


Aging in Saudi Arabia: An Exploratory Study of Contemporary Older Persons' Views About Daily Life, Health, and the Experience of Aging

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Abstract

Objective: This exploratory study sought to measure current self-reported experiences of older Saudi adults. **Method:** Self-reported aging perceptions and demographic data from semistructured questions were obtained from 52 community-dwelling older Saudi adults aged 50 or older. A thematic content analysis was completed around issues of family life/social support, daily/weekly activities, health and health programs, and older adults' own thoughts about aging and the experience and future of personal aging. **Results:** Several key themes emerged from the interviews. The majority of respondents in this preliminary study acknowledge a preference for family care. Formal programs in Saudi Arabia are attended with relative infrequency while older adults recognize family support as the preferred method of support. Older Saudi interviewees hold a positive view of aging, but physical functioning, varying financial resources, and other daily obligations are a concern for those in this study. **Discussion:** Data suggest as the Saudi population ages, more research is needed on the aging experience with particular emphasis on issues relevant to older adults. Future research must work to clarify the aging experience as cultural context changes.

Keywords

health services research, psychology, quality of life, active life/physical activity

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Recent studies are beginning to examine the diversity and similarities that characterize older adults in different regions of the world (Abdulrahim, Ajrouch, Jammal, & Antonucci, 2012; Weil & Karlin, 2013; Weil, Karlin, & Floren, 2015). There is an increased interest in collecting gerontological data globally. Encircling this push for global investigation is a particular interest in research with Arab elders (Abdulrahim et al., 2012; Campbell, 2015; Khraif, Salam, Elsegaey, & AlMutairi, 2015). The sheer number of older adults has created the padstone of the interest in aging worldwide and within Arab countries. The number of those worldwide above the age of 60 will grow by 300% between 2000 and 2025 (Gire, 2011). Khraif et al. (2015) report within the Arab world aging will be at its highest level in 2050. Yet, it is reported that research on aging is almost invisible in this region (Abdulrahim et al., 2012).

Demographic indicators are changing in Saudi Arabia with increases in life span and decreases in fertility. In 2014, the median age in Saudi Arabia was 26.4 years (27.3 male and 25.3 female) with fertility rates declining while life span increases (United Nations Economic and

Social Commission for Western Asia, 2014). Between 1980 and 1985, the fertility rate in Saudi Arabia was 7.0 children per female. For 2005 to 2010, the rate fell to 3.0 per female. Khraif et al. (2015) state, "change in the age pyramids toward constriction during the last 3 decades brings out issues of ageing in the coming decade, reflected by child-woman ratio, aged-child ratio, median age, and age dependency ratio" (p. 784). Agencies that monitor growth and aging trends worldwide (e.g., World Health Organization, United Nations, and U.S. Department of Commerce) have increased the number of reports focusing on demographic profiles of Arab countries. Total average life expectancy for 2014 was 74.8 years (72.8 male and 76.9 female) and predicted to increase (World Health Organization [WHO], 2013). In

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2013, the WHO estimated approximately 4.3% of the population in Saudi Arabia to be between 55 and 64 years of age. In predicting continued growth of an older population, the United Nations (2014) predicts the population of Saudi Arabian persons aged 65 and above will continue to increase, and this older population will make up 18.4% of the total population for that country in 2050. With this expected dramatic increase in the population of older adults, there is increased interest in examining Saudi older adults' own perceptions of aging (Abyad, 2004).

Early gerontological studies, such as work by Mansour and Laing (1994), have examined Saudi Arabian older adults' views about aging. But with this increase in the older population, research must examine the contemporary impact of aging by elders' own assessments. Al-Shammari et al. (2000) describe the traditional role of extended family in caring for older persons as a society in "Appraisal of Critical, Psychosocial, and Environmental Health of Elderly in Saudi Arabia." Yet, literature predicts changes in family caregiving trends and impact on the health care system, little is known about how older adults currently see these changes in their daily lives. At the same time, researchers suggest examining the effect of societal changes in education and work may have on filial norms. As both male and female Saudi's gain higher levels of education, many desire to use the education gained in employment outside the home creating a lesser availability of potential caregivers. Growth of the older population is predicted to have a direct impact on health care, staffing, care costs, programs and service availability; as well as indirect impact on the funding of all other aspects of a nation (e.g., the funding of education and pension plans; Karlin, Weil, Pupanead, Saratapun, & Kgosidialwa, 2014; Medical Healthcare Sector Report, 2007; Palmore, 2009; Weil & Karlin, 2013). But, we do not have Saudi Arabian older persons' account of program availability or a self-assessment of services for older persons.

Trends in Education, Income, Religious Practices, and Health Factors With Possible Impact on Aging

Education has been referred to as the "main pillar of human development" (Ministry of Economy and Planning, 2014, p. 138). The total education expenditures for 2008 were reported to be 5.1% of gross domestic product (GDP; The Global Economy, 2010). Spending for education and health care continues to be the focus of the Saudi government with 38% of the total GDP being spent in these two areas (SUSRIS, 2013). For those age 15 and older the literacy rate is 90.8% for males and 82.6% for females (WHO, 2013).

The numbers of Saudi Arabian students studying abroad exemplify the pursuit of education. According to

a 2013 article in the *Los Angeles Times*, 44,566 Saudi students were studying just in the United States under a new scholarship program encouraging study abroad experiences (Song, 2013). Saudi students account for 4.5% of all international students in the United States (Harb, 2013). These reports are of particular importance when considering the potential impact on the number of young male and female adults available to care for aging Saudi adults. Following trends in other countries, "most Saudis return to their home country" (Knickmeyer, 2012, p. 1) with a science-based education and exposure to a different culture. With additional education, young Saudi females may remain in school and may no longer be available to care for elders within the family. As Saudi students study in countries like the United States, "tensions between cultural ideals and pragmatic realities" may be created toward providing social support to elders and other family members (Ajrouch, 2005, p. 655). The lesser number of younger persons as potential sources of care and income for the increasing number of older persons affects the dependency ratio.

In terms of income, petroleum influences about 80% of the country's budget with 90% of all exports being petroleum and petroleum products. There is a labor force of 8.4 million persons with most of that labor force being nonnational (7.2 million; Chronicle of the Middle East & North Africa, 2014). Most nonnationals employed in Saudi Arabia would not be providing support or care to older Saudi adults. The 2013 Saudi male unemployment rate was 10.5%. These unemployed males would not have the financial means to care for older adult family members. For those who are employed, the average monthly salary in Saudi Arabia is 16,290 SAR (Salary Explorer, 2014). This amount equates to US\$4,348.08 (2014).

According to the Pension & Development Network (2015), a pension system was enacted in 2001 under the supervision of the Ministry of Labor. Funds for the pension are created from 9% of a worker's contribution and 9% from an employer. With the exception of a few employment areas (e.g., agricultural, household worker, foreign worker, etc.) and those covered by a separate system (e.g., civil servant), benefits are given to Saudi males at age 60 and Saudi females at age 55. Males who work in hazardous or difficult areas of labor can start collecting as early as age 55. These funds provide financial support for a growing number of Saudi older adults.

Another important aspect of Saudi culture is religious practice. Islam is the official religion—85% to 90% of persons practicing as Sunni and 10% to 15% Shia ("The Sword Unsheathed," 2014). Saudi Arabia is the location of two of the religion's holiest shrines (i.e., Mecca and Medina). For individuals residing within the Kingdom of Saudi Arabia, religion and religious practices are an integral part of life and existence. As a result of the history of Islam in the region, religion is infused into every aspect of Saudi culture (Royal Embassy of Saudi Arabia, 2014b).

Focusing on health and health services, Ibrahim, Ghabrah, and Qadi (2005) conducted a cross-sectional study in order to obtain a morbidity profile for 2,264 persons aged 65 and above. The authors report that one fourth of the sample indicated poor self-perceived health. The percentage of older women who indicated their health was poor was higher than that reported by older men (31.2% vs. 19.0%). This poorer health perception reported by older women was also identified by the earlier research of Jarallah and Al-Shammari (1999). These authors reported the more advanced the age of the woman, the more likely she would report a poor health perception. In addition, older women in the Ibrahim et al. study used a greater number of prescription drugs, were twice as likely to indicate feelings of depression and insomnia, and had higher rates of diseases typically associated with aging (e.g., osteoporosis, arthritis, and mental health issues). This poorer health perception reported by older women was also identified by the earlier research of Jarallah and Al-Shammari. These authors reported the more advanced the age of the woman, the more likely she would report a poor health perception.

These same authors report the two greatest factors influencing poor perceptions of health are an inability to perform prayers standing and the total number of diseases diagnosed. Jarallah and Al-Shammari identified a relationship between number of hospital visits, number of diagnoses, and the older women's perceptions of health. The data suggest a higher number of reported health issues (physical and psychological) by women and a limited number of support services for older adults. Reviewing health services for elders is timely as Saudi Arabia is engaged in widespread efforts to expand health care (Albejaidi, 2010; Almalki, Fitzgerald, & Clark, 2011).

In 1970, there were 74 hospitals with approximately 9,000 beds (Royal Embassy of Saudi Arabia, 2014a). In 2005, the number of hospitals rose to 350 and more than 47,000 beds. For 2011, health expenditures were 3.7% of the GDP and 6.9% of the total government budget in 2013 (WHO, 2013). In 2013, The Ministry of Health, the main agency entrusted with public health care services, reported Saudi Arabia will build 100 new hospitals and 1,000 new primary care centers (World Health Organization, 2013). It was reported that just over 435 hospitals and 2,259 care centers existed in 2014 (Ministry of Economy and Planning, 2014).

The government has encouraged medical companies to invest in the Kingdom of Saudi Arabia in an effort to improve health care delivery. Al-Shahri (2009) states that although hospitals exist and are positively viewed within the Arab world, hospices, nursing homes, and day care centers are extremely rare with a negative association tied to them (Al-Shahri, 2009). Abyad (2004) indicates that at the time of his study, there were no gerontological nurses in the Middle East, but that specialized training with a focus on aging is needed to "effectively cope with the challenge of caring for the

elderly" (p. 6). Research suggests with a specialized, skilled set of health care professionals, the needs of older adults facing the challenges of advancing age can be met (Abyad, 2004).

To summarize, transitions within Saudi Arabia are evident within various components of the country (i.e., potential availability of caregivers, health, religious practices, income, and education). To prepare for these transitions, we sought to measure current self-reported experiences of older Saudi adults and an understanding of these issues and those essential to the aging process.

Research Questions/Aims

The current study sought to measure current self-reported experiences of older Saudi adults. Researchers asked questions about elders' sociodemographic status and current experiences with: family life/social support, typical daily/weekly activities, health and health programs, and elders' thoughts about aging and future of aging. These variables are often associated with quality of life factors. Specific research questions with regard to older Saudi adults include the following:

Research Question 1: What is the current demographic status and social support available?

Research Question 2: What are the typical daily and weekly activities and use of services?

Research Question 3: What are the likes and dislikes with regard to the personal health?

Research Question 4: What are their views about the way they are aging and the future of aging?

The reason these research questions are relevant is there appears to be high levels of heterogeneity along Saudi older adults (Khraif et al., 2015). Prior research has indicated that the quality of life and health care are poor, there is chronic conditions of depression, a need for improvement of medical attention as well as specialize gerontological training (Abolfotouh, Daffallah, Khan, Khattab, & Abdulmoneim, 2001; Al-Shammari et al., 2000; Khraif et al., 2015). Khraif et al. (2015) state that the low levels of activity within Saudi Arabia, the socio-economic and demographic components, and education of the population should be considered in future research. These authors indicate that all of these factors should be studied alongside housing, well-being, and long-term care. Using self-report to study these issues allows for exposure to new lines of study with this under investigated population.

Method

Participants

The 52 participating older adults (between the ages of 50 and 83) were nationals residing in the Western Region of Saudi Arabia at the time of the interview. Eligibility

Table 1. Sociodemographic Characteristics of Respondents.

Variable	<i>n</i>	%	<i>M</i>	<i>SD</i>	Range
Age	52				50-83
Birthplace					
Mecca	34	65.4			
Jeddah	12	23.1			
Taif	1	1.9			
Indonesia/Saudi citizen	1	1.9			
NR	4	7.7			
Marital status					
Married	49	94.2			
Widowed	1	1.9			
Single	1	1.9			
Divorced	1	1.9			
Have siblings	51	98.1	6.75	3.5	0-17
Have children	47	90.4	4.10	2.2	0-9
Have grandchildren	31	59.6	3.62	5.4	0-30
Employment (current or former)					
Teacher or school administration	23	44.2			
Housewife	7	13.5			
Government officer, clerk, police officer, or driver	8	15.4			
Engineer	3	5.8			
Business professional	4	7.7			
NR	7	13.5			

Note. NR = no report.

for participation was set at 50 years of age or older as to correspond to the life stage where persons would begin to reflect about the aging process and start to prepare for retirement (i.e., pensions are available for women at 55 and men at 60 years of age). Table 1 presents the sociodemographic characteristics of the respondents: 26 (50% women), 6.7 (3.5) siblings, 4.1 (2.2) number of children, and 3.6 (5.4) grandchildren. Participants' prior or current employment status ranged from being high-level governmental employees to being unemployed. The most frequently reported job was teacher ($n = 21$, 40.3%) varying from early education instructors to faculty members at a university.

Procedures

A Saudi national, fluent in Arabic, interviewed all participants. The interviewer utilized purposive sampling method beginning with the call for participants at regional hospitals, education centers, and local businesses. All consent forms and open-ended survey instruments were translated into Arabic. The standard back-translation process was used for surveys. Individuals who are fluent in English and Arabic completed the translations. More specifically, the first translator translated the documents (forward) from English to Arabic and a second translator translated the documents (back) to English. The use of a forward and back-translation process until both versions of the document are identical in wording has been shown to verify accuracy of the translation process when used in cross-cultural

research (Brislin, 1970; Hsiao-Yu & Boore, 2010). A training session was conducted with the data collector to ensure interrater reliability, reduction of interviewer bias, and consistent use of the interviewing script and consent procedures.

Data were obtained through face-to-face interviews between one researcher and one study participant using a written interview guide. University faculty members and a graduate student comprised the data analysis team. The researchers transcribed both research questions and respondents' answers. Thematic content analysis was used to gather common themes in the interviewees' responses to the open-ended questions. Initial coding involved researchers reading the narrative in Arabic and English for each question. The most common, or frequent, themes were developed along with the recognition of counter narratives or different viewpoints in the text. For example of coding, looking at the question "What are the benefits of your current age," five major themes were identified (e.g., closer with Allah, time with grandchildren/kids/family; more leisure time) in the respondent's narrative. Each of these themes became a code or category for the theme "benefits of current age."

Participants' confidentiality was protected by the use of numeric identifiers on instrument assessments. All data have been treated according to Internal Review Board standards. Participants were verbally made aware of their right to volunteer or not, the accompanying procedures to insure confidentiality, and the general nature of activities for which they were asked to volunteer

Table 2. Typical Daily Activities.

	<i>n</i>	%
Going to mosque/completing prayers	31	59.6
Spending time with relatives/friends	25	48.0
Housework	20	38.5
Cooking	19	36.5
Reading	19	36.5
Watching television	16	30.7
Continuing to work	15	28.8
Napping	10	19.2
Shopping	4	7.7
Using the computer	3	5.1
Exercising	2	3.8
Driving	2	3.8

Note. An individual can report more than one activity per day.

through the process of the documented informed consent.

Sociodemographic data (e.g., age, marital status, number of siblings, children, and grandchildren, educational level attained, housing, income, religious involvement, occupation, etc.) were collected and serve as the principal descriptive components of the study. Beyond items gathering general demographic information, Wacker and Roberto (2010) was the principal source for the semistructured interview questions. These questions intended for community-dwelling elders, as well as other questions, were adapted with permission of the authors. The full interview script and guide are available upon request by contacting the original authors, Wacker and Roberto. The intent of all questions was to gain an understanding of the aging experience of Saudi nationals. The closed-ended questions focused on demographic characteristics. The open-ended survey questions gathered information about programs or services (e.g., health, social) recognized as available, programs participants were involved with, as well as the frequency of program and service utilization.

Results

The most common themes in the older Saudi Arabian adults' interview narrative are reported for the following areas: daily activities; perceptions of aging, social support, and health; chronological age; and self-evaluated quality of life factors, including health care, and support and services.

Daily Activities

In terms of a typical day in the lives of participants, each did approximately 3.35 activities on an average day (range = 0-8 activities per day). Specific activities are summarized in Table 2. The greatest number of reported daily activities consisted of going to the mosque or completing prayers, spending time with relatives or friends,

Table 3. Benefits of Current Age.

	<i>n</i>	%
Grandchildren/children/family	9	17.3
Wisdom	9	17.3
Closer to Allah/God	8	15.4
Respect	6	11.5
Inner peace	3	5.8
More leisure time	3	5.8
Freedom	3	5.8
Nothing	2	3.8
Helping others	2	3.8
Everything	1	1.9
Experiences	1	1.9
Health	1	1.9
Just like this age	1	1.9
Being alive	1	1.9
No responsibilities	1	1.9

Note. An individual can report more than one benefit of his or her current age.

engaging in housework, cooking, reading, watching television, continuing to be employed, napping, and/or shopping. Lesser percentages were reported for specific forms of daily exercise or driving to a specified location.

Perceptions of Aging, Social Support, and Health

Table 3 outlines indicated benefits of aging within Saudi Arabia. The general benefits reported were discussed in relation to family, faith/religious beliefs, and peaceful environment, wisdom, and attainment of respect from others. Open-ended comments that reflect aging benefits include the following:

على ما أعطاني وأحاول الاستمتاع بسني، الجمال، وإنجازاتي في الحياة. الحمد لله أحببت ان أبنائي قد تزوجوا [I thank Allah for what I have and try to enjoy my age, beauty, and what I have accomplished in life. I like having my children getting married]” and, as another participant added, “الممارسة [Practicing my religion (praying, fasting, etc.) shapes my life].”

Only 3.8% of the respondents suggested “nothing” existed as a benefit of aging. Table 4 outlines the reported detriments, or what elders dislike, about being their current age. Almost 20% indicated disliking “nothing” about their current age. Of those reported, prominent disadvantages of aging were associated with health concerns, family issues, being able to accept changes associated with aging, regrets from the past, or loneliness tied to aging.

Table 5 presents a series of responses about what participating elders were looking forward to as they continue to age. Replies tended to be associated with dying in as positive way as possible, good health, optimism

Table 4. Dislike About Current Age.

	n	%
Nothing	9	17.3
Loss of functionality	7	13.5
Health	7	13.5
Aches and pains	4	7.7
Loss of energy	3	5.8
Too much free time	3	5.8
Accepting what is happening	3	5.8
Away from family	2	3.8
Regrets	2	3.8
No respect from youth	2	3.8
Being alone	2	3.8
Changing world	1	1.9
No choice to be this age	1	1.9
Dependency	1	1.9
Hard life	1	1.9
Lack of health care for elders	1	1.9

Note. An individual can report more than one dislike of his or her current age.

Table 5. Items State as “Looking Forward to in Life.”

	n	%
Peaceful death	9	17.3
Good health, happy family, long life	8	15.3
See children succeed	7	13.5
Being closer to Allah/God	6	11.5
Children getting married	5	9.6
Being rich	3	5.8
Being at peace	2	3.8
Going to heaven	2	3.8
Help from government	1	1.9
Sharing of knowledge	1	1.9
Seeing my country develop	1	1.9
Owning my house	1	1.9
Memorize Quran	1	1.9
Forgiveness from Allah/God	1	1.9
Education	1	1.9
Nothing	1	1.9

Note. An individual can report more than one item he or she is looking forward to.

toward family and life experiences, or a deeper awareness of Allah/God. Narrative examples include the following:

“[a good relation with people around me]”; “[I have my own house and try to keep my children happy]”; “نعم انا اصلي، [Yes, I pray, fast, and give to the poor]”; and “[Yes, I worship Allah].”

Table 6 summarizes advice provided by elders to younger Saudi adults. Respondents were asked to give younger adults the most important piece of advice they could imagine or offer. The table shows, when asked to give advice to young Saudi adults, participants' most

Table 6. Saudi Elders' Advice to Young Saudi Adults.

	n	%
Believe in Allah/God	11	21.2
Be healthy/exercise	8	15.4
Live to the fullest	4	7.7
Take advantage of opportunities	4	7.7
Get an education	3	5.8
Use time wisely	3	5.8
Work for the after life	3	5.8
Don't postpone today's work	2	3.8
Use good health for good deeds	2	3.8
Be honest	1	1.9
Save money	1	1.9
Pay attention/be smart	1	1.9
Don't let fear control you	1	1.9
Get married	1	1.9
Avoid regrets	1	1.9
Honor parents	1	1.9
Don't depend on government	1	1.9
Spend time with family	1	1.9
Don't give up	1	1.9

Note. An individual can report more than one item of advice.

common suggestions were to believe in Allah/God, remain healthy with a possible suggestion of exercise, while living a productive life.

Chronological age and quality of life factors. Participants said, “لنتمتع بصحة جيدة يجب ان نحافظ على عادات اكل صحية [To have good health, we must maintain healthy eating habits,]” [by eating healthy food and exercising,]” or “البقاء نشيطة، [remaining active.]” One elder suggested, “لا تبالغ في الأكل وحافظ على علاقة قوية مع الله والصلاة [Do not over eat and maintain a good relation with Allah, praying.]”

Negative statements with regard to having what is necessary focused on financial status, lack of resources, and family issues. Examples of statements given were as follows:

“[I have concerns about the drinking water]”; “[I think financial status could help improve my health]”; and “احس بانني مسؤول للصرف على عائلتي [I feel obligated to provide for my family]”

Health care. Reported health care expenses varied. A mixture of responses was obtained when asked what percentage of their overall finances goes to health care. Not all respondents indicated a percentage when answering this question. Answers ranged anywhere between 0% and 70% with most typical responses falling between 5% and 20%. Other responses included the following: “[I can't get an accurate figure],” “[my husband pays],” “[I pay cash, between 350 to 450 SAR]” “تقريبا 100 ريال لكل زيارة للطبيب”

[almost 100 SAR per visit],” and “لا يوجد تأمين طبي لذلك ادفع كل شيء [There is no health care plan, so I pay it all].”

Of interest, only one respondent reported a concern with regard to a lack of health care for elders.

Support and services. When asked about receiving support from outside sources (e.g., government, etc.) for activities like transportation, shopping, preparing meals, cleaning, or taking care of their physical needs, only one individual responded yes. This one individual indicated receiving governmental subsidy. All the remaining participants stated the government did not provide support in these areas and they took care of their own needs with the assistance of their family. All persons in the study were retired or were making plans to retire within the next 5 years though official pension age was 55 for women and 60 for men. For these adults, when asked whether their retirement pension was or would be adequate for personal needs, 67.3% of elders stated yes.

Discussion

This study illustrates important trends in the aging experience among a group of contemporary older Saudi adults. There are key findings for participants in the areas of family/social norms, health, support and services, experience of aging, activities, and economic issues. The current data suggests family interactions remain a prominent component of an elder's life. Participants, in this exploratory study, talked about specific advantages of becoming older as centering round family, faith, and existing in a peaceful environment. Participants described age-related wisdom and the gaining of respect from others as two additional advantages. However, older persons expressed some concerns over health and family matters, general age-related changes experienced, regrets from past life events, and/or loneliness as all negative aspects of being older. These poor self-assessed health concerns are supported by prior research (Ibrahim et al., 2005; Jarallah & Al-Shammari, 1999). Participants' concerns about aging in the present study were balanced by those that indicate there was nothing they disliked about being their current age. These older persons expressed a positive view toward the end of their life and attitudes toward death, overall good health, a hopefulness concerning family involvements and for life in general, as well as a deeper awareness of the role of Allah/God for the future. For most, religion and religious practices were mentioned as an integral part of life and existence.

In analyzing the older persons' responses about cost of health care and social programs, our research points to a wide range (0%-70%) of out of pocket health care expenses. Many of the economic difficulties were indicated to exist as a direct result of these expenses. These findings are in line with the prior research of Abyad

(2004) and Al-Shammari et al. (2000) who stated economic difficulties and limited access to health services were two of the biggest problems in countries such as Saudi Arabia. Current elder participants highlighted financial issues, such as a lack of resources, and financial obligations as areas of worry. Social support was reported as being provided by family members with little to no support from outside sources. When asked whether they had what was necessary to lead a happy and healthy life, the majority responded “yes”—pointing to their religion and religious practices, the people around them, and living a healthy lifestyle as key issues.

In conclusion, this research demonstrates for Saudi older adults interviewed shared some similarities and differences for perceived aging as reported in prior literature. Participant statements attest to the variation in the aging experience. Those interviewed detailed differences in the number of family members potentially available if needed to assist them, and weighed the numerous benefits and dislikes of being their current age. Older adults in our sample also expressed self-reports of having what is necessary to “be happy and healthy,” despite the discussion of how their health care expenses varied. This group recognized limited support and had varied number of daily activities. These Saudi older adults spoke about the many aspects of what they looked forward to in the future and offered advice to young Saudi adults.

It is unclear what factors will shape future Saudi gerontological policy. Prior research has indicated the need for improvement in health care, the presence of chronic conditions, and a need to specialize in gerontological medical training. The views of older persons interviewed may serve as an additional component in recognizing what should be included in discussions and future research with Saudi older persons.

Limitations

Older persons in the current sample reside in the Western Region of Saudi Arabia, so it is possible that Saudis residing in the Eastern and Central regions would respond to questions differently than reported by those interviewed. As a result, the current data do not allow for measurement of regional variation. As it was not the intention of the study, data collection using snowball sampling is not generalizable. The goal of the study was to explore the experience of aging for a group of Saudi Arabian older adults for which there is little published data. The number of participants used in the analysis was based on simple availability of individuals indicating a willingness to be interviewed. A high number of professionals including teachers and those employed in education were part of the sample impacting generalization. Those individuals interviewed may have given responses that they perceived as socially desirable when interviewed (e.g., giving responses thought the researcher may want to hear or giving an appropriate societal response). As for many of this study's older

participants, faith is mentioned as a key component on every aspect of their daily existence. As a result, further research is needed on faith and its impact on specific components of the aging experience.

In summary, this study contributes to a body of knowledge that calls for additional research and awareness of the heterogeneity of the Saudi older population who will become a larger percentage of the country's total population in the future. Continued research with larger groups of older persons and varied methodological designs can create an understanding of the contemporary factors surrounding aging in Saudi Arabia. Such research may improve the experience of aging by all Saudis who reside in a country that will continue to undergo demographic transition.

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