⁵¹

In Egypt the situation has been described as follows:

The unimaginable is now a reality. Young men, faced with job insecurity or lacking a diploma to guarantee access to desired jobs, postpone marriage. Women, faced with the pragmatic necessity to count on themselves instead of relying on a rich husband, further their formal education.⁵²

Other authors have explained the decline in marriage age in Egypt by rising material expectations neccessitating saving before marriage as well as increased family nucleation, although the importance of marriage has been maintained.⁵³

High costs as a possible reason for marriage deferral have also been described in the case of Palestine.⁵⁴ The increase in marriage age has been the centre of several studies and it has been argued that "women who marry young tend to picture the ideal family as relatively large, they have more children, and are a little less likely to take active steps to limit fertility."⁵⁵

Although the age of marriage has risen, marriage itself is still the norm in the region, although a slight increase in the proportion of single adults can be seen in most ESCWA member countries, when compared to figures from the 1970s.⁵⁶ Table A.1 and table A.2 in the annex show the data on marriage status. The number of marriages are, however, not in decline, as can be seen in table 4; and a recent report by the Issam Fares Institute for Public Policy indicated that "the vast majority of adults and young people" in the Middle East and North Africa region still highly value the institution of marriage.⁵⁷

Studies in the region sometimes focus on the various types of marriages: consanguinity and polygyny have received particular attention. In Lebanon, 25 per cent of marriages are to first degree relatives (15 per cent) or other relatives (10 per cent).⁵⁸ A study in Oman showed that 24.1 per cent of marriages were between first cousins and 11.8 per cent of marriages were between second cousins.⁵⁹ A study in the Syrian Arab Republic showed that consanguineous marriages account for 30.3 per cent of urban marriages and 39.8 per cent of rural marriages and first cousin marriages were the most common type.⁶⁰

- ⁴⁹ Saxena et al., 2012.
- ⁵⁰ Jabbra, 2004.
- ⁵¹ Kaii, 1997, p. 1.
- ⁵² Moghadam, 2004, p. 153.
- ⁵³ Amin and Al-Bassussi, 2004, p. 1297.
- ⁵⁴ Johnson et al, 2009, p. 27.
- ⁵⁵ Heaton, 1996.

⁵⁶ The exceptions are Egypt, Saudi Arabia, the United Arab Emirates and the Sudan. In these countries the percentage of the population has been steady; see annex table A.1 and A.2.

- ⁵⁷ Issam Fares Institute and American University of Beirut, 2011, p. 32.
- ⁵⁸ Lebanon Central Administration of Statistics, 2012, p. 6.
- ⁵⁹ Rajab and Patton, 2000, pp. 321-326.
- ⁶⁰ Othman and Saadat, 2009, p. 685.

								2000	or later	or later	
	Aro	und 1970	Around 1985 Around 1995		Seco	ond latest	Latest				
Country	Year	Marriages	Year	Marriages	Year	Marriages	Year	Marriages	Year	Marriages	
Bahrain	1976	1271	1985	2656	1995	3321	2005	4669	2006	4714	
Egypt	1970	325828	1985	414110	1995	470513	2005	522751	2006	522887	
Iraq	1970	38786	1986	133124	1995	120692	2000	171134	2004	262554	
Jordan	1970	11730	1985	20152	1995	35501	2005	56418	2006	59335	
Kuwait	1970	2876	1985	9672	1995	9527	2005	12419	2006	12584	
Lebanon	1970	16817			1995	30758	2005	29705	2006	29078	
Libya [*]	1970	14526	1985	18902	1995	21358	2001	28661	2002	33323	
Palestine					1996	20418	2005	28876	2006	28233	
Qatar	1977	595	1985	1092	1995	1488	2005	2734	2006	3019	
Saudi Arabia					1995	61172	2004	105066	2005	119294	
Syrian Arab											
Republic	1970	62222	1985	96326	1996	126561	2005	201264	2006	205557	
Tunisia	1970	34441	1985	48849	1995	53726	2005	73971	2006	81340	
United Arab											
Emirates					1995	6475	2003	12277	2004	12794	
Yemen							2001	9120	2002	10934	

TABLE 4. NUMBER OF MARRIAGES IN SELECTED ESCWA MEMBER COUNTRIES, 1970-2006

Source: United Nations, 2009.

* Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

However, these rates appear to be in decline in some countries. A study from Bahrain, published in 2012, showed that between 1990 and 2009, first cousin marriage rates in Bahrain declined from 24 per cent to nearly 7 per cent.⁶¹ A study from Jordan also showed a significant decline in first cousin marriages after 1980 compared to marriage in the period 1950 to 1979.⁶² Palestinian data showed a decline between 1995 and 2004. Lower rates of consanguinity were found among wealthier women, women who had married later and those who lived in urban areas.⁶³ From one perspective, this decline may indicate a loosening of traditional family structures.

The decline in consanguinity appears to be a more recent development. Researchers Prothro and Diab conducted interviews in Damascus, Beirut, Tripoli, Amman, and several Palestinian and Lebanese villages in 1974. According to their fieldwork, consanguineous marriages had not declined in the period between 1920 and 1970, although they noted changes to family life in conjunction with recent developments such as contraception, education and the employment of women.⁶⁴ Studies on polygynous marriages often focus on their effects. An example is a study from the United Arab Emirates, which showed that women in polygynous marriages have more children.⁶⁵ Another study focused on the psychological health of Bedouin husbands,⁶⁶ along with their wives and children.⁶⁷ In reality, however, polygynous marriages are rather rare and becoming rarer.⁶⁸

- ⁶³ Assaf and Khawaja, 2009, p. 119.
- ⁶⁴ Prothro and Diab, 1974.
- ⁶⁵ Al-Awad and Chartouni, 2010, p. 17.
- ⁶⁶ Al-Krenawi et al., 2006.
- ⁶⁷ Al-Shamsi and Filcher, 2005.
- ⁶⁸ Barakat, 1993.

⁶¹ Al-Arrayed and Hamamy, 2012.

⁶² Hamamy et al., 2005.

Some authors have highlighted a possible rise in *urfi* marriages, which are not registered in court,⁶⁹ although there is not sustantial evidence on a rise in this practice.

As a potential consequence of all these developments, the age at which women give birth to their first child is on the rise. The fertility decline in the ESCWA region is ongoing, strong and well documented, to the extent that it has been labelled a 'quiet fertility revolution'.⁷⁰ A study from the United Arab Emirates highlighted that the main reasons for the fertility decline in this country were the later age of marriage and higher level of female education. The study also showed that families with domestic workers on average had more children, although the study found no clear relationship between income and number of children in the United Arab Emirates.⁷¹

While fertility is in decline, divorce rates are increasing. Data for selected ESCWA member countries show an overall trend towards more divorces (see table 5). Divorce rates in Kuwait rose from 3.1 per cent in 1985 to 6.8 per cent in 2004, and 17 per cent of brides were previously married. In Kuwait, younger people and individuals with higher levels of education are more likely to divorce.⁷² Men in the region are more likely to remarry after a divorce than women.⁷³

The Kuwaiti Government has been providing a divorcee allowance for needy divorcees with children since 1987.⁷⁴

Years	Bahrain	Egypt	Iraq	Jordan	Kuwait	Lebanon	Libya [*]
1970-1979	361	68810	3604	1489	1083	1251	3980
1980-1989	464	79189	1476	3687	2739	3026	3275
1990-1999	691	67653	33161	6315	3273	3869	1157
2000-2005	1051	65047		10231	4538	4746	1662
2006	1130	65461		11431	4239	4388	
			Saudi	Syrian Arab		United Arab	
Years	Palestine	Qatar	Arabia	Republic	Tunisia	Emirates	Yemen
1970-1979		305		3480	4252		
1980-1989		291		6679	5956		
1990-1999	3494	474	15697	11283	7738	1991	
2000-2005	4211	643	24318	17821	8915	3577	617
2006	3756	826	24862	19984			

TABLE 5. NUMBER OF DIVORCES FOR AVAILABLE YEARS 1970-2006,
SELECTED ESCWA MEMBER COUNTRIES

Source: United Nations, 2009.

Note: Data for different years are available for each country.

^{*} Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

E. CHANGING HOUSEHOLD COMPOSITIONS

International scholars agree that there is a global shift towards higher levels of individual partner choice, lower fertility, greater opportunities for women and more divorces.⁷⁵ Developments such as changes

- ⁷¹ Al-Awad and Chartouni, 2010, p. 16.
- ⁷² Al-Kazi, 2008, pp. 243-245.
- ⁷³ Olmsted, 2011, p. 409.
- ⁷⁴ Ibid., p. 247.
- ⁷⁵ Adams, 2004, p. 1076.

⁶⁹ Moors and Johnson, 2008, p. 55.

⁷⁰ Eberstadt and Shah, 2012, p. 44.

in polygynous marriages, fewer children and more divorces in the ESCWA region all indicate changes in household composition in the region. As an example, the proportion of single women increased substantially in Lebanon between 1970 and 1996.⁷⁶ A study from ESCWA published in 1992 highlighted that the majority of individuals in the member countries were living in nuclear families.⁷⁷ This is supported by a more recent study from Olmsted who argues that extended households are no longer the norm in Egypt, Lebanon, the Syrian Arab Republic or Yemen, although a third of all Yemeni households contain three generations or more. In contrast, only 5 per cent of Lebanese households incorporated three generations in 2005. Of the four countries surveyed, only the Syrian Arab Republic appears to have experienced a significant decline in intergenerational cohabitation between 1996 and 2007, from 20 to 12 per cent.⁷⁸

In Palestine the average household size declined to 5.9 persons in 2010, compared to 6.4 in 1997. This indicates an increase in nuclear households in place of extended ones. The share of nuclear households increased to 85.9 per cent in 2010 from 73.3 per cent in 1997.⁷⁹ Data from Morocco shows that the proportion of nuclear families increased from 51.5 per cent in 1982 to 63.5 per cent in 2004. Simultaneusly, the percentage of extended families (families with more members than a nuclear family) decreased from 40.1 per cent in 1982 to 28 per cent in 2004. In urban households the proportion was 24.7 per cent, while extended families were more common in rural areas (33.1 per cent).⁸⁰ The percentage of persons who have never been married at the age of 50 increased from 4.9 per cent of males in 2004 to 5.8 per cent in 2010. For women the increase was from 5.3 per cent to 6.7 per cent. While 243,000 women lived alone in 2000, the number increased to 468,000 women in 2011. The majority of women living alone resided in urban areas (343,000).⁸¹

Similar developments to those in Palestine have occurred across the region. In Egypt, they have been the result of deliberate Government action, in the form of a strong State-run family planning programme. Introduced in 1980, the programme encouraged the ideal of a small, "modern" nuclear family. According to Moors and Johnson, the programme "offered a supposed haven of rational and hygienic order, adequate education and health for children and harmonious family relations".⁸²

One potential result of changing family structures is a rise in the number of households headed by women, due to migration and increased divorce rates. Fifteen per cent of Lebanese households are headed by women, about half of whom are over the age of 65.⁸³ In Palestine, female-headed households rose from 8.8 per cent in 2007 to 9.3 per cent in 2011.⁸⁴ A study from 2000 indicated that 1 in 10 households in the region are headed by women.⁸⁵ A study of Egypt, Lebanon, the Syrian Arab Republic and Yemen from 2011, however, argued that there is no data suggesting an increase in female-headed households in these countries. This study further argued that many female heads of households are not labour-market participants and often rely on income from non-household members.⁸⁶ This finding highlights the potential vulnerability of female-headed households.

- ⁷⁹ Palestinian Central Bureau of Statistics, 2011, p. 22.
- ⁸⁰ Morocco, High Commission for Planning, 2010.
- ⁸¹ Morocco, High Commission for Planning, 2012, pp. 19 and 36.
- ⁸² Moors and Johnson, 2008, p. 56.
- ⁸³ Lebanon, Central Administration of Statistics, 2012, p. 12.
- ⁸⁴ Palestinian Central Bureau of Statistics, 2012, p. 24.
- ⁸⁵ Rashad and Osman, 2000, p. 15.
- ⁸⁶ Olmsted, 2011, p. 413.

⁷⁶ Saxena et al., 2004, pp. 244-245.

⁷⁷ ESCWA, 1992, pp. 6-8.

⁷⁸ Olmsted, 2011, pp. 406 and 408.

As highlighted by Homes-Eber, the majority of studies "have been based primarily on research on household change and internal household dynamics rather than upon ties between kin who do not necessarily co-reside. Yet, as anthropologists have emphasized, there is an important distinction between "kinship", based on culturally defined ties between (ideally) biologically related persons and "households" based on propinquity or residence".⁸⁷

Although extended kinship groups may no longer live in the same household, many have chosen to maintain close proximity, often within compounds or buildings. One development which may indicate the continued strength of bonds of kinship is the apparent growth in popularity of extended family compounds.⁸⁸

A study from Lebanon in 2004 showed that the main source of income for the elderly is provided by their children (74.8 per cent) and that only a minority of older adults lived by themselves (12 per cent). Individuals with more economic resources were more likely to live independently.⁸⁹ A study from Egypt and Tunisia highlighted that widowed women were more likely to live with their families than widowed men.⁹⁰

Household compositions and families are changing in response to a multitude of societal developments. These developments have substantial impact on the ability of kin to provide care for children, the elderly, and other family members in need of care. The next section will look into the existing literature on the provision of care in the region and the responsibilities of the family for that care.

IV. CARE AND RESPONSIBILITIES OF THE FAMILY

The provision of care is essential to enabling choice for the individual and preventing some forms of poverty. Care policies, perceptions and realities of family responsibilities are essential to limiting the risk of poverty due to care needs or caring for others. Care can be a tool against poverty and social exclusion,⁹¹ and it constitutes a basic need for all.⁹² The roles played by the family, the State, community organizations and the private sector are all key to the provision of care. Public care policies should be integrated into a broader framework of economic and social policies in order to limit economic or social exclusion.

Care provision includes public and private health services, regulated or paid social workers, public or private care provider agencies, private enterprises of employment, voluntary and community organizations, and kin.⁹³ These providers can be grouped into three modes of care: the household/community, the exchange/marketplace, and the bureaucratic models.⁹⁴

A broad definition has been given by Nicola Yeates, whose work has dealt with the issue of care in the Arab region. Her definition reads:

The concept of 'care' covers a range of activities to promote and maintain the personal health and welfare of people who cannot, or who are not inclined to, perform those activities themselves. This definition is able to accommodate an incredibly wide range of activities, ranging from highly intimate social, health and sexual care services of bathing, feeding, nursing and sexual acts to less intimate ones such as cooking, cleaning, shopping and general maintenance work; in some accounts it may also include wage-earning or income-generating activities necessary for provisioning.⁹⁵

⁸⁷ Holmes-Eber, 1997, p. 55.

⁸⁸ Glasze and Alkhayyal, 2002; Hoodfar, 1997, p. 78 also highlights the common practice of residing in the same building without actually sharing households.

⁸⁹ Tohme et al., 2011.

⁹⁰ Yount and Agree, 2005, p. 182.

⁹¹ Daly, 2001.

 $^{^{92}}$ A revision of the concept of care can be found in Daly, 2001; see in particular chapter 2.

⁹³ Daly, 2001, p. 20.

⁹⁴ Fisher and Tronto, 1990, p. 38.

⁹⁵ Yeates, 2009, p. 5.

The economic role of care responsibilities and the gender imbalance that characterizes many care roles have been extensively discussed, although less material exists with a focus on the context of the Arab region.⁹⁶ The division of care responsibilities between various family members, private providers and the State are context-specific, and the care dynamics within a household can change over time depending on its size, nature and values, as well as socioeconomic status and external factors (economic, political and social).

A. THE ROLE OF WOMEN IN THE PROVISION OF CARE

Care is often provided by women as an unpaid obligation.⁹⁷ Several time use surveys have been conducted in the region, including in Palestine (1999-2000), Oman (1999) and Morocco (1997-1998). Saudi Arabia was the subject of a time use study conducted in 1990, although it predominantly focused on youth.

Results from the existing time use surveys show clearly that women are conducting most of the care activities. The Palestinian Bureau of Statistics conducted a time-use survey in 1999-2000 which yielded several findings about care responsibilities within the family.⁹⁸ Table 6 shows how more than half of all women over 10 years old in Palestine perform some type of care activities, whereas only 20.7 per cent of men are involved in care. The average time spent by women who conduct care activities is more than two times the average amount of time spent by men. Women spend an average of two hours and twelve minutes a day on care activities, while men spend just under one hour. On the other hand, men spend more time on community activities and aiding other households than women (2 hours and 13 minutes for men, compared to one hour and 35 minutes for women), although slightly more women than men conduct community service and provide aid to other households (10.4 per cent of women compared to 7.2 per cent of men). The largest proportion of time spent on household activities was spent on household management, housework and household-related shopping. Nine in 10 women performed these activities compared to 4 in 10 men and women spent an average of more than four hours a day on these while men who did these activities spent an average of 80 minutes.

TABLE 6. HOUSEHOLD ACTIVITIES OF INDIVIDUALS 1	10 YEARS OR OLDER IN PALESTINE
--	--------------------------------

		ge of individ rming activit		Average time spent by those performing activity			
	Maria				Women	Both	
Activities	Men	Women	Both	H:M	H:M	H:M	
Household Management, Housework,							
Household Related Shopping	39.8	90.9	65.2	1:20	4:07	3:16	
Childcare and Care of Elderly, Disabled							
and Infirm in Household	20.7	50.3	35.4	0:59	2:12	1:51	
Community Service/Aid to Other							
Households	7.2	10.4	8.8	2:13	1:35	1:51	

Source: Palestinian Central Bureau of Statistics, 2000a.

Note: H: hours, M: minutes.

The time-use survey also showed that women in the workforce spend on average 26 minutes less a day on care activities than women outside the workforce. Working men spend 12 minutes more (16 minutes) per day on care activities than men outside the labour force (4 minutes).⁹⁹

⁹⁶ See, for example, Folbre, 2006.

⁹⁷ Daly, 2001.

⁹⁸ Palestinian Central Bureau of Statistics, 2000b.

⁹⁹ Palestinian Central Bureau of Statistics, 2000b.

A similar pattern was apparent in a time-use survey conducted in Iraq in 2007. The data showed that men spend an average of five minutes a day on child care activities whereas women spend an average of 45 minutes a day (in an average seven day week). If people not involved in childcare were excluded, women spent an average of 123 minutes a day on childcare activities, while men spent 65 minutes a day. Most childcare was done in families with four family members. Less childcare was conducted by high income families. Unfortunately, the study did not assess time spent in caring for other family members such as elderly or disabled persons.¹⁰⁰

A 2007/2008 time use survey conducted in Oman gave some indicators of the characteristics of women performing care activities. The study showed that more educated women spent less time on child and elderly care. The study also showed that women over 65 conducted more care activities than any other age group (four hours and four minutes per day), while the only age group conducting less than two hours per day were 15-19 year old women.¹⁰¹

Similar results have been reported in Egypt. Traditionally, care for older persons was a duty of the Egyptian family.¹⁰² According to an article from 1998, 82 per cent of elderly men and 76 per cent of elderly women had some problems completing daily activities for health reasons. The majority of elderly men in need of assistance would receive it from their wives, whereas most elderly women were cared for by other, often female, family members.¹⁰³

There is also clear evidence that women in Lebanon perform the majority of care activities. A 2007 article from Lebanon uses the 2003 Urban Health Survey to analyse the distribution of responsibilities within the household and the related stress levels for wives. Some questions from the survey ask about different activities, and a clear gender gap exists. None of the care-related activities were performed by husbands on a regular basis in the households sampled, as can be seen in table 7.

		Mostly		Mostly	Only	
Task	Only wife	wife	Alternating	Husband	husband	Neither
Providing care for a 4-14 year						
old son or daughter	9.4	13.3	40.3	0.4	0.4	36.4
Caring for sick family						
member	8.2	12.5	77.1	0.8	0.5	1
Providing care for a 0-3 year						
old son or daughter	5.3	9.6	25.7	0.2	0.2	59
Caring for elderly family						
member	4.5	1.2	6.6	0.5	0.0	87.2
Caring for disabled family						
member	0.9	0.2	1	0	0	97.9

TABLE 7. PERCENTAGE DISTRIBUTION OF HUSBANDS' AND WIVES' INVOLVEMENTIN CARING TASKS IN LEBANON

Source: Urban Health Study, Beirut, Lebanon, 2003. Adapted from Khawaja and Habib, 2007, p. 862 .

Other studies highlight that not just wives are involved in care. A study on care for the elderly in Egypt indicated that many women, including daughters, granddaughters and sisters, are responsible for caring for elderly family members. The reasons for caregiving can be multiple, as described in a study from Egypt: "The exchange [of care] can also be centered on the emotional rewards of providing care, the close

¹⁰⁰ Iraq Central Organization for Statistics, 2007, p. 354-356.

¹⁰¹ Oman, Supreme Council for Planning and National Centre for Statistics and Information, 2011, pp. 5 and 7.

¹⁰² Boggatz and Dassen, 2005.

¹⁰³ Nandakumar et al., 1998, p. 9.

affective ties between the caregiver and the recipient, or a belief in the religious rewards of family care giving".¹⁰⁴

It would be highly relevant to identify the gradual changes in time use, in particular between different generations within a family and paid caregivers, but unfortunately this information is not currently available. It can, however, safely be assumed that given women's increased participation in the labour force and the demonstrated relationship between work status and care activities, women are performing less caregiving than in the past. The extent of this decline is, however, not fully understood.

In addition to actual performance of care, the importance of financial assistance is also understudied. Financial transfers in both directions between parents and children were examined by Yount et al in 2009 using a household survey. The study found that children were more likely to give financial aid to their mother rather than their father. Fathers were more likely to provide financial assistance than mothers were and sons were more likely to receive financial assistance than daughters.¹⁰⁵ This indicates a gender bias in intergenerational financial transactions.

B. THE ROLE OF EXTENDED FAMILIES AND DOMESTIC WORKERS IN CARE PROVISION

While women may be under more pressure to care for their families than men, there is substantial evidence that care responsibilities are often performed by foreign domestic workers. Domestic workers have care responsibilities across the region. A recent study from Kuwait showed that 28 per cent of men and 58 per cent of women who needed assistance with basic activities received care from domestic workers. The study further showed that elderly people not co-residing with their children were almost 11 times more likely to receive assistance from a domestic worker. The study also supported findings that most foreign care workers are employed by middle- and higher-income families.¹⁰⁶ Although low-income families may also hire domestic workers, as described by Nasra Shah, "lower income Arab families can often use the employment of migrant domestic labor as an investment that will allow a wife, for example, to enter the paid workforce, where her salary is more than is paid to the domestic worker. In this context, the 'commercialization' of chores in the domestic sphere facilitates Arab women's entry into the public sphere."¹⁰⁷

Globally, there is a tendency for migrant workers to be care providers. They have often left their own care responsibilities in their country of origin with extended family members. As described by Daly: "Young women from different parts of the world seem to be drawn increasingly into a chain of care relationships".¹⁰⁸ The concept of care chains was first developed in 2000 by Arlie Hochschild; a detailed description of the concept was articulated by Nicola Yeates in 2005.¹⁰⁹

The middle and upper classes in Lebanon often hire domestic foreign workers for caretaking roles.¹¹⁰ The actual extent of this trend is difficult to assess, but as an indication, 80 per cent of all working permits to foreigners in Lebanon in 2009 were given to domestic workers. That equals 116,547 individuals¹¹¹ in a population of 4 million. In addition, there are numerous foreign domestic workers without valid papers. It has been estimated that at least 1 in 10 Lebanese households employs domestic workers.¹¹²

- ¹⁰⁷ Naber et al., 2004, p. 135.
- ¹⁰⁸ Daly, 2001, p. 5.
- ¹⁰⁹ Yeates, 2005.
- ¹¹⁰ Jureidini, 2009.
- ¹¹¹ Lebanon Central Administration of Statistics, 2011, p. 15.
- ¹¹² Naber et al., 2004, p. 133.

¹⁰⁴ Sinunu et al., 2008, p. 69.

¹⁰⁵ Yount et al., 2009, p. 43.

¹⁰⁶ Shah et al., 2012.

The increasing reliance on foreign domestic workers has led to criticism by some women's organizations who argue that Arab mothers are not fulfilling their parental responsibilities by leaving childcare to foreigners.¹¹³

In addition to domestic workers, family members outside the nuclear family may be involved in care activities as well. In 1987, Judy Brink examined the impact of increased female labour market participation and education on family patterns and concluded that better-educated individuals were more likely to live in nuclear rather than extended families, and that childcare and domestic work responsibilities were often moved from the daughter-in-law to the mother-in-law as a result of these new family patterns.¹¹⁴

A study from Lebanon showed that older women (60 years and above) were more likely to be engaged in household work than older men. The study also showed that older people did more work in smaller households, in particular if the older person was the only woman in the household.¹¹⁵

The strong gender imbalance in care was demonstrated by Khawaja and Habib in 2007. The study highlighted the gender distribution of household work in a sample from three communities in Lebanon. The study showed that more than 70 per cent of household chores were performed by women. Another study from Lebanon showed that low income families in particular perform care and other domestic tasks without any outside help, or sometimes with help from other female family members.¹¹⁶ This finding is supported by a study by Shami and Taminian, who described men's role in child care as "restricted to major emergencies and to a few hours in the evening when the children are expected to look clean, fed and obedient". The paper was an anthropological study of family and kinship relations in a specific geographical setting. The authors described how mutual aid units, whether kinship or non-kinship affiliated, provide support networks such as assisting with child care, shopping and housework.¹¹⁷ The study also argued that non-governmental organizations have been assisting communities, although according to the author this assistance is not sufficient.¹¹⁸ Other studies also highlight the potential role of charitable and religious organizations in caregiving in Lebanon.¹¹⁹

C. PUBLICLY PROVIDED CARE AND FAMILY SUPPORT

In the Arab region there is a lack of publicly provided care, since policymakers assume that families will look after their family members.¹²⁰ In Bahrain this has led to a programme assisting families in taking care of the elderly in their homes. Part of the programme's aim is "to strengthen the family ties and propinquity and to set a good example for the forthcoming generations in the adherence of Islamic values which include the respect of elderly, maintain his dignity and provide his requirements among his family".¹²¹

Overall, society in ESCWA member countries can be described as family-reliant, with Governments dependent on families to deliver social services such as care. This state of affairs has been described by the International Labour Organization as follows: "the limited availability of high quality, affordable, and accessible services coupled with the lack of comprehensive attention to social care policies and programmes result in failure to respond to the rising demand. Women are expected to bear the brunt of social care work as

¹¹⁷ Shami and Taminian, 1985, pp. 7-9.

¹²⁰ Sinunu et al., 2009 p. 64.

¹¹³ Jureidini, 2009.

¹¹⁴ Described in Johnson and Zaatari, 2004, pp. 220-221.

¹¹⁵ Habib et al., 2007.

¹¹⁶ Sugita, 2010, p. 35.

¹¹⁸ Sugita, 2010, p. 35.

¹¹⁹ Jabbra, 2004.

¹²¹ Bahrain, Ministry of Social Development, 2012a.

unpaid, home-based care givers. In the absence of adequate provision of public and private services, they are often left to manage care activities that consume much time and energy".¹²²

In the case where families are weakened and the State does not step in to ensure basic care, other institutions such as non-governmental organizations may take on part of this role. Nancy Jabbra has argued that the war in Lebanon had a substantial impact on age at first marriage, ideal family size, education, and financial indepence for women, resulting in changes to the functions of the kin network. A key finding from the study was that educational and income differences had become increasingly important, to the extent that "class stratification has superseeded extended kinship networks. Many of the integrative and benevolent functions of those networks have been taken over by a variety of charitable, religious, social and political organizations for both women and men".¹²³ The extent of the role of non-governmental organizations and civil society in the provision of care remains understudied in the Arab region.

D. INSTITUTIONALIZED CARE PROVISION

The most common care responsibilities are care for children, persons with disabilities and the elderly. It is therefore no surprise that the majority of studies on institutionalized care provision focus on these receivers of care. These studies are, however, often based on small sample sizes and are not necessarily representative of the country overall. Some studies have highlighted the limited availability of formalized care, including an ESCWA study from 1992.¹²⁴

A United Nations Educational, Scientific and Cultural Organization (UNESCO) report from 2010 focused on early childhood care and education in a survey of 15 Arab countries. It showed that the majority of childcare facilities for 0-3 year olds are available in cities and provided by for-profit commercial businesses or not-for-profit community groups. According to the report, "information on quality of services, performance indicators and the proportion of children beneficiaries is not available". Importantly, the UNESCO report showed that the majority of the Arab States have established laws and licensing policies to regulate nurseries and preschools. The extent of enforcement for these regulations is, however, unclear.¹²⁵

Another finding from the report is that the majority of early childhood care facilities are either private or belongs to women's associations.¹²⁶ This would indicate that this type of care is by no means available to everyone. A mapping exercise from 2010 by Basma Faour estimated that in Lebanon, 3 per cent of 0-3 year olds are in child care facilities. Meanwhile, in 2007 there were only 127 private nurseries registered in Yemen, and only 348 in the Syrian Arab Republic.¹²⁷ Considering the number of pre-school aged children in Yemen and the Syrian Arab Republic, these numbers indicate very low coverage in these countries, possibly below the level of 3 per cent.

The Organisation of the Islamic Conference gives the following reasons for the limited availability of formal child care services:

- 1. Societal and cultural views enforce that child rearing and child care are private responsibilities.
- 2. Cost per child for services for this age group are higher due to staff and equipment cost.
- 3. Low-income groups tend to be excluded from access due to high costs of privately offered services.¹²⁸

- ¹²⁴ ESCWA, 1992, pp. 37-38.
- ¹²⁵ UNESCO, 2010, pp. 9-10.
- ¹²⁶ Ibid., p. 22.
- ¹²⁷ Faour, 2010, p. 15.

¹²² International Labour Organization, 2008, p. 5.

¹²³ Jabbra, 2004, p. 268.

¹²⁸ Organisation of the Islamic Conference, 2011, p. 5.

Many institutional facilities are focused on orphans, although there is a strong gender bias. Girls are most likely to be taken in by their extended families, while boys represent 73 per cent of the children in orphanages.¹²⁹

One bright patch in the provision of child care facilities in the ESCWA region is the fact that some countries have legislation that requires employers to provide nurseries in the workplace when they employ above a certain number of women.¹³⁰ This may, however, have a negative effect on female employment, and there is no evidence regarding the enforcement of this legislation in the countries concerned.

While information on child care in the region is scarce, literature on the provision of care to persons with disabilities is even less available. Data on disability is in general limited, and the provision of care for people with disabilities is not widely studied. An ESCWA study from 2010 highlighted a vicious circle of poverty affecting persons with disability and their caregivers, due to the limited provision of public support.¹³¹ The practical and emotional difficulties of families of persons with disability have been described as 'disability by proxy' by Jane Brett.¹³² Although many countries in the region give some support to persons with disabilities, it is often insufficient. Bahrain passed the Law on the Care, Rehabilitation and Employment of Persons with Disabilities.¹³³ In addition to these, the Bahraini Government gives financial assistance and provides assistance equipment.¹³⁴ In Jordan, persons with severe disabilities are not required to pay the normal fees for work permits for foreign domestic helpers.¹³⁵

Overall, tax exemptions and support for expenses for assistance equipment are the most common types of assistance, while direct support for care is rare.¹³⁶ A study conducted in the United Arab Emirates in 2007 concluded that most assistance to families of persons with disabilities in the region was rudimentary. The most support is given in the Gulf States, but predominantly through financial assistance to hire foreign domestic workers to assist with caregiving responsibilities. The majority of caregiving for disabled persons is confined within the home and is the full responsibility of the family.¹³⁷

With regards to care for the elderly, the availability and use of institutional care is also limited, although the increased dispersion of families due to labour-force participation, urbanization and migration has had an impact on the use of institutional care provision.¹³⁸

An early study conducted in Egypt in 1981 noted an increase in the number of institutions for caretaking of the elderly and orphaned children. The article argued that this increase was not due to a decrease in the importance of the family or its role as caregiver. Rather, in the case of elderly persons, the need for care was often so high as to make it unfeasible for the person to remain within the household.¹³⁹

- ¹³⁰ Faour, 2010, p. 14.
- ¹³¹ ESCWA, 2010, p. 1.
- ¹³² Brett, 2002, p. 832.
- ¹³³ See Bahrain, Ministry of Social Development, 2012b.
- ¹³⁴ Bahrain, Ministry of Social Development, 2012c.
- ¹³⁵ Independent Living Institute, 2012.
- ¹³⁶ ESCWA, 2010, pp. 32-37.
- ¹³⁷ Crabtree, 2007, pp. 50-53.
- ¹³⁸ Sinunu et al., 2009, p. 74.
- ¹³⁹ Rugh, 1981.

¹²⁹ UNESCO, 2010, p. 9.

This finding resonates with those of Boggatz, Dassen and others,¹⁴⁰ who reported that many people were reluctant to place their relatives in institutional care facilities. People in an Egyptian elderly care facility surveyed as part of a 2008 study all came from a higher socioeconomic background. Mental or physical deterioration, often in combination with a major incident, were the principal causes of their placement outside the family home.¹⁴¹

A different study from 2009 in Egypt highlighted the decreasing ability of families to take care of their elderly relatives, predominantly due to the increased dispersion of families caused by urbanization. The study identified approximately 93 homes for the elderly in Greater Cairo, many of them affiliated with churches or mosques. This study also argued that "the value of family care seemed to be particularly strong in the poorer strata of the Egyptian society. If older persons from this stratum stayed in a nursing home, it was a charitable institution and they did so against their own will as they were admitted because their family did not support them as they desired".¹⁴²

Another study from Egypt highlighted that two main factors decided whether elderly persons considered care facilities as an option. The most important factor was their economic status; the second was whether they were included in the decision-making process regarding a potential move to an institution. In cases where they were not consulted, they were often unhappy about the decision. Other concerns about care included the shame of receiving intimate care from a non-family member, as well as concerns about whether a potential caregiver was of the same religion as the care receiver.¹⁴³

An article published in 2009 indicated that the situation in the Syrian Arab Republic was similar with regards to the limited number of care facilities, social stigma related to institutional care, and prices out of reach for the majority of the population.¹⁴⁴ Another qualitative study from 1986 describes the situation of elderly Kuwaitis in long-term care.¹⁴⁵ A more recent quantitative study from the United Arab Emirates estimated the institutionalization rate of Emirate residents over the age of 65 as between 7 to 14 persons out of 1,000, with women more likely than men to be in care facilities. This means that around 1 per cent of Emirati seniors were in institutional care; by way of comparison, the contemporaneous rate in the United States was over 4 per cent. The study was carried out in the Al-Ain Medical District of Abu Dhabi in 1996, an area with a population of 307,992, or 12 per cent of the population of the United Arab Emirates at the time.¹⁴⁶ All care facilities included in the study were hospitals, with no facilities exclusively specialized in care for the elderly.

The study carried out in the United Arab Emirates further demonstrated that one in three patients had a full-time foreign caregiver to assist them while institutionalized. The author argued that "families often provided maids as personal servants to their aged relatives in hospital, even though staffing ratios were more than sufficient to provide appropriate care. This may reflect a need to symbolically continue to provide care for their older relatives".¹⁴⁷ In Kuwait the use of foreign domestic workers for care activities have been described as "a less expensive and increasingly common alternative to formal care".¹⁴⁸

¹⁴⁶ Margolis and Reed, 2001, pp. 162-163. The sample size for the study was small, so the data may not be completely representative of the country overall, although it represents 100 per cent of the population in a geographically distinct region.

¹⁴⁷ Ibid., 2001, p. 166.

¹⁴⁰ Sinunu et al., 2009; Boggatz and Dassen, 2011; Boggatz et al., 2009.

¹⁴¹ Sinunu et al., 2009, p. 70.

¹⁴² Boggatz et al., 2009, p. 1587.

¹⁴³ Ibid., pp. 44-46.

¹⁴⁴ Zakaria, 2009.

¹⁴⁵ Bustan, 1986.

¹⁴⁸ Shah, 2012, p. 1009.

These findings concerning various types of care provision indicate the increasing difficulty for families of providing the care needed for children, persons with disabilities and the elderly. Increasing use of formal institutions and/or foreign domestic workers appears to be the solution for families who can afford it.

V. CONCLUSION

Families in the ESCWA region are undergoing changes that impact on the provision of care. Considering the multiple pressures on the family it may even be considered surprising that family structures are as intact as they are. Although extended co-habitation may have decreased, the nuclear family is doing well and family is still considered a cornerstone of Arab societies. Marriage rates are still high and divorce rates comparatively low.

Care responsibilities are declining with regards to children, as fertility rates have dropped. But despite lower fertility, the pressure on individual women may be larger due to increased labour force participation. The majority of care activities are performed by women, and it was not possible to identify any evidence of increasing care activities performed by men. While extended families may assist with care activities, the increasing dispersion of families due to internal and international migration may limit this possibility for many.

The pressure of responsibilities for elderly care is also on the rise. With fewer siblings to assist, the care responsibilities of the individual towards elderly parents may increase. The demographic transition of the region will mean a larger elderly population in the future. This issue will prove to be impossible for the region's Governments to ignore.

Family oriented policies can and should include parental leave provisions; family-friendly and flexible work hours and leave entitlements; public provision of care services; care service legislation; education and healthcare for children; support for multigenerational households; and support for the professionalization of caregiving, including guarantees for decent working conditions. It is important to assess how policies strengthen or weaken the family and integrate family perspectives into service provision in general.

Looking forward, there is a need for a better understanding of care provision in the region. Currently, most studies of families and care in the ESCWA region rely on anthropological observation of a small number of people. Some countries, such as Egypt and Lebanon, have been studied in far more depth than others.

Policies on care provision will be in demand in the coming years as the proportion of the elderly population expands and female labour force participation continues to increase. Governments in the region will need to improve family supportive policies to guarantee the wellbeing of elderly, children and families overall. Without a focus on the changing need for care for the elderly in particular, families will be increasingly stretched, in some cases beyond their resources. A better understanding of the current situation and what works in the region will be necessary to assure Government policy provisions are adequate.

Annex

Country	Marital status	1970-1979	1980-1989	1990-1999	2000-2006
Bahrain	Single	7.8	6.8	6.5	8.3
	Married	88.9	91.8	92.3	90.6
	Widowed	1.1	0.4	0.4	0.2
	Divorced	2.2	1.0	0.8	0.9
Egypt	Single	3.8	3.4	1.4	
	Married	94.4	94.3	97.2	
	Widowed	1.4	1.8	0.9	
	Divorced	0.5	0.6	0.5	
Iraq	Single	5.0	3.1	3.1	3.0
-	Married	93.0	95.3	95.4	96.0
	Widowed	1.2	0.9	0.6	1.0
	Divorced/Separated	0.7	0.8	0.9	0.0
Jordan	Single	3.7	1.6	1.6	2.2
	Married	93.5	97.5	97.5	96.9
	Widowed	2.2	0.6	0.3	0.3
	Divorced/Separated	0.6	0.3	0.6	0.6
Kuwait	Single	4.0	2.3	6.5	
	Married	94.5	97.0	92.9	
	Widowed	0.9	0.4	0.3	
	Divorced	0.6	0.4	0.4	
Lebanon	Single	5.7	011	5.9	6.9
Leounon	Married	92.6		94.1 ^{**}	92.0
	Widowed	1.1		<i>y</i>	0.4
	Divorced/Separated	0.7			0.7
Libya [*]	Single	1.4	1.4	1.5	0.7
Lloyd	Married	96.8	97.5	97.3	
	Widowed	0.6	0.4	0.0	
	Divorced	1.2	0.4	1.2	
Morocco	Single	3.1	2.3	4.9	6.1
MOIOCCO	Married	93.9	94.9	93.2	92.13
	Widowed	1.4	1.1	0.5	0.4
	Divorced	1.4	1.1	1.4	1.4
Palestine	Single	1./	1./	1.4	1.4
ralestille	Married			98.2	98.5
	Widowed			0.2	0.0
	Divorced			0.2	0.0
Oman				2.9	3.0
Oman	Single				
	Married			93.9	95.5
	Widowed			0.7	0.3
0.4	Divorced		2.6	2.5	1.2
Qatar	Single		2.6	2.2	3.6
	Married		96.7	95.4	95.96
	Widowed		0.3	1.1	0.11
	Divorced		0.5	1.3	0.3
Saudi Arabia	Single		1.4	1.5	1.8
	Married		97.8	97.4	97.1
	Widowed		0.7	0.4	0.2
	Divorced		0.1	0.7	0.9
Sudan	Single	3.5	2.7	3.8	
	Married	91.1	93.7	92.8	
	Widowed	2.6	1.9	1.4	
	Divorced	2.8	1.8	2.1	

TABLE A.1. MARRIAGE STATUS OF MEN AGED 45-49

Country	Marital status	1970-1979	1980-1989	1990-1999	2000-2006
Syrian Arab	Single	2.7	2.2		1.5
Republic	Married	95.7	97.0		97.4
	Widowed	1.1	0.5		0.6
	Divorced	0.5	0.3		0.5
Tunisia	Single	3.0	2.6	3.0	
	Married	94.9	96.2	95.8	
	Widowed	1.5	0.8	0.5	
	Divorced	0.6	0.3	0.7	
United Arab	Single	4.1	1.7	1.2	
Emirates	Married	94.0	96.2	97.2	
	Widowed	0.9	0.8	0.3	
	Divorced	1.1	1.3	1.3	
Yemen	Single			1.8	1.4
	Married			95.4	94.4
	Widowed			1.61	3.2
	Divorced			1.1	1.0

TABLE A.1 (continued)

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Marriage Data 2008 (POP/DB/Marr/Rev2008).

^{*} Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

** Ever married.

Country	Marital status	1970-1979	1980-1989	1990-1999	2000-2006
Bahrain	Single	1.9	2.3	3.8	8.8
	Married	80.5	84.4	83.5	82.3
	Widowed	13.5	10.0	9.4	5.0
	Divorced	4.1	3.2	3.3	3.9
Egypt	Single	3.9	2.8	1.4	1.7
	Married	76.8	80.4	81.2	82.6
	Widowed	18.0	15.3	15.6	12.91
	Divorced	1.3	1.6	1.7	2.8
Iraq	Single	3.2	4.0	4.6	7.1
	Married	82.8	82.3	78.6	76.3
	Widowed	12.7	12.2	15.0	13.0
	Divorced/Separated	1.4	1.6	1.8	3.6
Jordan	Single	2.8	2.4	3.3	5.4
	Married	80.3	85.9	86.2	84.6
	Widowed	15.9	10.6	8.6	7.9
	Divorced/Separated	1.0	1.2	2.0	2.1
Kuwait	Single	3.2	2.8	10.4	
	Married	70.6	83.5	77.2	
	Widowed	22.8	11.1	8.8	
	Divorced	3.5	2.6	3.6	
Lebanon	Single	6.9		9.5	12.3
	Married	82.0		90.5	78.2
	Widowed	9.8			7.7
	Divorced/Separated	1.3			1.8
Libya [*]	Single	0.5	0.9	1.4	
	Married	84.1	85.6	87.6	
	Widowed	11.6	10.2	8.9	
	Divorced	3.8	3.3	2.1	

Country	Marital status	1970-1979	1980-1989	1990-1999	2000-2006
Morocco	Single	2.3	0.8	2.1	6.77
	Married	75.6	81.3	82.0	78.24
	Widowed	17.6	14.4	11.8	9.6
	Divorced	4.5	3.5	4.1	5.4
Palestine	Single	3.0		8.4	7.9
	Married	84.5		81.9	82.6
	Widowed	11.6		7.4	6.6
	Divorced	0.9		2.3	2.9
Oman	Single			0.8	1.6
	Married			79.5	82.5
	Widowed			14.0	11.6
	Divorced			5.7	4.3
Qatar	Single		3.7	3.0	6.5
	Married		81.8	77.4	85
	Widowed		11.2	14.2	5.51
	Divorced		3.3	5.4	3.0
Saudi Arabia	Single		1.9	1.5	1.6
	Married		84.4	88.3	90.7
	Widowed		11.6	8.3	4.2
	Divorced		2.1	1.9	3.5
Sudan	Single	1.7	1.0	1.6	
	Married	69.2	76.4	79.2	
	Widowed	22.1	17.7	14.1	
	Divorced	7.1	4.9	5.1	
Syrian Arab	Single	2.5	3.1		4.6
Republic	Married	85.8	87.9		87.5
1	Widowed	10.7	8.3		6.2
	Divorced	1.0	0.8		1.7
Tunisia	Single	1.6	1.6	2.3	
	Married	83.9	87.1	87.9	
	Widowed	13.1	10.0	7.5	
	Divorced	1.5	1.3	2.3	
United Arab	Single	1.4	1.5	0.9	
Emirates	Married	76.8	79.5	82.8	
	Widowed	16.2	11.7	11.2	
	Divorced	5.6	7.3	5.1	
Yemen	Single			0.0	0.5
	Married			90.0	87.0
	Widowed			7.4	10.1
	Divorced			2.6	2.4

TABLE A.2 (continued)

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Marriage Data 2008 (POP/DB/Marr/Rev2008).

* Until 16 September 2011, Libya was formally known as the Libyan Arab Jamahiriya.

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