The Situation of Older Persons in Northern Iraq

HelpAge International
Iraq Programme
2005

With financial support from the British Council

HelpAge International
Leading global action on ageing

The Situation of Older Persons in Northern Iraq

Written by Dr. Nasih Othman

Research team
Research design and coordination
Dr. Nasih Othman
Dr. Salam Othman

Field supervision
Abduljabbar Arab
Burhan Mohammed
Gulala Hama Rashid
Ttrifa Sabir
Waleed Shawket

Field work
Nazar Fattah, Mahdi Shakir, Salih Mahdi, Amanj Omer
Bestoon Muhemmed, Anwar Omer, Pakhsshan Muhemmed, Sirwa Ahmed
Suham Salih, Khabat Islam, Gulizar Muhemmed, Wahid Haji, Nawwzad Haji,
Avin Salim, Berivan Salman, Badal Edo, Haji Havind
Sana Salim, Hamid Muhemmed, Hallo Fazil, Banaz Omer

Data entry: Muhemmed Saydok

Photos: HelpAge

Table of contents

Acknowledgements..... 4
Executive summary..... 5
The context of the study..... 6
Aims and objectives of study..... 7
Methodology..... 8
Political and administrative setup in Northern Iraq..... 11
General information on selected communities..... 13
- Badawa 13
- Wullooba/Shekhabas..... 14
- Zawita, Bagera, Koret Gavana..... 15
- Shekhan 16
- Qarahanjeer..... 18

Situation of the older persons..... 20
- Self-perception..... 21
- People's attitudes..... 22
- Poverty 24
- Shelter..... 26
- Living with health concerns..... 28
- Coping with family rules and conflicts..... 30
- Life outside the family..... 33

Conclusions and recommendations..... 35
Further reading..... 39

Acknowledgements

This report is the result of a collective effort by HelpAge International and its partners in northern Iraq. In this regard we would like to thank the ministries and departments of social affairs and their staff who were involved in different stages of the study. We extend our thanks to the local community officials, leaders and members who contributed to the success of the study. We are also grateful to local NGOs and their staff who were directly involved in the field particularly Voice of Older People, Ronahi Foundation, Kurdistan Save the Children, Kurdistan Women's Union, Kurdistan Human Rights Watch, Lalish Cultural Center and the Youth Union.

Executive summery

The older persons (aged 60 and above) who comprise around 6% of the population in northern Iraq are among the most vulnerable groups of the community. They have specific needs that are not routinely met by families and they are less targeted by governmental and non-governmental support programmes.

Different degrees of negative perception about self and feeling of helplessness are common to the older persons in northern Iraq. Adults contribute to this negative feeling by frequently reminding the elderly of their weaknesses through words, attitudes and behaviors. There is a clear gap in mutual understanding between the two generations both in the family and in the community.

In these poorest communities of the study, over half of the families fall below the poverty line according to their reported income. There is lack of space in the family dwellings and privacy is usually irrelevant. Right to participation and entertainment is particularly undermined. Even in these overall adverse conditions, women are more subject to neglect, abuse and psychosocial pressure. As a reminder to the lifelong gender discrimination, there is total illiteracy among the old women compared to 82% among the old men.

Disease and disability is a major concern for the elderly and their families. Over half of the older persons have chronic diseases such as joint and bone problems, hypertension, heart problems, diabetes and impairment of hearing and vision.

The case of the older persons needs to be brought higher in the priority list of the decision makes and this may require plenty of advocacy. Families, communities and service providers have to become more sensitive and understanding to the situation and needs of the older persons. The older person's role must be stressed and their participation in the political and civil life must be encouraged.

Non-governmental and civil society organizations can play a greater role in addressing the problems of old age and supporting the governmental departments to provide sustainable and cost-effective solutions to these problems. Voluntary community-based and home-based care programmes that can reach out to a greater number of beneficiaries in a more client-centered way can also reinforce the role of other stakeholders and make care delivery to the vulnerable older persons closer to where it is actually needed.

1. Context

HelpAge International (HAI) has been working in Northern Iraq since 1997 starting with largely a relief operation and moving gradually to a more developmental approach. HAI was the only agency working with and for the older persons until recently when it helped create a new local NGO with a similar mandate.

During the past 8 years HAI has being working with individuals, families, communities and governmental and nongovernmental institutions to make the needs of older persons more visible and their rights more known and respected. HAI worked in rehabilitation of the primary health care system to make health care more accessible for the older persons. Another major project of HAI was establishment of a home visiting programme in several collective towns and villages in Suleimaniyah and Dohuk in order to provide home based care for the older persons. This programme in Dohuk was handed over to the local NGO Voice of Older Persons (VOP) which is still managing it successfully.

HAI's new British Council funded programme tries to address the issue of the older persons from a wider and more strategic perspective. This includes developing the local capacity for assessing and responding to the needs of the most vulnerable individuals and strengthening community based home care in the five northern governorates of Iraq.

The current study was done in these five communities in order to analyze the situation of the older persons and their families in the light of international human rights instruments and the UN Principles on Older Persons. Such a study was considered a pre-requisite to any intervention in order to lay a solid foundation for any community-based care delivery by HAI and its partners which can address the needs of the most vulnerable older persons within a wider collective effort to empower individuals, families and communities to make the rights of older persons acknowledged and realized.

2. Aims and objectives of the study

The aim of the study was to assess the situation and understand the problems and needs of the older persons in selected communities in Northern Iraq in order to facilitate identification of the most vulnerable older persons and their families in these communities that would benefit form community based care delivery activities.

The exact objectives of the study were to:

1. select one community in each of the five governorates of the North;
2. gather qualitative and quantitative social and demographic data about the community, families and older persons;
3. build partnership with the community, local authorities and Civil Society Organizations(CSO) in the area in order to facilitate undertaking the assessment and subsequent work in the community;
4. lay criteria for selection of the older persons who need care and initiate the process of their identification;
5. Identify potential volunteers for care delivery to the older persons and initiate their training.

3. Methodology

In consultation with the Directorates of Social Affairs (DoSA), partner NGOs and CSOs and after several field visits, HAI selected one community in each of the governorates of Erbil, Suleimaniyah, Dohuk, Kirkuk and Mosul. Several criteria were laid for this selection including a population of around 10,000; having internally displaced persons; being considered disadvantaged economically and socially; located in an accessible and fairly secure area and not previously targeted by HAI home visiting programme.

The assessment was done through a variety of research methods including desk reviews, observation, key informant interviews, focus groups and a sample survey. This mixture of qualitative and quantitative methods allowed and in-depth understanding of the population, families and older persons.

3.1 Desk review

Information was gathered from several sources such as DoSA, Statistics Departments, Food Ration Distribution Departments, Directorate of Municipality, Joint Humanitarian Information Office, HAI's and other NGOs documents and records.

3.2 Observation

HAI and partner field workers paid many observation visits to the selected communities with checklists in order to get an idea about the location, the

people, the availability of services, status of roads and the environmental sanitation.

3.3 Key informant interviews

Many knowledgeable individuals were interviewed in-depth such as the head of Anjuman, Mukhtar of the neighbourhood, community elders, director of the health centre, headmaster of the school and heads of public organizations. A semi-structured questionnaire was used to guide the interviewer get the relevant information that was available with the informant.

3.4 Focus groups

Four focus group discussions were done in each community to gather qualitative information from the adults and older persons about self-perceived needs of the elderly, their perception about their situation and the attitudes of the adults and their perceptions towards the needs of the elderly. The homogenous groups were separately composed of around 10 male older persons, female older persons, adults who care for the elderly and educated adults.

3.5 Sample survey

A precision-based calculation was used to determine the sample size for a proportion. Past experience has shown that proportion of the older persons requiring care is 30%. Using this proportion and a 95% confidence interval of 25-35% gives a sample size of 325. A total of 360 older persons and their families were interviewed during the survey divided equally among the five communities. .

Because we were only interested in families having an older person and due to lack of a sampling frame, a cluster design was used. The community was divided into 10 blocks of 1000 people each(around 200 families). Four blocks were selected randomly. In the center of each of these blocks a random direction was selected and

houses were visited in succession until 18 older persons were interviewed in 18 different households.

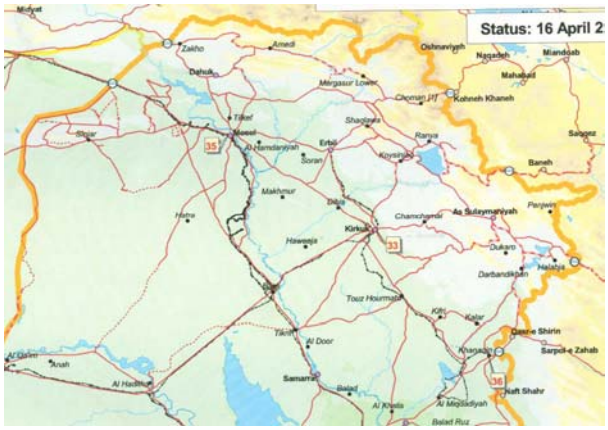
Interview was done face to face through a structured questionnaire depending on closed questions and answer lists. Two teams of two persons each completed the data collection in 4 days in each community. The teams were trained by HAI researchers and supervised by HAI filed staff.

3.6 *Data entry and analysis*

The survey data was entered and checked in Epi_Info version 6.04 and analysis was done in SPSS version 10.

4. Political and Administrative Systems

Northern Iraq includes the 6 governorates of Erbil, Suleimaniyah, Dohuk, Mosul, Kirkuk and Salahaddin. The first three are also sometimes referred to as the autonomous governorates or the Kurdish region though Kurds claim Kirkuk too. Our current programme does not cover Salahaddin so whenever "the North" or "Northern Iraq" is mentioned in this report we mean the first five governorates only. Since the fall of the previous regime in April 2003, the North of Iraq has been ruled by different parties. The governorates of Erbil and Dohuk are controlled by Kurdistan Democratic Part (KDP)-dominated Kurdistan Regional Government(KRG). Suleimaniyah is controlled by the Patriotic Union of Kurdistan(PUK)-dominated KRG.



Kirkuk and Mosul are under the loose control of the central government. Both PUK and KDP have their influences in Kirkuk and Mosul particularly in Kurdish-dominated districts in the periphery of these two governorates such as Sinjar, Shekhan and Makhmoor in Mosul and Altun Kopri, Qarahanjeer and Qadirkaram in Kirkuk. This diversity of political and administrative systems that are almost entirely independent poses real problems in work organization and coordination for the supporting agencies.

Even though the Kurdish region has been under self rule since 1991, the administrative structure of the region is basically the old system inherited from the central government prior to that date. Planning is done at the governorate level on the light of central guidelines and traditions. The ministry and departments of social welfare are responsible for providing social care to vulnerable families and individuals. There is a Ministry of Labor and Social Affairs in Suleimaniyah and another in Erbil in addition to the central one in Baghdad. These ministries guide their respective Directorate Generals and Directorates of Social Affairs. Each of the five cities has their own Directorate of Social Affairs which directly manages the social work in the respective governorate.

The structure and nature of the work in the social affairs departments is the same in all areas irrespective of whether the city is ruled by KDP, PUK or the central government. The focus in the past has been institutionalized care both residential and non-residential. For example in each city there is a House of the Elderly, separate residential orphanages for boys and girls, educational and rehabilitation centers for the physically and mentally disabled children and for the blind. These services are mainly concentrated in the major city centers. Community-based intervention is not a priority in social welfare. Recently the Family Welfare Fund was re-introduced to provide support to the most needful families. This is basically a financial support of around 20$ per month which is meant to decrease the pressure on the poor families. There are around 30,000 families currently benefiting from this programme.

While appropriate response to social problems requires inter-sectoral planning and cooperation between different sectors such as social, health, education, etc. there is poor coordination between these sectors in the region and subsequently there is no coordinated and holistic approach to the needs of poor families.

5. General Information on selected communities

The study was done in five communities, one in each of Erbil, Suleimaniyah, Dohuk, Mosul and Kirkuk governorates. These were Badawa, Wullooba, Zawita, Shekhan and Qarahanjeer respectively.

5.1 Badawa

Badawa is a popular quarters of Erbil city located on the southern outskirts of the city. Its history dates back to early 80s when a small village with the same name existed but with expansion of Erbil city it developed to the current quarter. The population is estimated to be more than 20,00 but the two blocks which were covered in the study have a population of 9500 almost, all being Kurds. Some of these are internally displaced people.

Badawa is one of the poorest quarters in Erbil. People live in small houses in overcrowded rooms. Majority of these people preserve strong tribal relations. The average family income in Badawa is ID 256,000 and the average family size is 5.5. The majority of people in Badawa depend on salaries and private urban work to manage their life.

The situation of the roads and walkways inside Badawa is very poor, most of them not being paved. Water is piped to most houses from wells but there is no sewerage system. Solid waste is collected by municipality vehicles. Electricity is provided from the grid. There is only one mixed primary school in Badawa which clearly cannot embrace all the school age children of the area. Many children need

to go to nearby schools. Illiteracy is expected to be high among the adults. Only 10% of the older persons are literate.

Badawa has got one health center which is well staffed and equipped with most necessary services such as vaccination, antenatal care, malnutrition and specialized services albeit not geriatrics.

There aren't any public cultural and entertainment services in Badawa, nor any community based programme for care delivery or awareness. Probably the only public place that the older peons can go for socialization is the mosque of which there are around 6 in the neighborhood.

5.2 Wullooba/Shekhabas

Wullooba/Shekhabas is a popular quarter of Suleimaniyah located in the south east of Suleimaniyah city. It was originally a small village outside Suleimaniyah until late 70s when people gradually started moving in and building houses there because of the relative low cost and vicinity to the main city.

The total population of Wullooba is around 17,500. Almost all of these people are villagers who have migrated to and settled in the area during the past 3 decades either as part of gradual urbanization or due to the successive wars and destruction of villages especially in the 80s. in terms of ethnicity and religion it is a homogenous population of Sunni Kurds.

Wullooba is one of the poorest quarters in Suleimaniyah. People live in small houses many of which are built without license from the municipality and thus are under constant threat of demolition. The average family income is ID 222,000 and the average family size is 5.5. The people are generally poor and depend on daily earnings from casual or regular labor, salaries, private shop keeping and limited animal breeding and land cultivation.

The situation of the roads and walkways inside Wullooba is very poor, most of them not being paved. Water is piped to most houses from the city network. The sewer is drained through pipes to the main city sewerage channels some of which pour to an open valley near Wullooba creating a considerable health hazard to the population. Solid waste is collected outside the house and taken away by municipality vehicles. Electricity is provided from the grid.

There are three primary school in Wullooba but there are no secondary schools and children must go to nearby one after completion of the 6th grade. Literacy is expected to be high especially among the women. There has being some women literacy programme running in the area. Literacy among the elderly is only 4%.

Wullooba has got one health center which is well staffed and equipped with most necessary services such as vaccination, antenatal care, malnutrition and specialized services albeit not geriatrics. Average daily attendance is around 200.

There is no existence of nurseries, kindergartens, social centers, bookshops and libraries. There is a playground for adults and a small park with a limited capacity and a few playthings for children. There is no any social activity programme specific to the older persons. The mosques remain the main socialization place for the elderly.

5.3 Zawita/Bagera/Koret Gavana

Zawita Sub-district and the two neighboring collectives(Bagera and Koret Gavana) lie around 15 kilometers north east of Dohuk city on the road to Amedy. Zawita was originally a small village until late 50s when it was changed to a sub-district and families stared to move in particularly in 80s during the Anfal operations against the Kurdish villages. Now around 1400 persons live in the town. There is one health center, two

primary schools and one secondary school. Underground water is provided through pipe to majority of houses and electricity comes from Dohuk.

Bagera collective town was built in 1977 to resettle villagers who used to inhabit villages close to Iraq's international boarders. More people moved into the collective during the Anfal operations and the 1991 uprising. Now close to 5000 people, Muslims and Christians, live in the collective. It is largely a rural community and people earn their living through agriculture and animal husbandry. There is one health center, two primary schools, one secondary school and one kindergarten. Water is provided from wells and taps and electricity via a sub-station.

Koret Gavana collective has a history similar to Bagera. Now around 4000 people live there including Kurds and Christians. There is one health centre, one primary school and one secondary school. Water is provided from wells and electricity from Dohuk.

The average family income in this area is ID 298,000 and the average family size is 8.3 The majority of people depend on agricultural activities and animal husbandry for making a living. Only 6% of the older persons are literate.

The health centers provide the following health services: preventive measures, immunization, dental care, vaccination campaigns, school and environmental hygiene services. The nearest hospital from the area is Azadi Hospital in Dohuk around 25 Kms away. The most common health problems include diarrhea, infectious diseases, Anemia, respiratory diseases, hypertension, diabetes, and joint and bone complaints.

5.4 Shekhan

Ain Sufni(Shekhan) is an ancient town and center of Shekhan district. It is located around 50 km north east of Mosul. The area was under the rule of the central government until the fall of the last regime. It is now under the administration of Mosul governorate but it is also under political influence of the governorate of Dohuk. The town is one of the most disadvantaged in Mosul because for more than a decade it used to be on the frontlines of warring parties (the Kurds and the central government). The area is now fairly secure and

no major security incidents have been reported during the past two years.

The population of the town is estimated at around 14,000. There are no accurate figures on the composition of the population in terms of ethnicity but majority of them, probably more than two thirds are from the Ezdi minority which is an ancient religion. Muslim Kurds and Christians make up the rest of the population. These different ethnic groups have being living in the area in harmony for centuries and there are no reports of ethnic or religious conflicts.

The average family income in Shekhan is 276,000 and the average family size is 9.7. The majority of people in Shekhan depend on agricultural activities for making a living, but the area of the land they usually own is small, some families breed animals as supplementary source of income. Other families live on government salaries and minor trades. In this strongly tribal area, majority of girls who attend school in Shekhan eventually leave it after finishing the sixth grade of the primary school. According to women's union there are no more than 50 female employees in the governmental offices in Shekhan.

The situation of the roads and walkways inside the town is very poor and the water network and the sewerage system are very old. There are five primary schools (four for boys and one for girls.) Illiteracy among the older people is 84%. Some literacy programme has already started among the adult population particularly the women.

Shekhan has got one health center, one hospital and a health insurance clinic in the afternoon. The health centre in Shekhan provides the following health services: preventive measures, immunization, dental care, vaccination campaigns, school and environmental hygiene services. The most common health problems include diarrhea, infectious diseases, Anemia, malnutrition, respiratory diseases and joint and bone complaints.

5.5 Qarahanjeer

The sub-district of Qarahanjeer is located 20 Km east of Kirkuk on the main road to Suleimaniyah. It has got 44 villages. Qarahanjeer itself was a village until 1977 when it became a sub-district. Like many other parts of the North, this area has also suffered destruction and displacement during the past 3 decades. After the 1991 uprising the center of Qarahanjeer was entirely converted to a military camp and all the population of the center and the nearby villages were displaced to Kirkuk and Suleimaniyah governorate.

After the fall of the previous regime in 2003, people started to return to the center and around 40 deserted villages. Currently an estimated 5000 people live in Qarahanjeer and nearby villages. Majority of people of the town live on government salaries. Others do casual labor, breed animals and run minor private business. Qarahanjeer is growing since 2003 as people are returning and rehabilitation is underway. Houses have being rebuilt, and public service institutions rehabilitated and constructed. But there are still many services that need to be developed.

The road and lanes are not paved. There is no sewerage system. Solid waste is collected in containers and taken away by municipality vehicles. The water pipe network is under development. Water is currently distributed from deep wells by tankers to the houses. There is no connection to the national grid; electricity is provided through generator.

There is one health center with usual services such as vaccination, antenatal care and consultation. The nearest hospital is 22 Kms away inside Kirkuk. Two primary schools and one intermediate school are also present in the town. There are also some literacy programmes underway by NGOs. Only 7% of the older persons interviewed ere literate.

There is a football play ground for adults, one sport club and one general library. There are bureaus for the main political parties in addition to the offices of governmental institutions.

6. Situation of the older persons

The situation of the older persons and their families is assessed through a sample survey including 360 older persons and their families and 20 focus group discussion involving around 200 male and female adults and older persons as well as observation visits and key informant interviews. Table 1 shows some basic characteristics of the older persons interviewed in the sample survey.

Table 1: some characteristics of respondents in the sample survey

Characteristics	N (%)
All respondents	360(100)
Community	
Zawita	72(20)
Shekhan	72(20)
Badawa	72(20)
Wullooba	90(25)
Qarahanjeer	54(15)
Sex	
Male	152(42)
Female	208(58)
Literacy	
Total	30(8)
Male	28(18)
Female	2(1)
Age group	
60-69	166(46)
70-79	141(39)
80-89	44(12)
90-99	8(2)
Marital status	
Live with spouse	170(47)
Spouse dead	185(52)
Separated/not married	4(1)
Monthly family income	
-50$	57(17)
51-100$	87(25)
101-200$	118(34)
201-	84(24)

The higher proportion of females(58%) may be due to their overrepresentation because females tend to stay at home more and thus get interviewed. The striking feature is almost absolute illiteracy of the old women (99%) compared to 82% in males. The mean age was 71.7 years (95% confidence interval 71-72.5), the mean family income was ID 256,000(233-280), the mean family size was 6(5.6-6.4). Other statistical results are presented as deemed appropriate in the following sections which draw information from all qualitative and quantities research methods undertaken.

6.1 Self-perception

When asked about the meaning of old age the elderly usually give negative definitions at the first instance and only when probed further do they remember the bright side of old age. For the older persons old age is "disability", "disease", "weakness", "being frail", "sadness", "loosing teeth, ears and eyes", "no one around you", "poverty", "feeling of inferiority", "alienation", "shame", "no use", "expecting help from any one", "not being able to provide help to the family," and even " end of life and beginning of death."

Different degrees of the feeling of helplessness and despair is common for the elderly. About the meaning of old age, a woman said "every thing is lost except the mercy of Allah!" Another from Wullooba said "old age is one thousand ailments. A child is stronger than me!" This feeling goes deeper than that. Khadeej from Badawa said "I feel I am dead. I feel lonely." This negative perception is partly due to the deterioration of the physical ability and partly due to loss of the social power as the person remembers the (good) old days. "I feel sorry for myself that I am getting worse and worse," said Maryam. "I feel lonely and I regret the old days now as I am weak and must look to the kids and my daughter in law to give me a hand," she continued. Another woman prays for her strength, "I pray for God to have mercy on me and spare my legs and keep me strong," said Zainab.

These negative perceptions about old age is more common among the women probably because their loss of power and role and even of "respect" is more apparent compared to the old men.

Despite the dominance of these negative ideas, the older persons also feel proud and show a great deal of self esteem when they are encouraged to think of the good things that old age stands for. They then refer to old age by attributes such as "being respectful", "having great experience", "being the pillar of the family", "maintaining social values and traditions", "keeping family relations", guarding the house and the kids" etc.

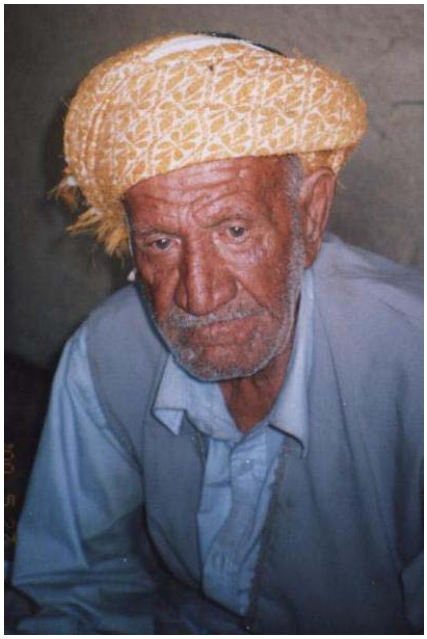
Promotion of self esteem and confidence and combating the negative perceptions are essential for promoting more active participation of the older persons in the family and social life.

6.2 People's attitudes

People's attitudes towards the elderly are also variable. Like the older persons themselves, they have both negative and positive definitions for old age. They are also aware that older persons have rights and should be able to enjoy those rights. In the focus group discussion with educated adults on the rights of older persons it became clear that these people are aware to a great deal on human rights though they were not aware of specific instruments about the rights of the older persons. They mentioned the following rights: income, healthcare, food, family care, dignity, work, education, residential care, social insurance, associations, travel and the right to be loved.

Many adults think that the government is the first responsible for making these rights realized and individuals can do little as Amad from Zawita said "we know about the rights of the elderly but we can't do anything about it!" Another adult said "the elderly get only a fraction of their rights." And this failure to enjoy the rights is

largely attributed to financial difficulties. Indeed many people think that presence of a regular income is like a magic stick that can solve all the problems of the elderly including realization of their rights.



"Some people look at us meanly, but others show respect and when I do something wrong they don't take it by heart but speak to me with nice words saying that they would also get old," said Maryam. From the point of view of the elderly, the attitudes of the adults are variable towards them; many are good and some are not. Many people appreciate their roles, respect them, are nice to them, support them, offer them seats and places in queues. But there are others who neglect them, disrespect them and don't care or listen to them. Some youth look at them with disdain and make fun of their appearance and weaknesses. Some family members interfere too much in their life, want them to stay home and criticize them for every minor right and wrong even the way they eat, dress and speak.

"Some people mock us then I feel sorry for my self and when I go home I cry for hours," says an old lady from Badawa. Khadij complains from her daughter in law saying "my daughter in law has no respect for me. She behaves as if I have done nothing for this house and every thing is her own." Another lady see the problem in the death of her husband, " I was very respectful when I had my lord!" but all people are not alike, " all fingers of the hand are not alike," says Nakhshin, "some respect me a lot but there are also people who say 'this old lady what has she to do with walking and visiting', I feel sorry but then I say I am also a human being and need to go out."

One major problem is lack of understanding from part of others to the role of the older people, to his/her desire to contribute to the family and society and to the fact that the older person has his/her own needs and expectations. And old man expressed this nicely when he said they kept telling him "you don't need to work. You are old and we don't need your contribution." A woman simply said "nothing in my home is under my control."

These negative attitudes leave an immense impact on the life of the elderly. They are self-centered, sensitive, emotional and easy to take insult. These attitudes let them down; make them angry and sad; make them speak less, stay at home and hesitate in every thing they want to do even the way they eat as some said; and the outcome of all this will be reduced activity, participation and social role of the older person.

"When they respect me I feel proud but when they disregard me I feel sorry and say to myself 'death is better than this life'," said Sadriya. Nakhshin gets a similar feeling when she is disrespected "I feel inferior, look to myself and wonder I have something missing or have said something wrong. When I get such an experience, I must cry for a while otherwise it sticks into my heart!" Hapsa, another old woman, said that she had not been out to picnic during the past 3 years which is not surprising. It is often the others who decide what is best for the older persons and this decision is a personal judgment based largely on what the person thinks rather what the older person thinks and needs.

6.3 Poverty

Insufficient financial resources was expressed by the older people in various ways such as "lack of regular income", "lack of money", "poverty" and "destitution". Poverty seems to be the most commonly perceived and widely expressed problem by the older people. Many older persons see poverty as the other side of old age. "Old age is poverty" said Shami from Zawita. The older persons as well as adults who are asked about the problems of the older persons tend to look at old age through the lens of poverty. "My only problem is poverty which has caused me plenty of other problems," said Kanabi, an older person from Badawa. There is a Kurdish proverb to this meaning which is quoted frequently by people saying "a full pot is the peace of the house".

Poverty of the older persons may be due to lack of a regular income such as employment and pension, lack of work opportunities for those who are capable, physical inability to work, lack of land, displacement and inflation. The mean monthly income of families interviewed was 256,000 ID(95% confidence interval 233,000-279,000) which is around US$ 170. But 16% of them earn less than US$ 50 and 42% earn below 100 per month which makes 11 dollars per person per month for this 41% of the studied population. It is understandable that routinely less than this amount would be spent on the older persons of the family. In terms of employment, 55% of the older persons have no work, 32% are on pension (usually less than US$ 50), 3% are employed and 4% do free work. Concerning the families who have older persons, 16% of the household heads are unemployed as is 77% of their wives.

Indeed a considerable percentage of families do not possess essential home appliances such as air cooler (23%), refrigerator (16%), TV (11%) and stove (14%). Lack of any of these items whose cost ranges between 100-200 dollars, indicates a real overstretching of the family's financial resources. Nowadays a major part of the family income goes for house rent. With the inflation and skyrocketing of the cost of land and houses, house rent has also risen considerably and these days the most simple and small house in these poor neighborhoods would not be lend for less than 100 dollars per month. Fortunately only 7% of the families interviewed dwell in rented houses while 62% own the house and 30% live in houses which are not formally owned but they don't pay rent either. The houses are usually simple with the mean area of 170 m2 and mean number of rooms of 3 including the kitchen.

Families in these poor urban areas earn their living with free work (26%), pension(26%) and government employment(23%). 16% of the families reported unemployment. 77% of spouses(mostly wives) are not working and the mean number of working family members is only 1.36.

According to the older persons themselves, the economic ability is the main cause of the problems and disputes in the families because with limited resources the expectations of all the members cannot be met. The family poverty reflects on the older members more than any one else because the needs of other members such as children and adults are given a higher priority especially when it relates to spending on socialization-related activities and appearance. There is a psychological impact also as the feeling of neglect and poverty will erode the pride of the person especially when he/she remembers how hard he/she used to work and earn in the past. An older person from Shekhan said "If they hear tinkling of money in your pocket they will respect you." Ismail from Badawa said "if some one cannot work, he cannot earn money and when he can't earn money he will be poor and destitute and will face so many problems in the family." It seems that this is more true when the older person lives with the daughter in law because he/she will be even more neglected, " if the older person can earn his money he will be respected by his daughter in law next morning," said Saeed from Zawita.

The economic situation has apparently improved since the fall of the last regime as the purchasing power of people has risen due to increased salaries and working fees and increased governmental employment and private work opportunities. But as it is clear from the study there is still 16% of families living on less than 50 dollars per month. However we should be aware that the study was deliberately done in the most disadvantaged urban areas and this level of poverty must reflect the worst in the region.

6.4 Shelter

There are hardly any older persons living on the streets. "I live with my only daughter whose husband was killed in the uprising," said old man Salih. The mere availability of a shelter, albeit usually a very modest one, is not a problem. In the governorate of Erbil with a population of around 1.5 million there is only one residential centre for the elderly "house of the older persons" which currently hosts only 25 persons. It is only the very destitute homeless ones that are brought here. Even in the most adverse situations families feel obliged by tradition and religion to care for their older members.

In the family, though, the shelter may be far from appropriate in terms of space and availability of basic services. In the poor neighborhoods where the study took place you can hardly find a

private room for the older person. The mean number of rooms was 2(excluding the kitchen) while the mean number of family members was 7 meaning 3.5 persons per room. In fact only one of these two rooms would be a proper bed room, the other will be a living room. "I live and sleep in the room where they put the TV," said Saeed from Zawita, "and they always watch TV and I can't say a word."

Most families have this problem of overcrowding. It is not only the elderly who suffer; it is every one particularly the small kids and the female members. In such a situation privacy becomes irrelevant and friction between the older person and the younger members becomes more common.

Loneliness is not a common problem in the region since sons and daughters tend to keep the older person with them. It is usually those (unfortunate) older persons who have lost their children or have never had them, that usually live alone. In our survey only 6% of the older persons interviewed live alone i.e. cook their own food. Of those elderly who live in families, 55% live in their own families, 44% live with their children and in-laws and just over 1% live with more distant relatives.

Services are not always appropriate particularly in these poor neighborhoods. Access to safe water and sanitary disposal of excreta has been reported to be more than 90% in the urban parts of the region. But this figure is based on availability of pipes and latrines in the house. Water shortage, even in presence of pipes in the house, is nowadays a common problem. In our survey 25% of the older persons reported living in inappropriate places, 25% reported inadequate access to safe water, 9% reported inadequate food, 16% reported lack of adequate clothes, 20% reported lack of proper bed and 12% reported lack of proper bath place. Whenever there is lack of a particular service the older members will be more frequently and most severely affected.

6.5 Living with health concerns

Common health problems

Even for the older persons who have no significant health problem, health remains a major concern. “An old man is neither alive nor dead,” said Abdi from Shelhan. Several older persons defined old age as “disease and disability”. As physiological aging starts limiting the capacity of the person to perform expected functions and duties in the course of life in all people, for some less fortunate ones a variety of diseases make this limitation worse. During the participatory research, the older persons identified poor health as one of their major problems and coping with it as a big concern.

Just over 52% of the older persons interviewed in the survey reported chronic diseases, 59% reported significant degrees of vision impairment and 45% reported significant hearing impairment. Chronic diseases and debilities that were most frequently expressed by the older persons during the participatory research included loss of hearing, poor vision, lack of denture, backache, aches of the legs, inability to walk, hypertension, heart disease, prostate, impotence and diabetes. Poor memory was reported by some participants and dementia was considered to be the problem of some very old people.

Haji Sharif from Wullooba suffers from several diseases as he says “ I can’t turn my head, I can’t eat rice, my ears are weakened and my eyes are down, I don’t recognize people.” Qadir from Badawa expresses his problems more dramatically, “ I have so many diseases that you can’t believe. I have backache, I have prostate and I have also a psychological problem. If they talk to me harshly, I keep thinking of it and cannot go to sleep that night.” Some of them are luckier as is the case with Aghok from Badawa who said “I only have a stomach ache for which I chew a tablet and that is it.”

Psychological problems

Severe psychological and mental problems do not seem to be a major finding among the older persons though anxiety, nervousness, feeling of loneliness and depression were frequently expressed by the older persons. Both the adults and the elderly themselves indicated that many older persons easily get nervous and angry particularly the males. The symptoms of depression and loneliness were more explicitly expressed by the older women. Many women said they were sad. "I have no interest in any thing, I keep thinking of my young age," said Salma from Qarahanjeer. Fahima said "my heart is very sad, I live in a corner and crying all the time. My son wants to level the house, I cry three times each day." Another woman said that she felt humiliated all the time and insulted by her daughter in law. Minor degrees of memory loss were also reported by the participants. Severe dementia did not seem to be a major problem among the interviewed people.

Impact and management

The impact of disease and disability on older persons is not limited to the effect of the injury alone. Besides lack of access to appropriate health care, there is the social and psychological impact due to limitation of movement, dependence on others and accompanying anxiety and depression. "Every thing was good when I was healthy but now I must call them several times if I need someone to help me to the bathroom," said Qadir. Hasan from Wullooba said that some people disrespect the elderly simply because of illness, "a young man told me in the bus uncle what is this cough, keep it for yourself!"

The ability to walk is crucial for the independence of the older person, participation and feeling of well-being. Severe degrees of movement impairment thus coincides with severe degrees of vulnerability. In our study 34% of the elderly reported using crutches, 11% reported inability to go to the bathroom without support, 20% reported inability to go out from the house and 44% reported inability to go to the health centre alone(which may be not only due to physical inability). In addition 18% said that they could not change their clothes alone.

Management of diseases of old age is a huge burden on the family. With lack of specialized geriatric units even in the major cities, overstretched public health services, lack of an efficient referral system, and deteriorating quality of health care, the sick older person may spend years without being properly diagnosed or cared for. Some older persons told us that they have being going from doctor to doctor without getting a satisfactory answer for their ailments. Others with specific complaints are not satisfied with their drugs and thus tend to search for (better) doctors.

Older persons with certified chronic diseases such as hypertension, diabetes, heart problems, bone and joint diseases etc. who need regular use of specific drugs can get enrolled in the Ministry of Health programme for issue of a "chronic diseases card". People who possess this card can get their drugs from specific health facilities on monthly basis. But the delivery of drugs in these facilities are not always without problems; lack of certain drugs of the recipe is a common finding.

6.6 Coping with family rules and conflicts

Role of the elderly

In the Kurdish society the power of the family over its members has been traditionally immense. All members are expected to abide by its rules and respect its values. The father, who is responsible for breadwinning, is usually the decision maker and the power of other male members depends on their age. Boys have a greater freedom of expression & movement and when they reach majority they may even openly contest the decisions of their fathers. The boys must also keep an eye on their sisters and protect them from the sorts of dangers that may be considered a taint to the honor of the family. The mother is expected to take care of the children in home and guide the girls when they get older. The girls are expected to be submissive and abide by the orders form the parents and their elder brothers while in the same time taking care of the younger members.

The grand parents have their special place in the family which is more or less an extension of their previous roles as father and mother. The grand father retains the tendency and will to lead the family and expects his sons and grandsons to abide by his guidance.

The grandmother tries to run the family home affairs and direct the daughters and daughter-in- laws as before.

Despite the controversy on the role of the older person, no one doubts the importance of this role in the family and society. A Kurdish proverb says that "if you don't have an elderly in the family you have to borrow one." Another saying considers the older person as "the light of the house." An older person from Shekhan said that "an older person for the family is like the foundation for the house." An old lady from Zawita said "the house that doe not have an older person is ruined." The respect to the elderly is deep rooted in the traditions and the religion of the nation. Mistreatment and abandonment of old parents by sons for whatever reason is considered a disgrace and is harshly condemned by the community. This is why residential institutions for older persons have a very limited role in the region and residents of such homes should really be considered among the most disadvantaged and abandoned older persons in the region.

The male older person as long as his physical and mental powers allow him to perform his expected and perceived functions properly, is a strong focus in the family around which gathers wisdom, experience, respect, and consultation. In general he is consulted around major family decisions such as on marriages, disputes, property matters and other major issues. Besides he usually tends to remain alert on minor issues and provide his views. Outside the family too, the older person, depending on his social status, is consulted around inter-familial and inter-tribal issues. This advisory role seems to be very crucial for the older person's self-esteem and feeling of satisfaction.

Conflict in the family

The will of the new generation to be dependant and the attempt of the old generation to act as the old days which is frequently considered interference by the young generation is a major source of conflict between the two which leads to strained relations within the

family. “When you get old they don’t listen to you,” said Sabir speaking about his children and grand children. Muhemmed, an old man from Wullooba said a similar thing “I have three grand daughters and I tell them to cover their hair but they don’t listen to me.” Salih also has the same problem with his sons “I tell my sons not to play the recorder, they do. I tell them not to go to the roof top they go.”

The older women have similar problems but more frequently with the daughter-in law. Those who live with their daughters have a better situation since the daughter can get along with the mother easily. But those who live at the son’s home must get a long with the daughter-in- law who is from a different generation with different expectations and no much tolerance to the meddling by the old lady. “I am desperate,” said old lady Khadij from Badawa, “I have a daughter-in-law who is very bad with me. Once I fell down, I was all in pain, she didn’t come to help me get up!”

There is a series of accusations and counter accusations between the older person and the younger family members. Older persons accuse others of “ not listening to them”, “ not obeying them” , “ not consulting them as they expect”, “ not respecting them as they deserve”, “ neglecting them”, “ distancing from traditions”, “ forgetting what they have done for the family in the past” and things like that. The younger members in turn accuse their older members of impatience, bad temper, high expectations, too much interference in the family affairs, plenty of demands and stubbornness.

This conflict situation involving the older person in the family is mainly because of the wide gap between the expectations of both the older person and the younger members from each other and what is possible in reality. There is no doubt that the expectations of the older persons on their role and thus their interference in the family business is too much because of their perceived role based on their status in the past, but there is also no doubt that the level of the younger generation’s understanding to the situation of the older persons is far from sufficient.

Loss of spouse

Loss of spouse, particularly loss of the wife, is traditionally considered a major debilitating incident in the life of an older person because no one can care for an old man better than his wife. Men are usually encouraged by the relatives to remarry while women should be very lucky to find a supporting voice. In our sample 51% of the respondents had lost their spouses, 0.8% had separated and 0.3% had never married. Indeed the old couples must be considered

relatively less vulnerable compared to single older persons due to the mutual support that husband and wife give to each other.

6.7 Life outside the family

Entertainment

In the afternoons when the whether becomes more friendly, if you pass by popular neighborhood you will most certainly find small groups of older persons squatting on the pavements, in green areas beside the main roads, and by the fences chatting and plying traditional board games. For these people who are rich of experience, mostly jobless and 92% illiterate, walking out and talking to others and playing simple games is the best and probably the only possible entertainment. Opportunities outside the family, apart from the traditional ones, are indeed limited. Family visits are still common and it provides a good opportunity for participating of the elderly in the public life but only for those who can walk freely. The majority of the older persons enjoy going to the mosque during prayer times, particularly in the afternoon and on Friday noon. There are no elderly-specific cultural and entertainment places in any one of the communities we have researched. Some also like to go to commercial cafes and play dominos and backgammon. The family and tribal ceremonies which are less common such as mourning and wedding parties are other opportunities for socialization for those who can go.

But for different reasons such as health, disability, economy etc. only 21% of the older persons stated that they would go out of the house when they are free and 79% said that they stayed at home. “The public places are far from us and we can’t afford to use taxi,” said Aghok from Badawa.

Social exclusion

Apart from actual physical loneliness, many factors may contribute to the gradual marginalization and social exclusion of the elderly. Some of these are related to the health of the person such as disease, disability, poor vision and poor hearing. Others are related to poverty such as lack of proper clothes, lack of money, absence of transportation means, unemployment etc. Social attitudes particularly the negative attitude of the youth towards the elderly is also stated as a cause by the elderly. There are also causes in the older person himself/herself such as bad moods, anger and impatience.

As stated earlier loneliness is not a common problem in the region since sons and daughters tend keep to the older person with them. It is usually those (unfortunate) older persons who have lost their children or have never had them, that usually live alone. Only 6% of the older persons interviewed live alone. The lonely person is at risk of neglect, malnutrition, diseases, injuries and depression.

Conflict with the youth

There is a clear concern among the older persons about the way they think the youth treats them. "The youth don't want to mix with us," said Muhemmed from Wullooba, "we can't mix with people, we can't go to picnic." Talking about the youth, another old man from Wullooba, said "they don't like the old. When we enter a place they leave. They say you are old fashion." Sabir ended his complaint by saying " They don't feel us at all!." A cause for this sensitivity between the two generations may be found from this statement by old man Aghok whose only problem is fashion, "I have no problem with any one. Wherever I go I feel at ease. I have no problem with the neighbors and I go to mosque regularly. My only problem is with fashion." Jabbar knows how to avoid such sensitivity, "some people are soft and others are rough. I should deal with any person according to his mentality; I can make my things done with nice words."

The older person's eagerness to defend the old values and the unwillingness to accept the "fashion", added to his/her tendency to interfere in everything happening around is one side of the conflict. The other side is the lack of understanding by the youth to the particular and delicate situation of the elderly and the need for respect and appreciation of their contribution in the past and their potential to provide more in the present time.

7. Conclusions and recommendations

1. Poverty: In these poor communities, over half of the families earn less than US$150 per month putting them under the poverty line. More notably, 16% of the families earn less than US$ 50 and could be really considered poor by all standards. If these families lack essential household items such as heating and cooling equipment then how can they provide for the less visible, albeit equally or more important, needs of their older members! Providing sustainable solutions for the poverty of these families requires thorough assessment of their situation and introduction of tailored interventions that can ensure a level of income that would be enough to keep the well-being of their members. The family welfare fund programme of the Ministry of Social Affairs which currently enrolls around 30,000 families can be one way to address this problem. If this programme can go beyond mere distribution of monthly salaries to a more thorough assessment and response to the needs of the most disadvantaged families then it could play a considerable role in alleviating the suffering of these poor families.

2. Disease and disability : Over half of the older persons have chronic diseases, a similar proportion have vision and hearing impairments and around one fifth are unable to walk outside the house independently. With the absence of specific geriatric doctors and clinics, lack of skills in caring for the sick older person in the family and absence of community nursing services, the impact of disease on the elderly remains huge physically, psychologically and socially. Establishment of geriatric care, strengthening referral systems and introduction of community outreach nursing facilities are among the essential interventions to address this situation.

3. Entertainment: There aren't many opportunities for entertainment in the communities apart from the traditional ones such as family visits and occasions. Those elderly who can go out usually gather in the afternoon in certain community sites to talk and play traditional games. Those who can't walk out, may stay home or sit at the door and talk to the neighbors. Drop-in centers which can provide opportunities for socialization, making friends, changing views, playing and

counseling may be a great help for the body, mind and morale of the elderly.

4. Lack of mutual understanding: There is a clear conflict between the old and the young generation both in the family and in the community. The elderly are very sensitive to the way they are treated by the youth and this affects them negatively. Work is essential in this regard to narrow the gap between the two generations through creating an atmosphere of mutual understanding that respects privacy, diversity and freedom of choice.

5. Policy Advocacy: The case of the older persons has not yet gained that priority among the decision makers as it should be. The improvement in the state of the elderly requires more sensitivity to their needs from the policy makers. Old age is not only about pension, even though it is an essential element for ensuring independence. Social and health insurance policies do not exist in the area. There aren't any public groups or associations for the elderly or for the defense of their rights. The older persons' role need to be stressed and their participation in the political and civil life should be encouraged.

6. Public awareness: Realization of the rights of the older persons cannot happen in absence of a public understanding for their situation, rights and roles. Even though the communities respect their elder members but they don't usually acknowledge their particular situation, needs and rights. Right to privacy, participation and entertainment are usually ignored in the family. Public awareness programmes on human rights and particularly on the rights of older persons can increase the understanding and make communities more sensitive to the needs of the older persons.

7. Psychosocial counseling: It is clear that the elderly, particularly the females, are under a great deal of psychological pressure. Many old ladies particularly feel down, depressed and hopeless which gradually causes their withdrawal and marginalization. Psychosocial counseling programmes can provide understanding to the context of these problems and help these people deal more positively with their psychosocial life.

8. Gender: Discrimination against females is a life long process. The older women do not enjoy the same kind of rights as their spouses concerning their individual decisions, their roles in the family or their life outside the family. They are more subject to neglect, abuse and psychosocial pressure. Community awareness and family empowerment to address the issue of gender-based discrimination as well as targeted programmes towards the situation of the vulnerable older women may be useful in this regard.

9. Illiteracy: Strikingly only 1% of female older persons are literate. This promotion is 18% among the males. This situation is understandable since most of these people have spent most of their lives in the rural areas where schooling was not common in their time. It is crucial to keep this literacy profile in mind while designing any interventions for the benefit of the elderly. Obviously whatever intervention that requires any degree of literacy from the part of the older person will have very limited success.

10. Vulnerability: The communities studied were among the poorest in the region. Criteria for most vulnerability were set as follows which covered certain proportions of the studied sample as shown in the brackets next to each criteria: family income less than ID 100,000(18%), age 80 and above(15%), inability to walk outdoors(21%), and living alone(6%). Thirty seven percent of the older persons in the sample possesses at least one of these criteria. In other words more than one third of the older persons in these poor communities need consideration for HAI community-based care delivery.

11. Community-based care delivery: institutions alone will not be able to address the needs of this large vulnerable proportion of the elderly with their limited institution-centered resources. Many people who do need different types of social care are not able to report to the care delivery outlets. Indeed many who require care(such as psychosocial cases) may never get detected. Voluntary community-based and home-based care programmes such as what this study aims to establish, can reach out to a greater number of beneficiaries in a more client-centered cost effective way.

12. Partnerships: Programmes that aim to benefit this large proportion of the older persons are obviously outside the capacity of any single agency. HAI, the ministry and departments of social affairs and CSOs/NGOs working in the social sector need to coordinate and strengthen their efforts in order to reach out to and benefit the most vulnerable older persons throughout the region.

13. More research: Little research has been done about the state of the older persons. Understanding the situation of the elderly and the role of the families and communities and that of the governmental and nongovernmental systems in improving this situation need further research.

******

Further reading

1. HelpAge International. Participatory research with older persons: a sourcebook. 2002.
2. HelpAge International. State of the world's older people 2002. 2002
3. HelpAge International. The ageing and development report: poverty, independence and the world's older people. 1999.
4. HelpAge International. When my son was killed I realized I started being poor: PLA research report-Qadish. Unpublished report. May 2001
5. UNICEF. Multiple Indicator Cluster Survey 2000 Northern Iraq Data. Unpublished report October 2001.
6. UNICEF. The situation of children in Northern Iraq. 2002
7. UNHCR, HelpAge International. Older people in disasters and humanitarian crisis: guidelines for best practice. 2003
8. HelpAge International. Poverty is a dress from hell's fire: PLA research report-Shorish. May-June 2001.

End of report