



Research Article

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A Proposal for a National Social Program for Supporting the Elderly in Saudi Arabia

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Abstract

The present study aims to make a proposal for a national social care program for the elderly in the main regions of Saudi Arabia modeled on King Salman Social Center in Riyadh. The author adopted the analytical descriptive approach and developed and distributed a questionnaire to an intentional sample of (382) Saudi women and an interview form distributed to (6) social specialists. The results showed that the reality of the social programs for the elderly in Saudi Arabia was low. Thus, the study stressed the importance of having specialized social programs for the elderly. It reported the importance of social relationships for the elderly. Moreover, the obstacles to the programs for the elderly include the lack of a supervision body and low social awareness. Participants agreed on the importance of the governmental affiliation of these programs and the concerted civil and governmental efforts in all fields in favor of the elderly.

Keywords: *The elderly, Elderly care, Proposal, Social program, Social welfare of the elderly*

1. Introduction

The progress of nations relies on the services offered to citizens in all life stages, including old age to cover the financial and moral aspects, e.g. social, medical, psychological, and recreational services. Inadequate social support affects the health and welfare of the elderly. The elderly experience changes that affect their social behavior, such as optional and compulsory withdrawal, self-concept of social loafing, and indifferent social relationships (Ashareef, Azzahrany, and Mohamed, 2013).

Such changes cause several social problems that necessitate special care, such as the narrow social field, which includes peers only due to death. Additionally, the elderly may experience introversion, laziness, social stagnation, or separated life from children (Akroush, 2003). Ashareef, Azzahrany, and Mohamed (2013) argue that these problems can be addressed by meeting the social needs that support the social relationships between the elderly and the surrounding people, supporting the social roles related to status and ideals, as well as supporting love and belonging between the elderly and the surrounding people.

Demographic changes have declined the traditional family role of elderly care and worsened many psychosocial and health problems that have hindered the adjustment of the elderly with new changes and roles in the family and beyond. These factors have affected the effectiveness of the social

policies and programs related to the family and social care of the elderly (Alamody et al., 2014). The author made a proposal of a national social program for supporting the elderly in Saudi Arabia because of the need for the interest in the social and other aspects, including the health and the economic ones of the elderly.

2. Statement of the Problem

Demographic and health statistics of World Health Organizations and the United Nations report the change of Saudi demographic indicators between 1950 and 2050, showing the higher increase of the elderly due to fertility decline and high life expectancy (Alamody et al., 2014). Since its establishment in 1950, the Ministry of Health in Saudi Arabia has provided the best integrated and overall health services. However, interest has been shown in the health aspect, not the social in terms of services and research. Many authors argue that old age does not motivate research like other age groups. Accordingly, this issue has been rarely addressed despite its significance and various socio-economic, health, and psychological problems (Akroush, 2003).

Putri and Lestari (2017) indicate that the lack of attention in the elderly affects them negatively and that 80% of the elderly worldwide will earn low and moderate wages by 2050. Official demographic statistics show the ever-growing numbers and ratios of the elderly worldwide. While they numbered 200 million in 1960, they numbered 593 million (10% of the world population) in 2000. Although the provided health services are good and the increased life expectancy, they cause several health, psychosocial, and cultural problems and needs for the elderly that should be addressed continually through developing programs of integrated care for this category (Mansour, 2002).

Many countries, including Saudi Arabia, consider these programs. However, Saudi elderly care programs do not pay much attention to the psychosocial aspect. The complicated lifestyle and fast social changes weaken the family role in elderly care and require the cooperation of social bodies in providing social care services to the elderly. In Saudi Arabia, only King Salman Social Center was established to offer services and programs to the elderly, but it could not meet the needs of all the elderly across Saudi Arabia because of the increasing number of the elderly and being located in Riyadh.

The problem of the study has been defined in the lack of social centers for the elderly in Saudi Arabia. Retirement, losing work relations, and occupancy of the family members affect the elderly's life in general. Hence, the present study proposes a national social program for the elderly in the main regions of Saudi Arabia.

3. Questions

The study seeks to answer the following major question:

- What are the social needs of the elderly in Saudi Arabia?
- What is the reality of the social care programs for the elderly in Saudi Arabia?
- What are the obstacles to developing social programs for the elderly in Saudi Arabia?
- What is the proposed national social care program for the elderly in Saudi Arabia?

4. Significance

The present study is significant because it benefits the planners and makers of social policies in developing social programs and services and defining the reality and social needs of the elderly, as well as the obstacles to developing a program in Saudi Arabia. It helps develop social programs in the main regions of Saudi Arabia. Moreover, it improves the elderly's quality of life because it draws attention to policy and program makers to the importance of social programs for the elderly. It may help researchers examine the social aspect of the elderly.

5. Limitations

- *Subject limitations:* The study makes a proposal for a national social care program for the elderly.
- *Spatial limitations:* The study is applied to the Saudi community, in general, and some universities and the Ministry of Human Resource and Social Development, in particular.
- *Human limitations:* The study is limited to a sample of (382) old women aged 60 years and older and (6) social specialists and experts of elderly care.
- *Temporal limitations:* Data were collected from January 20th to March 10th, 2020.

6. Definition of Terms

The national social program is procedurally defined as a research proposal for establishing social centers modeled on King Salman Social Center in the main regions of Saudi Arabia to offer entertainment and sociocultural events and programs to the elderly to create a social environment that meets their needs and interests.

The elderly are procedurally defined as the women aged older than (65) years, i.e. the Saudi age of retirement, and enjoy appropriate mental and physical abilities to help them join social programs.

7. Literature Review

Berben et al. (2019) aimed to explore the emergency care pathway of the elderly aged (65) and younger patients aged (20) and showed the disinterest in providing services to the elderly and the interest in the youth that affected the mental and health status of the elderly negatively. Koolhaas et al. (2018) aimed to identify the correlation between physical activity (walking, cycling, domestic work, sports, and gardening) and health in a sample of (5,554) old participants with a mean age of (69) years. The results showed that sport, especially cycling, was ranked first. Thus, the study recommended an interest in cycling and sports to improve the health of the elderly.

Ura et al. (2018) aimed to explore the impact of activity in enhancing social inclusion among the elderly with cognitive impairment. The study was applied to (7) men and a woman to assess well-being, depression, and independence before and after the study. The post-test results were more positive, and the program proved effective. In contrast, Alkalbany (2018) showed the low achievement of the national inclusion program of the elderly using various social activities. The results illustrated that (69%) of the elderly and (60%) of the service providers disagreed with the program. Additionally, social workers, experts, and officials reported the low budget. In the same context, Putri and Lestari (2017) argued that financial security, especially in countries with poor retirement systems, personal safety and security, mental health, and health care are the most important basic needs.

Pramitasaria and Sarwadi (2015) explored the daily going out activities of the elderly and the environmental support to these activities, especially in the high densely settlement of the city center. The results showed that going out activities include the economy, health, entertainment, and social aspect. Moreover, social and physical challenges were ranked first. Kim, Linton, and Lum (2013) stressed the importance of improving life satisfaction among elderly immigrants by increasing their social relationships. Furthermore, Tanner (2007) showed that practitioners of social policy should rely on the lives of the elderly to plan and evaluate services. The elderly adopt various strategies and adjustment methods to control and manage age-related changes and difficulties. The study suggested some models to plan and provide social work and social care services to the elderly to promote well-being.

Tang and Lee (2006) aimed to develop an international convention supported by arguments to promote the rights of the elderly. They suggested that international non-governmental organizations and supporters of human rights should endeavor to turn this convention into reality. Mansour (2002) reported the importance of retirement homes and providing specialized physicians, nurses, psychologists, social workers, and activity supervisors. Moreover, the services of retirement homes should be extended by establishing a social club for the residents of the neighborhood.

8. Methodology and Procedures

8.1 Method

The study adopted the social survey approach that is the most appropriate to the nature of the study because it explores social circumstances to collect data.

8.2 Population and sampling

While the population covered all regions of Saudi Arabia, (382) Saudi women aged 60 years and older and (6) social specialists and experts were intentionally selected for the sample.

Table (1): The demographic and social characteristics

a. The elderly women (n= 382)

Item	Category	No.	%
Age	60 to less than 65 years	213	55.6
	65 to less than 70 years	98	25.6
	70 to less than 75 years	38	9.9
	75 years and older	34	8.9
Marital status	Widowed	128	33.4
	Single	9	2.3
	Married	209	54.6
	Divorced	37	9.7
Educational level	Literate	253	66.1
	Intermediate	58	15.1
	Diploma	21	5.5
	High school	25	6.5
	Graduate and post-graduate	26	6.8
Occupational status	Retired	25	6.4
	Housewife	294	76.8
	Retired	56	14.6
	Business	18	4.7
Number of family members	Other	15	3.9
	Less than 4	42	11.0
	4-6	121	31.6
	7-9	145	37.9
Monthly income	10 and more	75	19.6
	Non-fixed	132	34.5
	Less than SR 2,000	54	14.1
	SR 2, 000 to less than 4,000	73	19.1
	SR 4,000 to less than 6,000	48	12.5
Have you joined social programs before?	SR 6,000 and more	76	19.8
	Yes	291	76.0
Total	No	92	24.0
		383	100%

b. Experts and specialists (n= 6)

The author interviewed (6) experts with different academic degrees: (2) master holders, (2) Ph.D. holders, and (2) bachelor holders. Their experience was high. While five of them had more than 15 years of experience, only one had 10-15 years of experience. Moreover, their occupations included directors at the Ministry of Human Resource and Social Development, social workers, and faculty members. They all agreed on the importance of providing national care programs in all regions of Saudi Arabia.

8.3 Tools

The questionnaire and the interview were used for data collection. They were developed based on the theoretical framework and the relevant literature. A five-point Likert scale was used, as follows:

Strongly agree, agree, undecided, and strongly disagree. The tools included two sections. Section I comprised preliminary and demographic data of the population, whereas Section II included responses to the items to develop the national social care program in Saudi Arabia. The tools were verified for validity by presenting them to a group of reviewers and edited based on their views, and the final forms were developed. Internal validity was calculated by estimating the Pearson Correlation Coefficient between the items and the total score of the domain. It scored (0.6-0.789) between each item and the domain, which is positive and statistically significant at the level of (0.01). Using Cronbach's alpha, the reliability coefficient scored (0.912), suggesting the high reliability of the questionnaire.

Table (2): Cronbach's alpha of the reliability of the questionnaire

Domain	No. of items	Cronbach's alpha
The reality of the social care programs for the elderly (women) in Saudi Arabia	16	0.881
Social needs that should be met by the social care programs for the elderly (women) in Saudi Arabia	10	0.851
Obstacles to joining the social care programs for the elderly (women) in Saudi Arabia	13	0.831
A proposal for a social care program for the elderly (women) in Saudi Arabia	11	0.865
Total	50	0.902

Statistical processing methods: To achieve the objectives and analyze the collected data, some suitable statistical processing methods, e.g., frequency and percentage, were used based on SPSS. These methods help identify the demographic characteristics of the participants and their responses to the items. Moreover, the arithmetic means, standard deviation, and analysis of variance were utilized.

9. Results

9.1 Answer to the first question

9.1.1 Questionnaire

Table (3): Frequency, arithmetic means, relative weight, and ranking of the items of the social needs that should be met by the social care programs for the elderly (women) in Saudi Arabia

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
	Overcoming loneliness and social isolation	F	246	123	6	5	3	4.58	0.670	1
		%	64.2	32.1	1.6	1.3	0.8			
	Others' estimation in the elderly's feelings and showing interest	F	221	149	12	1	0	4.54	0.572	3
		%	57.7	38.9	3.1	0.3	0.0			
	Building relations with peers	F	214	150	14	5	0	4.50	0.634	4
		%	55.9	39.2	3.7	1.3	0.0			
	Managing free time	F	225	145	11	2	0	4.55	0.581	2
		%	58.7	37.9	2.9	0.5	0.0			
	Improving the expression of feelings	F	194	151	30	7	1	4.38	0.732	7
		%	50.7	39.4	7.8	1.8	0.3			
	Carrying out cultural, artistic, and social activities that fit the elderly's health status	F	206	139	31	7	0	4.42	0.719	6
		%	53.8	36.3	8.1	1.8	0.0			
	Boosting self-confidence	F	222	136	17	5	3	4.49	0.716	5
		%	58.0	35.5	4.4	1.3	0.8			
	Recruiting social workers to reduce psychosocial stress	F	189	150	32	11	1	4.34	0.773	8
		%	49.3	39.2	8.4	2.9	0.3			
	The need to work like others and demonstrate experience	F	189	143	39	11	1	4.33	0.793	9
		%	49.3	37.3	10.2	2.9	0.3			
	Enjoying personal freedom	F	183	160	30	7	3	4.34	0.766	8
		%	47.8	41.8	7.8	1.8	0.8			
Means								4.45	0.457	

Table (3) shows that the participants strongly agree on the social needs of the elderly in Saudi Arabia with an arithmetic means of (4.45) and a standard deviation of (0.457). "Overcoming loneliness and social isolation", "managing free time", and "others' estimation in the elderly's feelings and showing interest" were ranked first, second, and third, respectively. "The need to work like others and demonstrate experience" was ranked last. All the items are rated "strongly agree".

9.1.2 Interviews

The interviews showed that the experts and specialists agree on the social needs of the elderly in Saudi Arabia, especially the need to handle the psychosocial and health aspects to treat this age group. The participants agreed on the importance of the elderly's engagement in public social life through community partnerships that help them provide all forms of psychosocial, cultural, educational, health, and entertainment awareness to promote psychological and social adjustment and managing time. Others suggested promoting the family relationships of the elderly and providing entertainment in a family environment through inward visits and the Ihsan program for outward visits. Other participants stressed the importance of having a secure a stable family that shows due interest and appreciation, communication with friends and workmates, managing time, and establishing centers in the neighborhood to practice attitudes, hobbies, and activities. The society should understand the issues of the elderly by raising social awareness of these issues, support the traditional family role, and prepare and train the staff and volunteers of the elderly care. Moreover, interest shall be paid to the economic aspect because of the low income provided.

The author argues that the interviewed participants agreed on the social needs that should be met by the social care programs for the elderly (women) in Saudi Arabia. These needs cover social, psychological, cultural, economic, and family aspects. The society shall also show interest in the elderly's issues and needs.

9.2 Answer to the second question

9.2.1 Questionnaire

Table (4): Frequency, arithmetic means, relative weight, and ranking of the items of the reality of the social care programs for the elderly (women) in Saudi Arabia

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
1.	Organizing entertainment programs to spend free time (sports activities, handicrafts, marketing, literacy...)	F	175	147	30	24	7	4.20	0.956	2
		%	45.7	38.4	7.8	6.3	1.8			
2.	Planning parties in the national and religious events	F	94	161	70	48	10	3.73	1.047	7
		%	24.5	42.0	18.3	12.5	2.6			
3.	Programs for the elderly only	F	84	128	84	79	8	3.52	1.109	11
		%	21.9	33.4	21.9	20.6	2.1			
4.	Easy to join these programs	F	68	129	117	62	7	3.49	1.020	13
		%	17.8	33.7	30.5	16.2	1.8			
5.	Preparing programs for the retirement and disability-prevention programs	F	48	125	96	96	18	3.23	1.102	14
		%	12.5	32.6	25.1	25.1	4.7			
6.	Encouraging voluntary work and self-help	F	116	180	50	32	5	3.97	0.941	5
		%	30.3	47.0	13.1	8.4	1.3			
7.	Guidance and instruction offered by the programs	F	80	163	94	38	8	3.70	0.976	8
		%	20.9	42.6	24.5	9.9	2.1			
8.	Organization of awareness-raising campaigns on dealing with the elderly	F	110	159	63	47	4	3.85	1.008	6
		%	28.7	41.5	16.4	12.3	1.0			
9.	Adequate working hours in the program	F	55	147	127	43	11	3.50	0.968	12
		%	14.4	38.4	33.2	11.2	2.9			
10.	Offering award ceremonies in which all age groups collaborate	F	93	164	64	54	8	3.73	1.045	7
		%	24.3	42.8	16.7	14.1	2.1			

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
11.	Maintaining customs and values, including elderly care	F	180	145	39	18	1	4.27	0.845	1
		%	47.0	37.9	10.2	4.7	0.3			
12.	Special care with low fees for the widowed and single	F	148	151	52	24	8	4.06	0.979	4
		%	38.6	39.4	13.6	6.3	2.1			
13.	Social symposia to foster family relations and introducing the elderly's rights	F	101	173	65	39	5	3.85	0.969	6
		%	26.4	45.2	17.0	10.2	1.3			
14.	Offering appropriate job opportunities for the elderly	F	101	124	85	56	17	3.62	1.152	9
		%	26.4	32.4	22.2	14.6	4.4			
15.	Engaging in the relevant decision-making	F	75	151	95	54	8	3.60	1.020	10
		%	19.6	39.4	24.8	14.1	2.1			
16.	Providing medical and social services	F	156	168	36	18	5	4.18	0.881	3
		%	40.7	43.9	9.4	4.7	1.3			
Means								3.78	0.602	

Table (4) shows that the participants strongly agree on the reality of the social care programs for the elderly (women) in Saudi Arabia with an arithmetic means of (3.78) and a standard deviation of (0.602). While 2 items were rated "strongly agree", 13 items were rated "agree", and an item was rated "undecided". "Maintaining customs and values, including elderly care", "organizing entertainment programs to spend free time (sports activities, handicrafts, marketing, literacy...)", and "providing medical and social services" were ranked first, second, and third, respectively. "Preparing programs for the retirement and disability-prevention programs" was ranked last and rated undecided.

9.2.2 Interviews

Interviews showed the lack of these programs. The participants argued that many initiatives provide social support in Saudi Arabia, but they respond instantly only, including natural disasters, news reports...etc. Additionally, the elderly's programs and services lack most of the social, health, economic, and psychological aspects. Most of the Saudi initiatives rely on entertainment. Thus, new social programs shall be offered to foster the social and psychological aspects of the elderly to keep pace with the objectives of Saudi Vision 2030. The author argues that the participants' perspectives show understanding of the types and needs of these programs that should cover the health, economic, psychological, and entertainment aspects of the elderly.

9.3 Answer to the third question

9.3.1 Questionnaire

Table (5): Frequency, arithmetic means, relative weight, and ranking of the items of the obstacles to the social care programs for the elderly (women) in Saudi Arabia

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
1.	Low social awareness of the importance of activities and events of the social programs	F	158	176	33	16	0	4.24	0.780	1
		%	41.3	46.0	8.6	4.2	0.0			
2.	Social programs do not reflect social needs.	F	90	129	101	60	3	3.63	1.032	11
		%	23.5	33.7	26.4	15.7	0.8			
3.	Lack of free time to join the programs	F	106	147	71	53	6	3.77	1.051	9
		%	27.7	38.4	18.5	13.8	1.6			
4.	Poor health conditions	F	121	163	60	35	4	3.95	0.965	6
		%	31.6	42.6	15.7	9.1	1.0			
5.	Weak media coverage of the social activities and programs	F	147	152	49	28	7	4.05	0.984	4
		%	38.4	39.7	12.8	7.3	1.8			
6.	Family refusal to join the social programs	F	88	131	69	71	24	3.49	1.208	12

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
		%	23.0	34.2	18.0	18.5	6.3			
7.	Shyness	F	123	124	74	53	9	3.78	1.111	8
		%	32.1	32.4	19.3	13.8	2.3			
8.	Having children and young men in the social program motivates them to withdraw.	F	110	127	65	63	18	3.65	1.191	10
		%	28.7	33.2	17.0	16.4	4.7			
9.	Financial cost	F	143	127	69	33	11	3.93	1.075	7
		%	37.3	33.2	18.0	8.6	2.9			
10.	Lack of transportation to go to the social programs	F	181	133	41	20	8	4.20	0.969	2
		%	47.3	34.7	10.7	5.2	2.1			
11.	Difficulty to understand the nature of the social programs	F	154	167	42	17	3	4.18	0.854	3
		%	40.2	43.6	11.0	4.4	0.8			
12.	Tendency to isolation and loneliness	F	104	122	87	51	19	3.63	1.159	11
		%	27.2	31.9	22.7	13.3	5.0			
13.	Lack of attendants	F	140	141	59	35	8	3.97	1.037	5
		%	36.6	36.8	15.4	9.1	2.1			
Means								3.88	0.597	

Table (5) illustrates that the participants agree on the obstacles to the social care programs for the elderly (women) in Saudi Arabia with an arithmetic means of (3.88) and a standard deviation of (0.597). They strongly agree on (11) items and agree on (2) items only. "Low social awareness of the importance of activities and events of the social programs", "lack of transportation to go to the social programs", and "difficulty to understand the nature of the social programs" were ranked first, second, and third, respectively. "Family refusal to join the social programs" was ranked last.

9.3.2 Interviews

The interviewed participants agreed on the obstacles to the social care programs for the elderly (women) in Saudi Arabia, such as the lack of clear and specialized programs and the lack of an official body to organize the works of such social programs and develop legislation, rules, and regulations. Others commented on the financial and human capabilities, including the lack of experienced staff, inappropriate facilities, and low budget. Moreover, weak family awareness of these programs is a serious obstacle. The author argues that the perspectives of interviewed experts and specialists included the weak awareness, lack of specialized programs, inadequate facilities, and lack of an official body to organize the work of such programs.

9.4 Answer to the fourth question

9.4.1 Questionnaire

Table (6): Frequency, arithmetic means, relative weight, and ranking of the items of the proposal for the national social care program for the elderly (women) in Saudi Arabia

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
1.	Providing some health services besides the social ones	F	245	128	6	4	0	4.60	0.578	2
		%	64.0	33.4	1.6	1.0	0.0			
2.	Integration of the elderly in developing plans and programs	F	200	142	35	5	1	4.40	0.730	8
		%	52.2	37.1	9.1	1.3	0.3			
3.	Good media coverage	F	222	114	32	13	2	4.41	0.823	7
		%	58.0	29.8	8.4	3.4	0.5			
4.	Listing and educating the elderly about these programs	F	164	134	47	33	5	4.09	1.003	10
		%	42.8	35.0	12.3	8.6	1.3			
5.	Applying modern management methods to these programs	F	183	133	47	18	2	4.25	0.882	9
		%	47.8	34.7	12.3	4.7	0.5			

No.	Item		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Means	Standard deviation	Rank
6.	Raising social awareness of the services offered to the elderly	F	239	127	14	2	1	4.57	0.618	5
		%	62.4	33.2	3.7	0.5	0.3			
7.	Establishing a social program in each region in Saudi Arabia to provide these services	F	248	113	17	5	0	4.58	0.642	4
		%	64.8	29.5	4.4	1.3	0.0			
8.	Recruiting qualified (health, psychological, and social) specialists	F	258	99	19	5	2	4.58	0.696	4
		%	67.4	25.8	5.0	1.3	0.5			
9.	Allocating a fixed budget to fund these programs	F	244	115	19	5	0	4.56	0.652	6
		%	63.7	30.0	5.0	1.3	0.0			
10.	Low-priced or free membership	F	258	99	20	5	1	4.59	0.676	3
		%	67.4	25.8	5.2	1.3	0.3			
11	These programs should be affiliated to a ministry or a governmental body.	F	262	99	19	2	1	4.62	0.632	1
		%	68.4	25.8	5.0	0.5	0.3			
Means								4.48	0.478	

Table (6) illustrates that the participants strongly agree on the proposal for the national social care program for the elderly (women) in Saudi Arabia with an arithmetic means of (4.48) and a standard deviation of (0.478). They strongly agree on (11) items and agree on an item only. "These programs should be affiliated to a ministry or a governmental body", "providing some health services besides the social ones", and "low-priced or free membership" were ranked first, second, and third, respectively. "Listing and educating the elderly about these programs" was ranked last.

9.4.2 Interviews

The interviewed specialists and experts suggested establishing a general authority of the elderly to ensure having policies, plans, programs, and tools to guarantee the elderly rights and the availability of various appropriate services. This authority also makes reports and conducts studies to help define the information about the elderly across Saudi Arabia to enhance the offered services and define quality standards that meet the elderly needs. It defines the roles of the concerned bodies and motivates cooperation with other bodies in the public, private, and non-profit sectors. Furthermore, it concludes agreements with concerned bodies to enhance the elderly care regionally and internationally and optimize the best international practices and studies. Some participants suggested making plans and giving feedback by specialized institutions to ensure the achievement of the objective and the satisfaction of the beneficiaries. Additionally, campaigns should be made to raise the social awareness of these programs. The author argues that these perspectives agree with the literature and stresses the importance of establishing a body affiliated to the Ministry of Human Resource and Social Development to be in charge of the elderly programs.

10. Discussions

10.1 Discussion of the results of preliminary data

10.1.1 Questionnaire

The results showed that the participants include different age groups. While (60 to less than 65 years) was ranked first and rated (55.6%), (65 to less than 70 years) was ranked second and rated (25.6%), and (less than 75 years) was ranked third and rated (8.9%). The marital status varied and included married (54.6%), widowed (33.4%), divorced (9.7%), and single (2.3%). Regarding education, literate was the most prominent and rated (66.1%). In terms of occupation, the housewife was the most significant and rated (76.8%).

The family with (7-9) members was ranked first (37.9%), (4-6) members, whereas was ranked second (31.6%), showing that most of the participants are married with children. The monthly income

varied, although it is an important factor for the woman to practice life activities and feel social security. While non-fixed income was ranked first (34.5%), (SR 6,000 and more) was ranked second (19.8%), and (from SR 2,000 to less than 4,000) was ranked third (19.1%). These findings agree with the results of Putri and Lestari (2017) that financial security is the basic need of the elderly, especially in countries with weak retirement systems.

The author asked the participants "have you joined social programs before". If you chose "yes", answer all questions. If you chose "no", answer questions 2, 3, and 4. "No" was rated (76%), while "yes" was rated "24%".

10.1.2 Interview

The author interviewed (6) experts with different academic degrees: (2) master holders, (2) Ph.D. holders, and (2) bachelor holders. They worked in different places, such as a faculty member at King Saud University, a director of the Elderly Care House in Riyadh, a director at the Ministry of Human Resource and Social Development, a director of social insurance, and two social workers. Their experience was high (more than 10 years). Furthermore, they all agreed on the importance of providing national care programs in all regions of Saudi Arabia.

10.2 Discussion of the results of the domains

10.2.1 Social needs that should be met by the social care programs for the elderly (women) in Saudi Arabia

"Overcoming loneliness and social isolation" (with a means of 4.58), "managing free time" (with a means of 4.55), and "others' estimation in the elderly's feelings and showing interest" (with a means of 4.54) were ranked first, second, and third, respectively. This finding agrees with the results of Kim et al. (2013) that social relations are a preventive factor for life satisfaction. It also matches the findings of Putri and Lestari (2017) that self-realization is important but has not been fulfilled. "The need to work like others and demonstrate experience" (with a means of 4.33) was ranked last. This finding agrees with Ura et al. (2018) that stressed the importance and positive impact of physical activity on well-being, depression, and independence among the elderly.

The experts agreed on the importance of linking the elderly to society, offering appropriate social programs, supporting social communication, and enforcing family relations. They also agreed on the need for family, friends, and utilizing the elderly's expertise. Moreover, social clubs and centers should be established in the neighborhood to help the elderly meet their peers, and the staff shall be trained in the field. Interest shall be paid to the prevention and entertainment programs for the elderly. These findings match the results of the literature.

10.2.2 The reality of the social care programs for the elderly (women) in Saudi Arabia

The results illustrated that "maintaining customs and values, including elderly care", "organizing entertainment programs to spend free time (sports activities, handicrafts, marketing, literacy...)", and "providing medical and social services" were ranked first, second, and third, respectively. This finding agrees with the results of Pramitasaria and Sarwadi (2015) that the social and the physical challenges are the biggest to the elderly. Furthermore, Mansour (2002) stressed the importance of recruiting specialized physicians, nurses, psychologists, social workers, and activity supervisors. In contrast "preparing programs for the retirement and disability-prevention programs" was ranked last. This finding matches the results of Tanner (2007) that adjustment strategies and methods should be provided when planning and providing social care services for the elderly.

Interviewed experts and specialists reported that social care programs are weak and focus on entertainment activities. Others reported the lack of social, health, economic, psychological, and entertainment aspects despite the increasing number of the elderly. Social care programs should keep

pace with the Saudi Vision 2030. Thus, they should receive greater interest.

10.2.3 *The obstacles to the social care programs for the elderly (women) in Saudi Arabia*

"Low social awareness of the importance of activities and events of the social programs", "lack of transportation to go to the social programs", and "difficulty to understand the nature of the social programs" were the most significant obstacles. This finding matches Alkalbany (2018) that showed the weak social inclusion of the elderly through various social programs and weak financial allocation showed in the lack of transportation. Family refusal to join the social programs and the tendency to isolation were ranked last. This finding agrees with Fahmy (2012) showing that the elderly tend to isolation because the social clubs are expensive and do not meet the social needs of the elderly.

The interviewed participants agreed on the lack of an official body to organize, develop, and implement social programs is the most significant obstacle. Others reported the weak family awareness of these programs, the weak engagement of the private sector, and the lack of strategic planning are important issues to be considered. The lack of studies that reflect the reality of the issue and the lack of coordination among the relevant bodies should be taken into consideration. The obstacles also include the lack of experienced staff in the design and implementation of the programs, inadequate design of the buildings and programs, the weak allocations, and the lack of training courses for authors. The lack of social awareness is a major issue in this regard. Thus, the perspectives of the elderly and the experts on the obstacles match.

10.2.4 *The national social care program for the elderly in Saudi Arabia*

"These programs should be affiliated to a ministry or a governmental body", "providing some health services besides the social ones", and "low-priced or free membership" were ranked first, second, and third, respectively. "Listing and educating the elderly about these programs" was ranked last. The experts stressed the importance of providing appropriate residence, food, and programs.

The participants reported the importance of the collaboration between public and private parties to develop the proposal accurately and comprehensively to meet the needs and requirements of the elderly. Exploring the reality of these programs across Saudi Arabia, defining the needs, setting programs to meet these needs, and allocating adequate budgets are important aspects to be considered. The participants stressed the importance of having a national authority that can promote these programs by keeping pace with the Saudi Vision 2030 and carrying out various tasks. They argued that the program should correlate with the Saudi Vision 2030 and have different stages, such as raising social awareness of the elderly issues; making a national plan that covers the social, psychological, health, cultural, awareness, entertainment, and recreational aspects; fostering media cooperation; enhancing the effectiveness of the social awareness programs; coordination among public and private institutions and individuals. The perspectives of the participants about the proposal agree with the literature that showed the importance of improving the elderly's situation by establishing high-quality programs, recruiting specialized (psychological, social, and health) staff, and linking the elderly to the society, as recommended by Pramitasaria and Sarwadi (2015).

11. Recommendations

The study recommends

1. Educating the elderly and their families about the offered social programs.
2. Including the elderly, academics, and staff in making the policies and activities of the care programs to meet the elderly's needs.
3. Disseminating the culture of the impact of social life on the quality of life among the elderly.
4. Supervising the elderly's programs by the Ministry of Social Development.
5. Activating the private and governmental roles in supporting the social programs for the

elderly.

6. Establishing social programs in the neighborhood centers to be close to the elderly.
7. Drawing the attention of social authors to studies on the elderly.

12. Conclusion

In summary, I hope that I succeeded in proposing a national social care program for the elderly in Saudi Arabia. The study showed the increasing numbers of the elderly because of the provided health care. It highlighted the importance and impact of the social aspect on the life of the elderly. Moreover, the participants, including the elderly, experts, and specialists, agreed on the importance of establishing care programs of the elderly because Saudi society needs such programs.

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