

Perception of Old Age and Institutions for the Elderly among the Inhabitants of Beirut, Lebanon: A Cross-Sectional Study

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Abstract

Background: Myths and stereotypes are associated with old age, sometimes depicting a negative image. Some people perceive old age as a sign of wisdom, while others consider old age a decline in independence. This study aims to explore the perceptions, opinions, and attitudes toward old age and institutions for the elderly using a representative sample of the inhabitants of Beirut.

Methods: We conducted a cross-sectional survey using an anonymous, self-administered questionnaire.

Results: A total of 400 individuals were questioned, of whom 7% were aged 65 years and older. The mean age that was considered old age was 64.23 years. Most of the respondents (89%) expressed worry when thinking about old age. The most prominent worries were health concerns (38.4%) and the loss of autonomy (23.7%). Despite a positive perception of homes for the elderly, only 3.5% had an elderly relative in such institutions. A total of 33.5% of the respondents agreed to pay for the services in such institutions, and 28.3% suggested an increase in compulsory levies to improve the care of people in such institutions.

Conclusions: The respondents had a negative perception of old age, which was marked by pessimism about their health and autonomy. This indicates an urgent need for action to improve people's perceptions and attitudes toward old age.

Keywords: Elderly; Old Age; Perception; Autonomy; Institutions

Introduction

Old age is a normal stage of human life, because people are born, grow, age, and die. Aging is the impact of time on the human body [1]. Although old age is a natural phenomenon, it has a sociocultural dimension [2]; therefore, it is a chronological, physical-biological, psycho-affective, and social reality.

According to the World Health Organization, people who are 65 years old or older are considered old [3]. However, the old-age range varies among different localities and may start at 55 or 75 years. According to Baslevant, the average onset of old age is 62.9 years in Europe [4], while the "French Institute of Public Opinion"(Paris, France) reported, in 2011, that individuals are considered old at 69 years [5].

The image that this human reality reflects is influenced by several conscious and unconscious considerations. Aging can be associated with declining physical abilities, diminishing financial resources, and sometimes the loss of psychological autonomy [6]. Thus, younger generations mostly perceive older people as a social and economic burden rather than an asset to society. Inaccurate and stereotypical perceptions of aging often lead to discrimination and social exclusion. However, this negative perception of older age is changing, as aging is becoming a pleasant stage of life [7]. This change in mentality is due to medical advances and improvements in the quality of life of older people [7].

Several studies on the perception of aging have been performed among various populations, and the perception varies from one country to another. A survey of 1000 people in Quebec showed that Quebecers perceive old age with a great deal of serenity and

optimism [8]. Despite this positive attitude, 75% of people still had concerns about illness and the loss of autonomy. Moreover, 34% of the Quebecers feared looking old, while 24% were concerned about being sexually incapacitated due to old age [8].

In 2007, a survey in France found that old age has a positive image in society [9], indicating experience (45%), wisdom (40%), and wealth (30%). However, 23% of the French associated old age with burden; old age has been reported as a sign of functional decline (18%) or a handicapped state (16%). People's perceptions of institutions for the elderly, also known as rest homes or retirement homes, have deteriorated, with 49% of Quebecers having a bad opinion regarding homes for the elderly in 2006 compared to 38% in 2005. The poor image of these homes is based on the following fears: High fees (96%), limited room availability (86%), and the absence of insurance coverage (69%).

In 2012, a survey in Europe showed that the perception of old age varies according to country and social strata (sex, age groups, and professions) [10]. The onset ages of old age in the Netherlands (70 years old) and Slovakia (58 years old) are more than 10 years apart [10]. In Portugal and Sweden, people are considered young until the age of 37, while this age limit is 50 in Cyprus and Greece [10].

In Lebanon, demographic data show a significant increase in the number of older people, from 4.9% in 1970 to 9.6% in 2007. Consequently, the Lebanese population is experiencing a significant acceleration in the number of older people [11,12]. Of the number of older people in 2007, 1.4% lived in institutions, while the vast majority resided with their siblings [13]. Therefore, this study aimed to explore the perceptions, opinions, and attitudes of a representative sample of residents in Beirut toward old age and institutions for the elderly.

Methods

Study Design

This was a cross-sectional survey conducted in Beirut, Lebanon, through face-to-face interviews in the homes of the respondents. The recruited sample was representative of all the social strata of this population.

Sampling Method

The number of people who were surveyed was 400, and they were recruited from the general population and from a housing census conducted from 1999 to 2007 in the municipality of Beirut using the stratified, two-stage sampling method.

Target Population

The respondents included male and female Lebanese people aged 18 years and above from different religions and socioeconomic classes who lived in Beirut. They all agreed to fill out the questionnaire in their native Arabic language.

Sample Size

The sample size was calculated using statistical formulas from

Statistical Package for Social Science (SPSS) (version 22) to ensure the representativeness of the population of Beirut, with a confidence level of 95% and a margin of error (α) of 5%.

Survey Tool

The tool used in the survey was an anonymous, self-administered questionnaire in Arabic, filled out voluntarily by the respondents, and it consisted of three components. The first component asked individual questions about the sociodemographic characteristics of their household members (age, sex, marital status, level of education, professional activity, and socioeconomic level). The second component assessed the perception of the respondents toward old age in terms of their perception of old age, the image that they have of old age, and the factors that make them afraid of old age, as well as the difficulties that they experience when providing care to older people. Finally, the third component assessed the surveyed population's evaluation of institutions for the elderly and their participation in improving the care system of the elderly.

The Survey Process

Data collection started on 24 March 2017, and it ended on 4 April 2017. Each district was surveyed by one male or female interviewer. The duration of the survey in each district was one to two days, including the completion of the questionnaires and the commute from one district to another. The respondents completed the questionnaire in the presence of the interviewers, who answered any query that was asked. The scientific purpose of the survey was explained to the respondents, which helped to limit exaggerated responses. In the case of long-term absence, relocation, or refusal to participate, the interviewer could replace the household. The recorded replacement rate was 15.1%. To replace a household, the interviewer considered the closest household on their right and, subsequently, if necessary, the closest household on their left.

Data Entry

The data were entered into an SPSS 22 spreadsheet. During the entry, the data were audited along with code verification and validation of the variables.

Statistical Analysis

The data were analyzed using SPSS 22 according to classic statistical tests. A descriptive analysis was performed on most of the data. The following data were collected: The sociodemographic characteristics of the population, their perception of aging, and the image that they have of old age, as well as the fears that they have about old age. The institutions for the elderly were also evaluated. The chi-squared test was used to calculate the level of significance in comparison to the significance threshold set a priori at 5%.

Results

Sociodemographic Characteristics of the Respondents

The total number of respondents in this study was 400, of whom 50.3% were male. The age group that was the most represented was 18–34 years (38.5%). More than half of our respondents were married (58.8%) (Table 1).

Table 1: Sociodemographic characteristics.

	Percentage (%)	Frequency
Sex		
50.3	201	Man
49.8	199	Woman
Age Group		
1.3	5	NR*
38.5	154	18-34
28.0	112	35-49
25.3	101	50-64
7.0	28	65+
Family Situation		
58.8	235	Married
37.5	150	Single
2.5	10	Divorced
1.3	5	Widow/Widower
Living Condition		
6.0	24	Alone
57.8	231	Couple
36.3	145	Family
Professional Situation		
18.0	72	*NR
74.3	297	Still Working
3.3	13	Retired
4.5	18	Unemployed
Level of Education		
29.5	118	Primary Studies
34.5	138	High School
36.0	144	University Degree
Monthly Income (LBP**)		
1.0	4	< 500×10 ³
14.8	59	500-999×10 ³
42.5	170	1000-1999×10 ³
27.5	110	2000-2999×10 ³
14.3	57	≥ 3000×10 ³

NR = no response; ** LBP = Lebanese Pound.

Perception of Old Age

The mean age considered by the respondents as the onset of old age was 64.23 ± 8.44 years. Most of the respondents (42.5%) considered the onset of old age to be from 61 to 70 years. The image of old age among the respondents in Beirut was negative. The following were their perceptions of old age: Illness and health problems

(28.8%), retirement (14.5%), loneliness (12.9%), dependence and the loss of autonomy (8.2%), and functional decline (7.5%). Our population seemed to be aging with some concerns, as 31.0% were very worried, 14.3% were somewhat worried, and 43.8% were a little worried (Table 2).

Table 2: Perception of old age among the respondents.

	Percentage (%)	Frequency
Onset of Old Age		
9.0	36	NR *
9.5	38	40–50
26.5	106	51–60
42.5	170	61–70
12.5	50	71+
100.0	400	Total
Image of Old Age		
7.2	50	Free Time—Leisure Time
14.5	101	Retirement
10.5	73	Serenity
10.4	72	Experience—Wisdom
12.9	90	Loneliness
28.8	200	Illness—Health Problems
8.2	57	Dependence—Loss of Autonomy
7.5	52	Functional Decline
100.0	695	Total
Concerns About Old Age		
11.0	44	Not At All Worried
43.8	175	A Little Worried
14.3	57	Quite Concerned
31.0	124	Very Concerned
100.0	400	Total
Reasons for Concern		
38.4	227	Health
11.5	68	Poverty
4.1	24	Retirement
23.7	140	Loss of Autonomy
14.6	86	Isolation—Loneliness
5.8	34	Loss of Loved Ones
1.2	7	Stopping Sexual Activity
0.9	5	Other
100.0	591	Total

NR = no response.

Caring for the Elderly

This study showed that 42.7% of the respondents had previously had the opportunity to take care of an elderly person. The perceived difficulties reported by 29.2% of the respondents were mainly related to personal and family living conditions. This may limit the possibility of achieving favorable conditions in taking care of older people. The nutritional (23.4%), psycho-emotional (21.1%), and medical (14.6%) aspects of aging also constituted other aspects of these perceived difficulties. Only 11.1% of these

difficulties were due to financial problems.

Because of these difficulties, nearly half of our respondents tended to host the elderly at their own houses (45.6%). Furthermore, 28.7% preferred that the elderly be cared for at their homes. Of the people interviewed, 22.2% already provided elderly assistance at home. Only 3.5% entrusted the elderly to specialized centers. Furthermore, 94.3% of the respondents affirmed that elderly needs are not well addressed by Lebanese officials.

Perception of Facilities for the Elderly

Our study found that more than half of the respondents (51.6%) had a fairly positive opinion of nursing homes. According to 48.0% of the respondents, the fees were not too high; 53.5% responded that the facilities were enough; 32.5% indicated that the staff was professional. However, 43.8% of the respondents were uncertain of satisfactory care for the elderly in these facilities, particularly in the case of functional dependency.

The study participants were concerned about the conditions of institutions that care for the elderly. They indicated that the staff is not attentive to the elderly (37.0% indicated that the situation was bad and 18.0% indicated that it was very bad) and that such institutions do not ensure good quality of life for the elderly (bad, 37.8%; very bad, 19.8%).

Additionally, our survey revealed that nursing homes seem to be a default solution. Regarding the alternatives to institutional care, the respondents indicated that they chose the most affordable solution: 33.5% preferred to pay for an institution to care for the elderly, 28.3% preferred higher compulsory levies, and 14.0% preferred to pay for home care assistance. However, 9.8% chose to do nothing. Finally, 8.0% found it more appropriate to take care of the elderly in their own home.

Perception of Old Age According to the Sociodemographic Characteristics of the Population

Concerning the onset of old age, our study found that it increased along with the age of the respondents. Those respondents aged 65 years or more considered themselves to be “old” at an average age of 69.7 years, while this age was 64.7 years for those in the 50–64-year-old age group, 64.1 years for those in the 35–49-year-old age group, and 63.0 years for those in the 18–34-year-old age group.

These assessments also varied according to the level of education and monthly income. The higher the level of education (i.e., university), the more significant the increase in the onset of old age, with a p-value of 0.001 (Table 3). Similarly, a higher monthly income correlated significantly with a higher onset of old age perception, with a p-value of 0.0001, showing an average of 52.5 years for a monthly income less than 500 × 103 LBP (1 USD = 1515 LBP at the time of the study) compared to 66.32 years for incomes more than 3000 × 103 LBP (Table 3). Conversely, other demographic factors did not significantly correlate with the perception of the onset of old age (Table 3).

Table 3: The onset of old age by demographic factors.

	Average (Year)	N	SD *	p-Value
Sex				
Man	63.75	8.11	180	0.281
Woman	64.71	8.76	184	
Age Range				
NR **	70.80	5.76	5	0.004
18–34	63.00	8.39	143	
35–49	64.12	8.14	104	
50–64	64.69	8.35	91	
65+	69.67	8.93	21	
Family Situation				
Married	64.09	8.70	208	0.140
Single	64.56	7.98	142	
Divorced	59.33	9.10	9	
Widow/Widower	69.80	7.26	5	
Living Condition				
Alone	66.43	9.37	23	0.414
Couple	63.97	8.80	205	
Family	64.26	7.72	136	
Profession				
NR	8.33	64	65.36	0.629
Still in Operation	8.51	278	64.06	
Retired	5.46	9	63.89	

Unemployed	9.69	13	62.62	
Level of Education				
Primary Studies	63.56	9.56	106	0.001
High School	62.66	8.17	130	
University Curriculum	66.39	7.25	128	
Monthly Income (LBP ***)				
<500 × 10 ³	8.66	4	52.50	0.000
500–999 × 10 ³	8.45	52	63.69	
1000–1999 × 10 ³	8.58	155	62.70	
2000–2999 × 10 ³	8.37	103	66.25	
≥3000 × 10 ³	6.36	50	66.32	
SD = standard deviation; ** NR = no response; *** LBP = Lebanese Pound.				

Discussion

The Onset of Old Age

In our study, the respondents considered 64.23 years as the onset of old age. This result is different from that of surveys conducted by other authors [4,5]. This difference could be influenced by the age of retirement, which is set a priori in Lebanon at 64 years.

Our survey showed that some sociodemographic factors affect the perception of old age. For example, the perceived onset of old age was higher in the older age groups than in the other age groups. When approaching old age (the threshold age), there is a general tendency for an individual to push the age limit further so that the individual is not included among the “old.” In 2012, the Quebec Association of Health and Social Services Establishments carried out a survey leading to the same result. In their study, the respondents aged 65 considered themselves “old” at 80, while those aged 18–34 believed that they will be “old” when they reach 60 [8].

Concerns About Old Age

Our survey confirmed the concerns and uneasiness felt by the elderly population. These factors were confirmed when we compared our results with those of others, such as the survey of 403 Guadeloupeans performed by the Departmental Union of Family Associations of Guadeloupe [14]. From their sample, 10% were very worried about old age compared to the sample observed in this study (31% of the respondents).

The fear of stopping sexual activity represented only 1.2% of all the fears of old age, which may be an underestimation as the Beirut population avoids talking about sex.

Image of Institutions for the Elderly

Although the image that the respondents had of the institutions for the elderly was positive, only 3.5% of the respondents found a solution to their difficulties in caring for the elderly in these institutions. It is important to note that the study respondents were convinced that these institutions do not offer the elderly a good quality of life and that the nursing staff, although professional, do not pay sufficient attention to the elderly. Therefore, there is a need

to improve these two perceptions to make these institutions a first resort for the Beirut population.

Regarding the steps that need to be taken to improve the care for the elderly, our study participants were not ready to contribute directly to this care by themselves. The majority entrusted this role to governmental and private sectors, hence the importance of improving their involvement in elderly care.

Conclusions

Our survey clearly showed that the respondents in this study had a negative perception of old age and that they age with a level of pessimism. Their fear mainly concerned the incidence of health problems, as well as the loss of independence and autonomy. Improvements in the healthcare system could help to reduce these fears.

Nursing homes appear to be a default solution for the care of the elderly. Nevertheless, despite the acceptance of these institutions as a shelter for the elderly, the study participants repetitively criticized the quality of care in these settings. Regarding alternatives to institutional care, the participants were in favor of increasing compulsory contributions or providing direct financial support to these institutions. Therefore, it is imperative to take the necessary actions to improve this situation.

Author Contributions

Conceptualization, A.W. and H.A.R.; design, A.W. and H.A.R.; data acquisition, A.W. and H.A.R.; analysis and interpretation of data, A.W., H.A.R., and L.E.O.; drafting of the manuscript, A.W. and H.C.; revision of the manuscript, H.C. and L.E.O. All authors read and agreed to the published version of the manuscript.

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Institutional Review Board Statement

The study protocol was approved by the Ethics Committee at Saint Joseph University of Beirut, Lebanon, and was under its supervi-

sion. All methods were conducted in accordance with the World Medical Association Declaration of Helsinki. Informed consent was obtained from all participants in the study. The questionnaire was anonymous, and the information collected was confidential.

Informed Consent Statement

Not applicable.

Data Availability Statement

The datasets used and/or analyzed in the current study are available from the corresponding author upon request.

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Abbreviations

LBP	Lebanese Pound
SPSS	Statistical Package for Social Science
USD	United States Dollar

References

1. Claude, J.(2005) The Various Stages of Aging. *Les Trib. De La St*, 7, 25–35.
2. Carette, J.; Mishara, B.; Riedel, R.(1984)The Aging, *Le Vieillessement*, P.U.F., Paris. *St. Ment. Québec*, 10, 138–138.
3. Kalache, A., Aboderin, I., & Hoskins, I.(2002). Compression of morbidity and active ageing: key priorities for public health policy in the 21st century. *Bulletin of the world health organization*, 80, 243-244.
4. Baslevent, C. (2010). Self-perceived age categorization as a determinant of the old age boundary. *Economics Bulletin*, 30(3), 1-7.
5. IFOP. The French and Aging Well, *Les Français et le Bien Vieillir*. Available online: [les-francais-et-le-bien-vieillir/](https://www.ifop.com/fr/français-et-le-bien-vieillir/)
6. Quiquandon, A. *Psychic Rearrangements during Old Age, Les Réaménagements Psychiques au cours de la Vieillesse*. Available online.
7. Adjedj, J.-J.; Levet Gautrat, (1993) M. *Old Age: A New Birth!, La Vieillesse: Une Nouvelle Naissance!* *J. Psychol.*,109, 12–14.
8. *Senioractu*. Quebec: *The Older we Get, the Happier we Are... to Grow Old! Québec: Plus on Vieillit, Plus on est Heureux... de Vieillir!* Available online
9. Institut Amelis. *The French and Old Age, 5th TNS SOFRES Barometer, Les Français et le Grand Age, 5ème Barometre TNS SOFRES*. Available online:
10. European Economic and Social Committee. *European Year for Active Aging and Solidarity between Generations, Année Européenne du Vieillessement Actif et de la Solidarité Intergénérationnelle*, 2012. Available online.
11. Sibai, A. M., Sen, K., Baydoun, M., & Saxena, P. (2004). Population ageing in Lebanon: current status, future prospects and implications for policy. *Bulletin of the World Health Organization*, 82(3), 219-225.
12. Bourgey, A. (1974). Youssef Courbage et Philippe Fargues, *La situation démographique au Liban*, vol. 1, Mortalité, fécondité et projections: méthodes et résultats; vol. 2., Analyse des données. *Géocarrefour*, 49(4), 383-384.
13. El Bcheraoui, C.; Chapius-Lucciani, N. *What Institutional Care for the Elderly in Lebanon? Quelle Prise en Charge Institutionnelle des Personnes Agées au Liban?* Available online.
14. MMerion, E. *Perception of Old Age and Establishments for the Elderly. Perception du Grand Age et des Etablissements pour Personnes Agées*. Available online

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