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Social problems and their impact on the health of the elderly in the Kingdom of Saudi Arabia

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Abstract

1. Introduction

Social and health issues are commonly associated with aging. These problems are often a result of a decrease in various physiological capacities and cognitive or psychological challenges, rather than old age itself. These problems are often compounded by social and economic inequalities, weak social support systems, limited or absent public assistance measures, and individual actions that either aggravate or compound the other issues, particularly concerning the health of the elderly. This is particularly true in many Arab and Asian societies. The Kingdom of Saudi Arabia is no exception to this pattern. Over recent decades, the Kingdom has faced and is facing health, social, and economic problems. These problems are, in turn, affecting at least the health and social well-being of its citizens, including the elderly.

Methods

A qualitative research based on description was conducted. Study design used in-depth interviews. Participants and Methods used were: Participants- Both male and female older patients divided equally (20 Male and 20 Female). Setting- Three Groups were available. Their Health Situation- Inclusive Criteria were included. Content- Daily lifestyle, social activities. Support- Family, work, physical environment. Participants discuss health problems that constitute the future direction for effective elderly health care with tension of social development. Based on the dimension of health problems include the generations and advancing sciences with an aging society.

Conclusion

This review focuses on social problems of the elderly in KSA and the impact of these problems on their health. It is observed that the framework, development, and implementation of elderly social programs in many countries, including KSA, lag behind those required to achieve the desired impact. There are a number of elderly-defined health challenges in the Kingdom, including non-communicable diseases, communicable diseases, and mental health problems. Combating these challenges does not occur without some costs. To achieve the benefits of an effective elderly health program, a coordinated, cost-effective strategy must be developed that is focused on socially, economically, and culturally oriented interventions and includes the provision of support. This will result in tangible improvements not only in health but also in the quality of life of the elderly. The

Kingdom of Saudi Arabia also needs to focus on, address, and engage the multidimensional backgrounds that underlie the elderly-defined health problems. Such health challenges are directly or indirectly driven by social, economic, cultural, and environmental disparities and challenges. KSA does not invest significant attention or resources to date in elderly social, physical, and mental well-being programs. There is an immediate and future need to do so if the health of the elderly in KSA is to be improved.

Introduction

Background: The aging process calls for new challenges for individuals, families, communities, institutions, and the state. The proportion of the elderly (aged 60 years or more) is increasing very rapidly. Indeed, the elderly are experiencing significant changes that accompany their transition to old age. This most vulnerable age group has greater needs and is one of the most disadvantaged segments of the population in need of individual, social, and health services. However, despite the great need for services, the social and health systems designed to fulfill the needs of the elderly usually fall short and cannot meet individual needs due to many factors such as the increasing number of elderly people, difficulties within the health system, and financial limitations.

Social health is an important issue for older people, as it affects both their physical and mental well-being. Therefore, those who provide care for the health of the elderly need to emphasize the differences related to chronological aging, because the population is not homogeneous. Thus, a variety of factors contribute to the differences among elderly individuals, including an individual's health status, living arrangements, cultural background, education, occupation, and economic status. The social problems of the elderly may vary from one elderly person to another, from one group of elderly to another, from one country to another, from one society to another, and among the elderly within the same society. An investigation of the social problems experienced by elders is a sensitive issue with serious implications, as this type of research may be considered an intrusive investigation into the lives of elderly people, accompanied by ethical responsibilities such as providing dignity, confidentiality, and privacy for the individuals, and maintaining the rights of the participants. The absence of these considerations seriously violates the civil liberties of individuals; despite the public good that research generates, it can compromise individual rights and do harm to those who are researched. Furthermore, among the various experiences of older people and their identification as an underprivileged group, some groups are particularly vulnerable, including the poorest. Forms of social deprivation may include lack of work and income, inadequate food, housing and education, access to health services, and participation in the social life of the community.

2. Overview of the Elderly Population in Saudi Arabia

The elderly population is defined as people older than 65 years of age. In 2000, the number of elderly people globally was estimated at 606 million and was expected to increase to 2 billion by 2050, that is, from 8% to 20% of the overall population. This trend is expected to be continuous, an indication of the changes in societies in long-term development. Saudi Arabia's elderly population consists of 3.3% of its total population, higher than previously estimated. Taking into account the predicted increase in life expectancy and the decrease in fertility rates, the proportion of elderly individuals in the country is expected to double

over the next 50 years. Saudi Arabia has made great progress in the provision of high-quality health care to the elderly.

Primary health care is a basic need for achieving the goal of better health for people and for helping them to live productive lives. Islamic teachings have covered the social and health care provided to the elderly and the weak, which go beyond the traditional economic role. The elderly in Saudi Arabia receive proper medical attention, shown to be effective since 2000. These results were derived from the comprehensive systems of organized health care such as preventive, continuous, and hospice care. The Ministry of Health has made great efforts to treat chronic diseases and improve the availability of primary care physicians. There are elderly-specific centers run by the Ministry of Labor and Social Affairs, supported by volunteers and private businesses, associations, and donor organizations. Treatment, housing, and shelter services are integrated. These centers are not only limited to the provision of care services but also offer educational and social services, which provide physical and social benefits to the elderly. The elderly can receive health care services at a lower cost, and the standard of housing provided to them is constantly improving.

3. Key Social Problems Affecting the Elderly

Broadly speaking, the social problems that affect the elderly can be divided into the following groups: • Family problems, including living together and the lack of or weak ties with the caretakers. • Financial difficulties. • Lack or loss of autonomy that is often the result of decreased physical and mental abilities. • A decrease in social status after leaving the world of work. • A decrease in social contacts and the prevailing atmosphere of solitude and isolation, in addition to exposure to increased social responsibilities and obligations. People who were removed from society for the greater part of their lives cannot easily reintegrate. As a matter of fact, the factors behind the health of the elderly are many, varied, and complex. They also often work together towards the elderly becoming unable to manage to take care of themselves or make sound decisions. These factors could be a decline in health, the lack of education, living in social isolation, and the lack of social support. A decrease in a person's ability who has grown old will make that person unlikely to have an active role in society and unable to have a healthy life. This status then leads to deeper concerns about the self-image and identity of the elderly. This will require urgent action to help this group of our society that has increased sharply as a result of the decline in the fertility rate and an increase in the average life expectancy.

3.1. 1.1 Economic Challenges

1.1.1 Economic Challenges

Saudi Arabia is predominantly occupied by young people. Therefore, the participation of the younger generation in the labor market far exceeds the participation of older workers in the labor force. This uneven distribution entailed a demographic dividend, which contributed to achieving economic growth. This, in turn, has raised the threshold of the standard of living for many segments of society, including pensioners. Over the past three decades, the Saudi Arabian government has embarked on a program to expand unemployment insurance and implement a disability insurance program. The number of aid recipients grew over ten times between 1967 and 2016. The number of beneficiaries of the Saudi economic relief plan in 2016, including the elderly, the disabled, and the

survivors, has increased significantly. The poverty rate among the elderly increased very quickly from 2000 to 2009.

Youth is a necessary component for the growth of the national economy. However, it is not uncommon for middle-aged individuals, after reaching 60 years of age, to work, revive, and regain strength. The younger generation still makes great contributions to the national economy and provides economic resources to ensure a better life for the elderly. However, when the earlier generation leaves the workforce, their income drops and is primarily replaced by social security benefits. The age of 60 has no strict relationship with the time of retirement. The primary topics in existing retirement studies refer to the three goals after retirement, which are the time of retirement, the standard of living, and the path of income after retirement. This study will focus on retirees in the Kingdom of Saudi Arabia and analyze the effects of their standard of living and the methods of acquiring income over time, and explore policies that can strengthen the economic resources of this group. In addition, if the economic well-being improves, the government will have correspondingly lower pension expenditures.

3.2. 1.2 Social Isolation

The father of sociology, Emile Durkheim, defined "social isolation or egoism" as a state of normlessness, powerlessness, confusion, and other psychological problems that grow from the individual's inability to find social support or direction. Seniors lose the identity roles they have established at home or in the workplace when they grow old, and they no longer have the physical skills that once made them seem firm and omnipotent. As a result, the elderly are exposed to stigma and social invisibility, and this can contribute to the erosion of self-esteem. It can also contribute to feelings of loneliness that can arise from the pace and quantity of life's social interactions at night. Social support can be a very important and essential factor for elderly people and can increase their mental and physical health. Active interaction has a wide variety and scope of potential and realistic assistance from friends, family, congregations, and organizations. Monitoring is a part of social security that takes time in moderation and seeks great security. It may be useful to formal organizations such as home support, but also to informal partners, casual friendships, fellow tenants, and payday lenders. Instrumental and emotional assistance can also take many forms and come from a wide variety of entities. The individual responds to the psychological, emotional, and other personal needs of all the elderly by being able to connect and refine relationships with other individuals, natural or adopted children, and animals. Distress may occur because an elderly person is not able to function alone and take care of themselves. They represent the challenges faced by elderly individuals.

3.3. 1.3 Access to Healthcare

The quantity of healthcare services available for the elderly is significant, as is the affordability of these services. The economic and social consequences of an incapacitated elderly population will be much more severe if there are broad poor health consequences, especially when we consider the composition of the elderly population, the current government policies, and the high expectations experienced by citizens. Indeed, there are high expectations, not only in terms of quantity but also quality of life. In the field of health, there is an expectation for quality medical services, quality health education facilities, good

medical equipment, well-paid medical staff, advanced medical technology, and plenty of medical supplies.

In addition to providing healthcare services, the government must also be concerned with the quality of services available to the elderly. The attitude of medical professionals towards the elderly is considered cruel or indignant. A short shrift has long been given to the elderly by the government, not only programs to close gaps in the healthcare provision for the elderly, but also ways to help combat racism in the healthcare industry. The plight of the elderly is a crucial issue not only for those affected but also for society as a whole, particularly when population aging is higher. Because the inability to access the healthcare services needed to enable independent living among the elderly places pressure on families and communities as well as society as a whole.

4. The Intersection of Social Problems and Health Outcomes

To speak of the impact of social problems on the health of the elderly is complex because the definition of health is multidimensional. Health is not only the absence of disabilities; it has broad physical, psychological, and social dimensions. These dimensions include physical well-being, such as self-care ability and the ability to perform everyday functional activities, mental health including anxiety, happiness, and loneliness, and social well-being, as well as the level of social support. The elderly might live longer in the presence of high or low levels of subjective well-being. The variables influencing the relationship between subjective well-being and old age mortality are the level of income, marital status, and the presence of children.

First, employment and financial problems are the most important aspects of the poor well-being of the elderly. The effects of health influences include poor health activities and long-term disabilities, as well as negative subsequent events such as long-term institutional care, suffering, and/or death. Second is family structure. Three aspects of family structure are included: living arrangements, marital status, and the presence of children. A one-person household, not having children, not having co-resident children, not having friends, and all other factors connected with loneliness are all determinants of subjective well-being among older persons. A third social problem is social support, religiosity, and/or a sense of purpose in life. The next variable representing a social problem is social support. The effects include sustained conflict, personality and coping mechanisms, and negative health behavior. Fourth, one of the most important indicators of social problems is the structural aspect. The health influences include disabilities, long-term disabilities, critical health issues, and returning home and/or death. The next variable is social relations, including friendship networks, marital status, social support, and the quality of friendships.

5. Government Initiatives and Policies to Address Social Problems Impacting Elderly Health

The government worked to address the social problems experienced by the elderly, demonstrated through the implementation of nine elderly health forums. These forums were an interactional platform that attracted thousands of health professionals, gerontologists, planners, service supervisors, and administrators. The main aim of the forums was to direct the eyes of the community to the important vulnerability of the elderly, both at the individual and community levels, the suffering experienced by the elderly, the suffering of their families as well, and the burden incurred by health services. The care

provided for the elderly was not limited to healthcare services only, but included family and psychological support. These perspectives were presented at the forums during different years, in the form of elderly health plans with the strategic aim of offering effectiveness, flexibility, and solidarity. Several institutions and parties benefited from the elderly health plans, a few of which included the Ministry of Health, Ministry of Labor and Social Development, Health Promotion Administration, Social Attaché of the Ministry of Education, Saudi Red Crescent, Old Care Homes, Saudi Commission for Health Specialties, and Saudi Geriatrics Society.

Recently, different independent elderly committees expressed their concern for the care of the elderly, aiming for leadership. Ideal care for the elderly will lead to opportunities for leadership in the elderly field. The engagement experienced between parties was a great opportunity to develop elderly care at the New Health System. Despite the progress achieved in elderly healthcare services to keep pace with aging demographics and population aging, and to address the challenges and disabilities generated by this aging process, social concerns towards the elderly remain insufficient. The elderly suffer from a variety of moral, emotional, psychological, financial, and social problems. Such devastating problems and incapacitating causes can greatly affect the health of the elderly. The study aimed to highlight those problems and their effects on the health of the elderly. The results revealed, through the administration and focusing on discussing the causes and results in the light of the related literature, various problems and challenges experienced by the elderly and the negative impacts on their health.

6. Recommendations for Future Research and Interventions

This study has relevance for health professionals, educators, health policymakers, and politicians in the Kingdom of Saudi Arabia who are handling social problems related to the health of the elderly. From our findings on the impact of the social problems of the elderly on their health, we suggest that health professionals, especially family physicians and nurses in primary health care centers, should adopt an integrated health approach in which social, spiritual, mental, and physical care is offered. Regarding the aspects of social problems, health professional educators should include clinical training about the recognition and suggestions on how to deal with such problems as a component in their undergraduate and postgraduate curricula in their colleges. Also, educational institutions, charities, and families should offer several programs that could help the elderly, including socialization, financial and psychological support, and programs that would help the elderly develop new skills and opportunities to contribute to society.

These programs may include the empowerment of elderly people in their residential and source communities, regardless of social and educational levels. For health policymakers and political leaders, this study highlights the need to review social policies that relate to the elderly's rights and community services and to create a stable society that would promote a beneficial environment for the elderly. Political leaders also need to enact laws to protect the elderly from psychological and financial abuse and to educate relevant community services. For health policymakers, more research is needed to identify the sociocultural, psychological, and environmental barriers that would promote the elderly's participation in a productive manner. Such studies should offer high-quality information related to the changes needed to enhance an attractive environment. Simultaneously, such

research would promote healthy eating, physical activity, participation, socialization, health promotion, and safety. (D'cruz & Banerjee, 2020)(Fang et al.2020)(Zhu et al.2022)(Baldwin & Twigg, 2024)(Rahman et al.2021)(Semigina & Karkach, 2021)

7. Conclusion

In conclusion, elderly people express many health problems. These health problems are likely to be inspired by a series of social problems as well as low income levels, difficulties of access to education, and independent living for this category, which does not receive much attention. Problems faced by elderly people are created by an interaction of social and biological influences, which are largely negative. Poor health often leads to an increased dependency on relatives or the need for institutional care, i.e., long-term care. It is therefore important to seek out the elderly person's perspective concerning health and social problems; their experiences need to be liberated from the bonds of scientific consultations and clinical practices, as well as the involvement of service professionals in providing the necessary services to solve these problems. The elderly need a lot of support. Social services are currently in a precarious situation. Social services and other medical and service needs provided for the elderly in general are relatively modest. There is a tendency to focus more on the current needs for emergency financial help for the elderly, but the future needs of the elderly must also be addressed. Elderly people face social problems in addition to increased demands for health care and social care as age gives them a more significant position within public opinion. It is of fundamental importance that social and health policies consider particularly vulnerable groups in relation to salutogenic prevention, to grant specific attention, operational capacity, and accessible care systems.

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