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Women and a Search for New Living Options
to Serve this Group**

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ABSTRACT

This study investigates housing options for unmarried retired Saudi women, addressing a gap in Saudi housing policies tailored to this group. The objective is to explore alternative living arrangements that cater to their needs while maintaining cultural and social congruence. Employing a descriptive research method, the study analyzes data and reports from global and regional housing models, identifying best practices for adaptation in Saudi Arabia. The sample comprises unmarried Saudi women aged 65 and above, representing 51.6% to 88.1% of their respective age brackets. Current options, including residing with family or shared households, are often unsuitable due to cultural stigmas and limited independence. The study emphasizes alternatives such as repurposed homes, independent living communities, and assisted living facilities. Examples from the United States, Singapore, and New Zealand provide insights into affordable, elderly-friendly housing models. Findings highlight the necessity of policy reforms to support housing diversity, including independent living communities and culturally adapted assisted living arrangements. This research underscores the urgent need for Saudi housing policies to accommodate the growing elderly population, projected to reach 11% by 2030, and calls for inclusive approaches that respect societal values while promoting independence and well-being for unmarried retired women.

Keywords: Housing Options, Unmarried Retired Women, Elderly Housing, Housing policy.

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ترتيبات السكن بالنسبة للمرأة السعودية المتقاعدة غير المتزوجة: البحث عن خيارات سكنية جديدة لخدمة هذه الفئة

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ملخص:

هدفت الدراسة الحالية إلى استكشاف خيارات السكن المتاحة للمرأة السعودية المتقاعدة غير المتزوجة، وذلك لسد الثغرة في سياسات الإسكان السعودية الموجهة لهذه الفئة، وتهدف الدراسة إلى استكشاف ترتيبات سكنية بديلة تلبي احتياجاتهن مع الحفاظ على التجانس الثقافي والاجتماعي، وباستخدام منهج البحث الوصفي، تحلل الدراسة البيانات والتقارير الصادرة عن نماذج الإسكان العالمية والإقليمية، وتحدد أفضل الممارسات للتكيف معها في المملكة العربية السعودية، وتتألف العينة من نساء سعوديات غير متزوجات يبلغن من العمر 65 عامًا فأكثر، ويمثلن نسبة تتراوح بين 51.6% و 88.1% من الفئات العمرية الخاصة بهن، وغالبًا ما تكون الخيارات الحالية، مثل الإقامة مع الأسرة أو المنازل المشتركة، غير مناسبة بسبب الوصمات الثقافية والاعتماد المحدود على الذات، وتركز الدراسة على بدائل مثل المنازل المعاد استخدامها ومجتمعات الإقامة المستقلة ومرافق الرعاية المساعدة، وتوفر أمثلة من الولايات المتحدة وسنغافورة ونيوزيلندا رؤى حول نماذج الإسكان الميسورة التكلفة والملائمة لكبار السن، كما تسلط النتائج الضوء على ضرورة إصلاح السياسات لدعم تنوع السكن، بما في ذلك مجتمعات الإقامة المستقلة وترتيبات الرعاية المساعدة الملائمة ثقافيًا، ويؤكد هذا البحث على الحاجة الملحة لسياسات الإسكان السعودية لاستيعاب السكان المسنين المتزايدة، الذين من المتوقع أن يصلوا إلى 11% بحلول عام 2030، ويدعو إلى اتباع نهج شامل يحترم القيم المجتمعية ويعزز الاستقلال والرفاهية للمرأة المتقاعدة غير المتزوجة.

الكلمات المفتاحية: خيارات السكن، المرأة المتقاعدة غير المتزوجة، سكن كبار السن، سياسة الإسكان.

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Although the proportion of elderly in Saudi Arabia is small in comparison to societies who have been trending toward reduced birth rates and therefore expansion of the elderly population in relation to those who are available to care for them as they age is important. Establishing policies and plans to meet these needs now and in the future is therefore important.

The need for age-friendly housing and communities has been growing as the portion of populations world-wide are shifting to increased elderly residents. The relationship between poor quality housing among the elderly and elevated medical spending was identified as 23.71, 17.14, and 12.60 % for ages 60-70, 70-80, and + 80 respectively (Yang & Fu, 2019) making attention to elder-suitable housing of vital importance to the individual and society at large. Among the nations most affected by the need for proper housing at present are Italy, Japan, and Spain who are feeling the pressures of ageing populations and short-term rental of housing for residents caused by increased tourism. This trend has also been observed in Saudi Arabia (Gumah, Alshawaf, Alhawal, & Nurunnabi, 2022; Wachsmuth & Weisler, 2018).

The WHO (World Health Organization) (2022) has published a group of case studies of approaches to making housing and communities more functional for elderly persons. In summary these are: to recognize the wide range of capacities among this age group, respect the self-determination in choosing care, protection of those who are most vulnerable, inclusion of the elderly in community life, meet basic living needs, promote mobility, and to encourage them to continue to do things they value.

Mexico conducted a case study of elderly needs and proposed the following related to accessibility to the community: improve pavements, create safe pathways, improve lighting in public spaces, make public buildings accessible, and introduction to use of younger age groups in intergenerational internships to assist elders (WHO, 2022).

In addition to these practical recommendations for improving the environment for elders of Akita, Japan introduced priorities for creating an age-friendly program: consultation of residents, the private sector, and administrative organizations to create programs which enable comfort and mobility for elderly citizens noting that by 2040 it is expected that the ratio of age 15-64 will be about equal to those 65+. Among the policies which have evolved from consultation with residents are: promotion of healthy ageing, ageing in place (staying in their own homes), and opportunities to participate in social life of the community. Similar to Mexico, Japan has formed an

intergenerational group – The Club of Friendship Between Generations to promote interaction between age groups (Firestone, 2018; WHO, 2022)

The Situation in Saudi Arabia

Saudi data regarding housing arrangements for this population group have not been found. Housing which has been especially designed to meet the needs of this group has not gained a position in the real-estate market. Data regarding housing which has been repurposed to meet elder needs such as modification of stairs, bathrooms, or creation of new living quarters in existing buildings may not be possible to assess accurately.

Traditional Saudi practice favors that women live in a household with their family members. Thus, single women have the expected pattern of being housed in the home of parent, brother, child, uncle, or grandparents. Women who cannot make this arrangement sometimes live together in a shared household and often have paid live-in caregivers and housekeepers. Care for financial needs are traditionally the responsibility of the head of the household where they reside although many who are employed voluntarily contribute to expenses of the joint home.

As of 2019, 9% of the world’s population was of retirement age of 65 years or more. This figure is expected to expand by 176% by 2050 to equal 1.5 billion or 16% of the total global population. Persons aged 80 years or more totaled 143 million in 2017 and are expected to total 426 million globally by 2050 of which 63% are women (united nations.org, 2019).

The Kingdom of Saudi Arabia reported a population of 33,039,000 in 2024. Life expectancy is 77.9 years on average with a per capita income of 35,000 USD (United States Dollars). The proportion of the population aged 65+ years or more accounted for 2.8% with those aged 15-64 years of age being 71.24 %. These data suggest that about 925,000 Saudi persons fall in the 65+ years bracket (statista.com, 2024). These data are shown on Table 1.

Table one: Age profiles of Saudi Arabia and worldwide in 2022.

Population65+ years of age

Worldwide8 billion (2022)760 million (2022)

Saudi Arabia33,039 million (2024)925,000 (based on 2022 data)

(Statista.com, 2024)

Among those aged 65+, 583,000 or 51.6 % of this group are women. A considerable portion will be single, divorced, or widowed. Table 2 shows the number of women

who are not married as a percentage of the population for their age bracket (Saudicensus.sa,2023).

Table two: Saudi Arabian women aged 65 years or over who are not married

Age (Years)Percent of population

65-6951.6

70-7463.8

75-7973.9

80-8482.5

85-8988.1

(Saudicensus.gov.sa)

Worldwide, the old age dependency ratio has been escalating due to increased old age survival. Based on social changes in the Arab region, old age dependency ratios are undergoing a dramatic change. This ratio in 2015 was about 5% but is expected to be about 11% by 2030. This means that there will be additional pressure to provide resources for elderly people. Among the challenges which will be expected to emerge is the simultaneous need to care for children and the elderly at the same time thus increasing pressure on the 15-65 age group (Saxena, 2008; Sibai, Semaan, Tabbara, & Risk, 2017). Khan, Hussein, and Deane (2017) note that policies regarding ageing, needs of this population, and planning to meet emerging needs are still in the early stages throughout the GCC (Gulf Cooperative Council) area.

At times, there are women who are unable to live in a joint home or their own property and are indigent. The needs of this group are met by the Ministry of Human Resources and Social Development. There are residential centers in five cities who house women in group care homes who are proven to be without family who can provide care for them (mygov.sa). This provision is considered as a last choice by the local population and thus carries deep stigma for the persons who live in these arrangements.

However, there are women who are financially able to provide for their own care and desire to continue in their pre-retirement living arrangements or to change their housing to meet their needs after retirement. In the current environment they encounter difficulty in accessing a living arrangement which may meet their needs apart from being incorporated into a joint family setting or remaining in their own homes. The discussion of this paper is an exploration of types of housing which may accommodate this population group with recommendations for policies

The Joint Center for Housing of Harvard University (2014) found that 75% of persons over age 80 lived in their own homes although The National Institute of Ageing (USA) (2020) reported that just 10% of households and 28% of households a resident above 65 years old were prepared to accommodate the elderly safely.

The American Association of Retired Persons found that persons aged 50+ and 80+ years preferred to remain in their own home setting 75 and 85 % of the time respectively. Of those desiring to remain in their own homes, 34% said they were planning to make changes in their homes or seeking a different home to include one-floor living, handicapped friendly bathrooms, railings, lower up-keep costs, near public transportation, and closeness to family members (aarp. 2022). However, The National Institute of Ageing (USA) (2020) reported that just 10% of households and 28% of households containing a resident above 65 years old were prepared to accommodate the elderly safely respectively.

Persons of ages 85+ years reside 40, 25, and 8 % alone, with family, or in long-term care (which is composed of assisted living 5.7% and nursing home care 2.3%) respectively in the USA. The average age of those residing in assisted living is 87 years of age with 42% among them being affected by dementia. Mean length of stay in assisted living is 22 months at an average cost of 4,804 USD (United States Dollars) (Washington Post, 2023). Mean length of stay in nursing homes for all ages was 5 months (Kelly, et al, 2010).

In the United Kingdom of the population 65+ living in care homes of all types amounted to 2.5% of the 65+ group with 59% being 85+ years old. Among those aged 90+,85-89, 80-84 years of age, 20,10, and 5% respectively resided in care homes with a mean age of about 87 years. (ons.gov.uk, 2021).

Boucaud-Matre, et al., (2023) found that persons had different profiles of mortality and morbidity depending on whether they were housed in nursing homes or home care. The nursing home group had lower mortality but higher admissions to nursing homes as well accelerated cognitive decline in comparison to those not living in an institution. Home dwellers were more subject to falls and hospital admissions. Based on these findings the researchers suggested that elderly who become vulnerable due to deteriorating health, exhaustion or absence of caregivers, loneliness, or unsuitable housing may benefit from assisted living form of housing which permits residents to preserve their autonomy as much a possible while leaving nursing home admission as a last resort.

Exploring Options and Solutions for Housing Retired Single Women in Saudi Arabia

Every society has evolved to meet the needs of its population. Arrangements for care of elderly citizens depends on culture, traditions, and ability to provide finances and even weather. Affluent societies generally can provide better and more varieties of care than those who have low GDP (gross domestic product). However, arrangements need to be focused to provide appropriate care for all members of the elderly population regardless of their level of needs and ability to pay for care.

Indigent persons:

Being deeply stigmatized, housing for the elderly is deemed to be for those who are indigent, rootless, hopeless individuals. This view has not changed up to the present time and needs to be examined with consideration of conditions of society which are changed or in the process of change.

Saudi society at present has inadequate policies for meeting housing needs of the elderly. While many families may prefer to care for their loved one as part of the joint family, a variety of housing choices for those who wish to have access to alternative living models needs to be discussed and developed since changes in these arrangements may result in making care by family members untenable.

A variety of global solutions either in practice or being planned and implemented to address the question of elder housing should be examined before suggested practices become policy and functioning structures. Review of some examples may be useful to address a future where a large portion of national populations are elderly.

Repurposed homes:

Based on the large majority of populations studied, remaining in one's own home the favorite choice of middle-aged people looking at options for their retirement and persons already retired (aarp, 2022). This option might be easier in Saudi Arabia than in other populations studied due to the availability of live-in domestic help. Changes in the household structure to include other companions such as a friend or relative may be a viable option if available although studies have shown that unpaid caregivers are subject to a variety of stresses (Labbas & Stanfors, 2023).

Apart from structural limitations such as the location of the home being in an apartment building in which there is no elevator, for example, two issues in this choice is structure of the living unit and availability of financial resources for salaries of the helpers. The quality of the domestic help and the health status of the resident are also variables in how long persons can live unsupervised. Affluent residents may

employ nursing services, but this may not be a realistic solution for others with less disposable income.

Alternative housing units:

Between 2016 and 2021 the State of California received requests from residents for creation of additional housing units on their properties representing an increase of more than 2,000% from 1,200 to 20,000 (urbaninstitute.org, 2023). This represents a trend to create housing for mainly family members by adding additional housing on existing property thus providing additional living space for elderly family members in existing family property.

Independent housing communities specially designed for elderly residents:

Another option for elderly housing is residential communities which are essentially villages which group the elderly together but provide separate housing units such as apartments or small villas. Arrangements and options may vary based on the cost of buying or renting units. These communities are designed to make most daily needs of residents available in a handicapped accessible setting. Many of these communities are specially designed and others in highly urban areas may need to use repurposed buildings or neighborhoods. These may contain small shops, library, small restaurant, branch bank, and sports center, for example, in easily accessible facilities. Additional services may be security surveillance, over-view checks such as daily safety checks of residents, and a self-contained transportation system. A community center may be included with meeting rooms, a walk-in clinic, and scheduled activities.

Living in this type of community may give retired persons an opportunity to increase the period in their lives in which they are independent. Glass and Skinner (2013) and Kingston, et al., (2001) defined neighborhoods in which residents are no longer employed, live in a specific area which is restricted by age, and characterized by various facilities which may assist residents to remain independent as long as possible. Studies from the USA and Australia found that independent living communities for those 65+ in age accommodated 7-17 and 3% respectively of persons in that age group (Kennedy & Coates,2008; Omoto & Aldrich, 2006).

The Singapore, Choctaw Nation, and New Zealand examples:

These communities have all developed affordable housing formulas which are culturally congruent with the needs of their independent elderly population. Each provides basic housing for persons 65+ with low incomes in the form of apartments or small villas which are either purchased or rented and based on a portion of the residents' income (Choctaw nation.com. n.d.; cpf Board, 2022; Western Bay of Plenty District Council, 2024).

Assisted living and residential care:

Assisted living has been defined as a residential community which is designed to help residents who can no longer live on their own with activities of daily living. This type of housing is an appropriate choice for persons who need help with medication, food preparation, and dressing. Design of this type of housing varies from small apartments to individual rooms in the built unit (Liao, 2018). Signs that a person may need to live in an assisted living facility might include falling or other injuries, changes in ability to move or see, poor personal hygiene, and withdrawal from social interaction. Assisted living costs USD 4800 monthly according to the American Health Care Association and The National Center for Assisted Living on average. Staffing ratio to residents is low. Residents receive assistance with bathing, eating, cooking, toileting, and medication management (forbes.com, 2023; seniorliving.org, 2024; vistaliving.net, 2024).

Nursing home facilities offer more intensive care and provide a valuable service when there is no hope for providing appropriate care for demented or very ill persons who cannot be properly cared for by untrained caregivers in any other setting. Professionally trained medical care providers are necessarily part of the staff. In the USA and UK (United Kingdom) 40% and 70% respectively or more suffer from dementia (Berg, 2024). Other nursing home residents who require full-time supervision and assistance, have complex medical conditions, or need insulin therapy are cared for in nursing homes (Mukamel, et al., 2023; UCI News, 2024). In the USA fewer than 5% of nursing home beds are in dementia special care units. Mukamel, et al., (2023) and Harvard Medical School (2024) found that when the ratio of this group of disorders among the patient population is increased, caring was of higher quality.

Respite care:

This can take place in the resident's home, a joint home, or an independent living situation anywhere. When planners calculate the cost of institutional care in assisted living or nursing homes it is found to be very costly to families, communities, and governments and private caregivers. Use of families and private caregivers to care for elderly persons may be socially and economically beneficial to the elderly person, their caregivers, and society (Rao, Gupta, & Salins, 2021; Van Mierlo, et al., 2012).

Respite care offers relief for caregivers. Need for this care can be triggered by needs of the caregiver. This person or persons have been caring for their loved one continuously, often without any reward or respite from their task. Rather than changing the care situation for the elderly person due to incapacitation of their caregiver due to reduced ability to provide care, support is provided in an organized way and should not be confused with casual assistance from those in the setting (Lotfalinezhad, Andersen-Ranberg, Bhalla, & Nadrian, 2021).

The World Health Organization has recommended that caregiving as a curricular aspect of vocational education and training world-wide including online instruction (extranet.who.int, 2023). There are establishments and agencies in Saudi Arabia which employ temporary nursing services and also train healthcare assistants (Dr. Care Training Center, 2024). They are affiliated with local hospitals or are independent and offer accessibility to these personnel on daily or monthly basis (Albait.com; Halahealth.com; wareedcare.com).

Analysis of options based on suitability for use in Saudi Arabia:

Each culture provides for care of its members. For the purpose of this study the criteria for evaluating the options for care of elderly Saudi ladies is their wellbeing and comfort. The options which have been discussed have developed in response to world-wide solutions to providing attractive and acceptable housing for a wide variety of societies and may be a good or bad fit for them. When these options are reviewed in this study the aim is to seek to identify workable solutions in the context of Saudi Arabian norms.

Health status:

Depending on design and administrative structure each of these models have high potential for success in meeting the goal but health status will mediate choices which are possible. For example, planning of independent living villages for healthy persons would need to have enough privacy for women to enjoy the outdoors by providing gender specific settings such as a ladies' public garden, private patios for entertainment of guests attached to housing units, and a women-only sports center. For women who are living with a spouse, similar facilities for men are needed.

On the other end of the need spectrum are those who are demented or have complex medical conditions and need constant supervision and nursing home care may meet their needs. In design of these facilities the social and cultural needs of Saudis need to be carefully evaluated. Units of separate genders with gender separated staff and common areas may provide the most comfortable environment. The need for personal autonomy and privacy dictates single-bed rooms for each resident.

Financial status:

It is expected that there will be wide financial variation from very comfortable circumstances and ability to pay for care in their own home, joint home, assisted living, or nursing homes. This difference in the ability to pay for care will also create the need for a variety of options for residents which must be addressed on an individual basis based on the preferences and needs of the resident.

Personal preferences:

The vast majority of people studied in various locations have strongly supported being able to maintain their residence in their own homes (John A. Hartford, 2021). Planning of housing for this group should seek to provide housing options which meet the social and cultural needs of potential residents. For example, residents who have lived in a busy city environment may not be comfortable in a 65+ community in a rural location far away from family, friends, and facilities they are accustomed to having available.

Available environment:

Saudi Arabia consists of a variety of climates and topography ranging from desert, sandy beaches, and mountains. Urban areas may serve elderly residents best with a high apartment tower such as in Singapore topped by recreation facilities while rural or beach areas may be best designed with other types of built environment. The essential point is that the design meets the needs of residents especially those who have decreased mobility. Location of these communities should be situated to provide easy access by public or private transportation.

Policy and Planning

The phase of policy formation and future planning is the starting point for delivering safe, attractive and affordable elder housing to those members of society who want and need it. Assessment of the size and characteristics of the group who at present and in the future will desire this type of housing needs to be made. This assessment will necessarily identify the location, type, and cost of such units.

Based on the overwhelming population preference world-wide among the elderly for repurposing present housing to meet their changing needs, this may emerge as a useful option (John Hartford Foundation, 2021). Creation of an agency such as subsidization for housing judged to be of an acceptable standard may assist those who wish to adapt their present living arrangements might relieve pressure on need to create new living arrangements while providing satisfaction of this 65+ group.

Of those 65+ persons there may be a large range of ability to pay. Subsidies or buy-out plans of housing may be necessary for elderly with limited income might lead to creation of a variety of types of housing based on ability to pay. Singapore has been especially successful in providing a program for buying equity in apartments of those who wish trade equity in present housing for purchase of elder housing (cpf, 2022).

Residents who have ability to pay for more luxurious housing would have access to other types housing which are designed to offer an affluent life style.

Communities of this type have been particularly successful in the USA and Australia (Shell Point Retirement Community, 2024; Watermark Residences, 2024) Design to meet the needs of various sectors of the 65+ population of Saudis might include gender segregated communities.

As stakeholders in the process of creation of this new aspect of housing consider needs of this population, a variety of governmental agencies, members of the financial community, prominent members of society, and future consumers of the new offerings would form a steering committee to study and recommend solutions. Prominent members of society would provide improved image of elderly housing by their endorsement and participation.

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