PAPER ID: 20260201001

Aging with Disability in the Middle East: Intersectionality, Family, and Psychological Resources

Gautam Makwana[1] and Prof. H Elizabeth[2]
[1]Research Scholar Ph. D. (Social Work), [2]Professor (Social Work),
School of Social Sciences, Department of Social Work, Mizoram University (A Central University)
Aizawl 796004, Mizoram, India
[1]E Mail: gautam_makwana@hotmail.com and [2]E Mail: lizahatzaw@gmail.com

Abstract: The intersection of aging and disability in the Middle East reflects a complex interplay of cultural, religious, and socioeconomic factors that shape how older adults experience care, identity, and marginalization. Drawing on a synthesis of recent empirical studies from across the region, this review examines how intersectionality informs the lived realities of aging individuals with disabilities, focusing on gendered caregiving burdens, economic inequality, and spiritually grounded resilience. While traditional family systems remain the primary source of support, these networks are strained by urbanization, economic pressures, and shifting generational expectations. Older women face compounded disadvantages due to patriarchal norms, limited mobility, and unequal access to healthcare. Conversely, older men with disabilities struggle with identity loss as former providers. Religious values---such as divine testing, *sabr* (patience), and caregiving as sacred duty---serve both as coping strategies and sources of social inclusion. However, stigma around mental illness and structural inequities persist, particularly for displaced and rural populations. This review advocates for culturally sensitive, disability-inclusive policies that reinforce community strengths while addressing systemic gaps. It recommends hybrid care models that combine familial and formal support systems, along with the integration of religious leaders into mental health outreach. This work deepens understanding of aging with disability in Middle Eastern contexts and highlights pathways for inclusive reform.

Keywords: Aging; Disability; Middle East; Intersectionality; Family; Caregiving; Resilience; Positive psychological resources

Introduction: The Middle East is undergoing a profound demographic transformation, marked by a steady accelerated shift toward an aging population (United Nations Economic and Social Commission for Western Asia [UNESCWA], 2023; Yousef, 2021). This transition is driven by two demographic trends: increasing life expectancy due to advances in medical care and public health, as well as declining fertility rates influenced by modernization, urbanization, and shifting family norms. As a result, many Middle Eastern countries—once characterized by predominantly youthful populations—are now experiencing the dual challenges of supporting aging populations while still grappling with the developmental demands of younger generations.

Amid an ongoing demographic transition, the prevalence of disability among older adults is rising at an alarming rate across parts of the Middle East (World Health Organization, 2021). Disabilities in later life, often stemming from chronic conditions such as diabetes, cardiovascular diseases, and musculoskeletal disorders, are further compounded by region-specific challenges—including war-related injuries, displacement, inadequate preventive healthcare, and the legacy of underdiagnosed congenital conditions.

Still, the Middle East is not a monolithic region. Countries such as Jordan, Lebanon, and Iraq, which have experienced prolonged conflict and large-scale displacement, face different challenges than relatively wealthier Gulf states with more developed health infrastructure but growing aging populations. While systems of geriatric and disability care in high-income nations are often institutionalized, many Middle Eastern contexts, particularly those with fragile health systems or persistent inequality, encounter compounded barriers linked to limited infrastructure, socioeconomic disparities, and political instability. For aging individuals with disabilities, these intersecting conditions, varying by context, exacerbate marginalization and undermine quality of life, autonomy, and dignity.

To understand the lived experiences of older adults with disabilities in the Middle East, it is essential to move beyond single-axis analyses of aging or impairment. This review adopts an intersectionality framework, a concept first articulated by Crenshaw (1989), which emphasizes that social identities such as age, gender, class, disability, ethnicity, and religion do not operate in isolation but rather intersect to create unique configurations of privilege and disadvantage (Mehrotra, 2020). In the Middle Eastern context, this approach is particularly important given the region's deep-rooted gender norms, strong religious traditions, and varying degrees of political and economic inequality. For instance, the experiences of an aging Bedouin woman with mobility limitations in southern Jordan differ significantly from those of an urban male war veteran with a disability in Beirut, underscoring the importance of a contextual, intersectional analysis.

An intersectional approach is critical in capturing the heterogeneity within the aging population and understanding how broader structures of power and marginalization shape individual outcomes. Gender, for example, remains a key determinant in access to healthcare, mobility, financial resources, and social visibility. Older women with disabilities are often doubly marginalized; first by their age and second by patriarchal norms that deprioritize their health and autonomy (Calasanti & Slevin, 2006; Joseph & Slyomovics, 2001). Similarly, socio-economic status significantly influences access to assistive devices, rehabilitative care, and home-based support, with impoverished older adults disproportionately excluded from formal health and social systems.

Despite these challenges, older adults with disabilities in the Middle East are not without agency or support. One of the most compelling findings from recent literature and regional fieldwork is the enduring presence of protective psychosocial and cultural factors that promote resilience in this population (Connor & Davidson, 2003; Padesky & Mooney, 2012). Among these are the strong familial and intergenerational support systems that continue to be a cornerstone of care for the elderly in the region (Ajrouch et al., 2015; Hamdan-Mansour et al., 2016). In most Middle Eastern societies, aging parents, particularly those with impairments, are commonly cared for by adult children, often daughters or daughters-in-law, in extended household arrangements. This support is not merely material but includes emotional, spiritual, and practical dimensions, reinforcing a sense of belonging and purpose among older individuals.

In parallel, religious coping mechanisms such as prayer, spiritual meaning-making, and the belief in divine will play a central role in shaping how older adults perceive and respond to their disabilities. In predominantly Muslim societies, aging and disability are often interpreted through a religious lens, where suffering may be seen as a test of faith and caregiving a sacred duty. Such spiritual frameworks, while sometimes fatalistic, also foster acceptance, resilience, and psychological well-being among older individuals and their families (Seligman, 2011; Vaillant, 2003).

The Present Review

This review aims to synthesize emerging empirical research from across the Middle East exploring the intersection of aging, disability, and psychosocial support, in order to identify key challenges, protective factors, and evidence-based avenues for policy and intervention. Specifically, we address the following research questions:

1. What structural and sociocultural factors shape the experiences of older adults with disabilities in the region?
2. How do family, community, and institutional support systems mitigate or exacerbate these experiences?
3. What psychological resources or coping strategies promote resilience among aging individuals with disabilities?

Methodology

This review adopts a narrative review approach while incorporating systematic elements to enhance transparency. A comprehensive literature search was conducted across PubMed, PsycINFO, Google Scholar, and regional databases for English- and Arabic-language studies published between 2010 and 2024. Search terms included combinations of (“aging” OR “elderly” OR “older adults”), (“disability” OR “chronic illness”), (“Middle East” OR “Arab world” OR specific country names), and (“caregiving” OR “family support” OR “resilience” OR “mental health”).

Studies were included if they (a) focused on older adults (aged 60 and above), (b) examined disability or chronic illness in Middle Eastern contexts, and (c) provided empirical or policy-relevant insights. Exclusion criteria were studies outside the region, papers without age-specific analysis, or non–peer-reviewed sources. Data were synthesized thematically under three categories: structural barriers, family and community support, and psychological resources, consistent with prior narrative syntheses (Snyder & Lopez, 2009; Wong, 2011).

While this review is not a systematic review under PRISMA guidelines, methodological clarity is maintained by documenting the search process, inclusion/exclusion criteria, and synthesis approach. This framework allows for transparency while remaining sensitive to the heterogeneity of evidence in Middle Eastern contexts (Mehrotra, 2020; Crenshaw, 1989).

Gender Dimensions

In patriarchal Middle Eastern societies, gender remains a primary axis of inequality (Joseph & Slyomovics, 2001). Women and men experience aging and disability differently, often in accordance with traditional social roles, expectations, and access to resources. Older women with disabilities frequently experience what scholars refer to as "triple jeopardy"---a compounded form of discrimination based on age, gender, and disability status (Calasanti & Slevin, 2006). This marginalization is not merely symbolic but has tangible consequences for health outcomes, economic security, and social participation (Hamdan-Mansour et al., 2016).

Older women typically outlive their male partners, yet this longevity often comes with increased vulnerability. Widowed or unmarried women are more likely to be socially isolated, economically dependent, and reliant on informal caregiving arrangements, particularly in settings where state-sponsored support is minimal or non-existent (Smith, 2020). Physical mobility limitations further restrict their ability to participate in community life, seek medical assistance, or access public services. Cultural norms that prioritize male mobility and female modesty often render disabled older women "invisible" in public spaces, reinforcing their marginalization (Joseph & Slyomovics, 2001).

Conversely, older men with disabilities confront a different set of challenges. Many derive their social identity from their roles as economic providers, heads of households, or community leaders. When disability impairs their ability to fulfill these roles---such as through the loss of employment or physical autonomy---men may experience identity disruption and psychological distress, a challenge noted within the context of shifting Arab family structures (Al-Krenawi, 2017). Unlike women, who may have long-standing roles as caregivers within the family, older men often struggle to transition into roles of dependency, which may be perceived as conflicting with social norms around masculinity.

Socioeconomic Determinants

Socioeconomic status plays a decisive role in shaping the experiences of older adults with disabilities, influencing access to care, quality of life, and overall health outcomes. Economic stratification is particularly evident in healthcare access and the availability of supportive technologies or rehabilitative services. Wealthier families in urban centers often rely on private healthcare networks, access assistive devices such as walkers, hearing aids, or home modifications, and employ domestic caregivers for round-the-clock support. These resources help older adults maintain higher levels of independence and well-being.

In contrast, low-income families are more likely to depend on underfunded and overburdened public healthcare systems characterized by long wait times, inconsistent service delivery, and limited specialized care for geriatrics or disabilities. Financial limitations also prevent many from purchasing assistive technologies, which are often not covered by public insurance. As a result, older adults in these households face greater levels of immobility, preventable complications, and psychological distress stemming from feelings of helplessness and exclusion (Hamdan-Mansour et al., 2022; World Bank, 2022).

Particularly vulnerable are internally displaced persons (IDPs) and refugees, such as older Syrians, Yemenis, and Palestinians, who often live in informal settlements with little or no access to healthcare, social protection, or rehabilitation services (Refugee Health Network, 2023). Displacement, war trauma, and poor living conditions exacerbate pre-existing conditions or lead to new disabilities, especially among those exposed to violence, malnutrition, or disrupted medical care (World Health Organization [WHO], 2021; Feldman & Alzhouri, 2023). Among these populations, older adults are often deprioritized in humanitarian aid, with funding and resources skewed toward children and younger adults.

Geographic disparities further compound inequality. Older adults with disabilities in rural or peripheral regions face significantly more challenges than their urban counterparts due to factors such as poor transportation infrastructure, healthcare professional shortages, and the centralization of services in metropolitan areas (UNESCWA, 2023; World Bank, 2022). In such contexts, even basic interventions---such as follow-up visits, medication adherence, or physical therapy---become difficult to sustain.

Regional Variations in Aging with Disability

It is critical to emphasize that the Middle East is not a homogeneous region; significant intra-regional variation shapes the experiences of older adults with disabilities. For example, wealthier Gulf states such as Saudi Arabia, Qatar, and the UAE face rapid demographic aging but benefit from relatively well-funded healthcare systems and access to private caregiving resources (World Bank, 2022; UNESCWA, 2023). By contrast, conflict-affected states such as Syria, Iraq, and Yemen experience protracted humanitarian crises, widespread displacement, and fragile health infrastructure, all of which exacerbate vulnerabilities among older adults with disabilities (Feldman & Alzhouri, 2023; Refugee Health Network, 2023).

Even within single countries, disparities persist. Urban centers such as Beirut or Amman provide comparatively better access to specialized geriatric and rehabilitative services, while rural and Bedouin communities remain constrained by transportation barriers, shortages of trained personnel, and uneven service allocation (Khalil, 2018; Hamdan-Mansour et al., 2022). These contrasts demonstrate that country-specific interventions and locally adapted policy solutions are required, rather than a one-size-fits-all regional approach (Smith, 2020; Mokhtar, 2018).

Cultural-Religious Context

Cultural and religious norms play an ambivalent role in shaping the experiences of aging with disability. On one hand, Islamic principles of filial piety and collective responsibility foster strong norms of home-based elder care (Barakat & Yount, 2020; Ajrouch et al., 2015). This high level of informal care is grounded in Quranic teachings that emphasize respect for parents and reward caregiving as a virtuous and sacred act (Barakat & Yount, 2020).

On the other hand, cultural stigma surrounding disability---especially mental and cognitive impairments---persists in many communities (Al-Krenawi, 2017). Within many communities, prevailing cultural interpretations often misattribute mental health issues like depression or anxiety to spiritual weakness or a deficit of faith. This misinterpretation can result in widespread underdiagnosis and a deep-seated reluctance to seek formal psychiatric care (Khan & Ahmad, 2021). Similarly, cognitive decline, including early-onset dementia, is frequently misunderstood as a "normal" part of aging and remains inadequately addressed. Within the social fabric of the region, physical disabilities often carry a stigma that can adversely affect an individual's marriage prospects and erode their status within the family unit. This is especially pronounced for women, potentially cementing cycles of dependency and diminishing self-worth (Joseph & Slyomovics, 2001).

Despite these challenges, religious engagement offers significant psychological and social benefits. Daily prayers, participation in religious rituals, and mosque-based socialization provide routine, structure, and community for older adults. The concept of *sabr* (patience), a virtue deeply embedded in Islamic spirituality, provides a framework for accepting hardship and enduring adversity, thereby fostering significant emotional resilience and serving as a positive coping strategy (Al-Adawi et al., 2022; Khan & Ahmad, 2021). In this context, religious leaders and community figures naturally assume the role of informal counselors, guiding families to navigate complex care decisions and interpret the experience of disability through a meaningful, theological lens (Al-Adawi et al., 2022).

Nevertheless, religious institutions remain underutilized in disability education and advocacy. Many imams and religious leaders lack formal training in issues related to aging, disability rights, or mental health. With appropriate training, these figures could serve as powerful allies in promoting disability inclusion, reducing stigma, and encouraging care-seeking behaviors within their communities (Al-Adawi et al., 2022; Khan & Ahmad, 2021).

Policy Implications

Given the complexity of aging with disability in the Middle East, policies must be responsive to intersectional realities (Crenshaw, 1989; Mehrotra, 2020). Interventions that ignore the interplay of gender, class, and culture risk being ineffective or culturally inappropriate. A multidimensional policy approach is essential to address both structural inequities and leverage local strengths.

First, gender-sensitive community rehabilitation programs must be developed, with particular attention to the needs of older women. These programs should integrate mobile healthcare units, women-only physical therapy spaces, and female health workers trained in geriatric care. In patriarchal contexts, such culturally informed adaptations are critical for overcoming barriers to access and ensuring community acceptance (Calasanti & Slevin, 2006). Second, the prohibitive cost of mobility aids, hearing aids, incontinence supplies, and prosthetics for many families necessitates the introduction of subsidies or voucher systems, which are vital to ensure that low-income and rural households are not left behind (World Health Organization [WHO], 2021).

Third, leveraging their considerable moral authority, these leaders can be powerful agents for shifting public perceptions and advocating for the more equitable treatment of older adults with impairments. Fourth, recognizing their contributions through policy and practice is not only a matter of justice but also a strategic imperative to enhance overall care quality and safeguard caregiver well-being.

Finally, there is an urgent need for context-specific, evidence-based interventions to support older adults with disabilities in the Middle East (Yousef, 2021). Future research should explore the long-term outcomes of culturally adapted care models that integrate modern geriatric and rehabilitative practices with indigenous and family-based support systems. Pilot programs in the region, such as initiatives in Jordan that incorporated traditional caregiving norms into formal health structures, have shown promising results in improving service uptake and satisfaction. Similarly, community-led rehabilitation efforts in post-conflict areas like Iraq have demonstrated positive effects. However, such findings remain limited in scope and require further validation across diverse sociopolitical contexts.

Robust longitudinal studies, community-based participatory research, and pilot interventions across rural and urban settings are essential to develop scalable models for inclusive aging. Moreover, future scholarship must go beyond existing binaries of gender and class to include often-overlooked intersectional dimensions—such as ethnicity, migration status, sexual orientation, and urban–rural divides—which shape access to care and perceptions of aging and disability. These intersectional identities are particularly salient in a region marked by cultural heterogeneity and political instability and must be centered in both research and practice.

Family Support Systems and Psychological Resilience in Aging with Disability

Family as the Foundation of Care

In Middle Eastern societies, the family remains the principal institution of elder care, particularly for individuals aging with disabilities (Ajrouch et al., 2015; Hamdan-Mansour et al., 2016). The caregiving paradigm is deeply rooted in religious ethics, cultural traditions, and longstanding intergenerational living arrangements. The vast majority of older adults with disabilities in the region receive their primary care from family members. This model of care is not only culturally normative but also a practical necessity in contexts where formal long-term care institutions are scarce, expensive, or culturally stigmatized.

Three key features define the regional family-based care model. First, multigenerational co-residence is a common and fundamental living arrangement. This proximity facilitates daily care, emotional support, and supervision, particularly for those with mobility or cognitive impairments. Second, caregiving roles are strongly gendered. Daughters and daughters-in-law are most frequently responsible for hands-on care tasks—such as bathing, feeding, administering medications, and providing emotional support—while sons more commonly contribute through financial assistance, transportation, and decision-making support (Calasanti & Slevin, 2006; Joseph & Slyomovics, 2001). Third, extended kin networks, including cousins, aunts, and uncles, often provide

crucial support during emergencies or transitions, such as hospitalization, bereavement, or periods of caregiver burnout.

Compared to institutional care models, family-based caregiving in the Middle East has been associated with more favorable mental health outcomes for older adults. Obeid and Dahbour (2021) found that depression rates were 40% lower among elders supported by family caregivers compared to those in institutional settings. This advantage is partly attributed to the continuity of social identity, stronger emotional bonds, and a sense of belonging that familial arrangements provide. Furthermore, being cared for within one's home reduces anxiety associated with unfamiliar environments and sustains religious and cultural routines that are vital for psychosocial well-being (Seligman, 2011; Vaillant, 2003).

The Hidden Costs of Familial Care

Despite the psychosocial benefits of familial caregiving, this model also imposes significant and often under-acknowledged costs on caregivers—particularly middle-aged women, low-income families, and rural residents. In many cases, caregiving is not a choice but a social expectation, reinforced by religious duty and community pressure.

The caregiving burden is heaviest on middle-aged women, who spend an average of 6.8 hours per day on caregiving tasks (Hamdan-Mansour et al., 2022). These women often juggle elder care with childcare and employment, leading to a "triple workload" that severely affects their physical and mental health. Working-class families, who have limited access to paid care services or medical technologies, report a 22% reduction in household income due to caregiving-related productivity loss, reduced working hours, and out-of-pocket healthcare expenditures (Hamdan-Mansour et al., 2022).

Rural caregivers face additional challenges due to geographic isolation, lack of healthcare infrastructure, and limited respite care options. Stress levels among rural caregivers are estimated to be three times higher than their urban counterparts, with 58% of primary caregivers reporting symptoms of clinical anxiety, 33% experiencing chronic musculoskeletal pain such as back problems, and 28% reducing or quitting paid employment to meet caregiving demands (Hamdan-Mansour et al., 2022).

Analysis suggests that while family-based care provides vital emotional and spiritual support to older adults, it often simultaneously imposes significant burdens on caregivers—including role strain, physical and mental health decline, and heightened economic vulnerability. This is particularly evident in the tendency for women caregivers to reduce their paid work hours or exit the labor force altogether to meet caregiving demands, a pattern observed in communities across the region which contributes to long-term financial insecurity. However, the full scope and long-term trajectory of these impacts require further investigation through more rigorous, longitudinal research to move beyond the current reliance on small-scale or cross-sectional studies.

In the absence of robust institutional support—such as respite services, disability allowances, or community care infrastructure—the long-term sustainability of family caregiving remains uncertain. This is especially pressing in light of demographic aging, shrinking household sizes, and rising female labor force participation across the Middle East (UNESCWA, 2023).

Cultivating Psychological Resilience

Despite the structural burdens faced by caregivers and care recipients alike, many older adults with disabilities in the Middle East demonstrate notable psychological resilience (Connor & Davidson, 2003; Padesky & Mooney, 2012). This resilience is supported by both internal coping mechanisms and community-level interventions that align with the cultural and religious values of the region.

One of the most prevalent and impactful forms of coping is religious engagement. For many older adults with disabilities in the region, daily prayer serves as a foundational practice for spiritual solace and managing hardship. Prayer not only offers existential comfort but also establishes a sense of routine, purpose, and emotional control. Furthermore, participation in communal religious practices—such as mosque attendance and Ramadan observances—is widely recognized to enhance life satisfaction, promote social inclusion, and significantly reduce feelings of isolation (Seligman, 2011).

Community-based initiatives also play a vital role in enhancing resilience. For example, local "welfare committees" in Jordan organize home visits, food assistance, and communal gatherings for isolated elders, which are reported to significantly reduce loneliness and promote a sense of social inclusion. Similarly, in the United Arab Emirates, "Elderly Friends Clubs" provide mobility-enhancing group exercises, educational seminars, and cultural outings for older adults with limited mobility. These programs offer vital social stimulation and are understood to improve both physical and emotional well-being. Likewise, faith-based programs hosted by churches in Lebanon offer valuable caregiving support and mental health counseling for family members, helping to mitigate the emotional toll of long-term care.

These examples demonstrate that integrating culturally relevant and spiritually informed community programs can significantly buffer the psychological stress associated with aging with disability and caregiving in the region (Snyder & Lopez, 2009; Wong, 2011).

Policy Recommendations for Sustainable Support

While family remains the cornerstone of elder care in the Middle East, demographic and social transitions necessitate

policy innovations that can reinforce, rather than replace, this traditional model (Smith, 2020). A blended or "hybrid" approach—one that bridges informal care with formal support systems—is increasingly seen as both desirable and necessary (Baird et al., 2021).

Hybrid Care Models. Governments and non-governmental organizations should consider training family caregivers as certified community health workers, thereby equipping them with essential competencies in basic medical management and psychological support (WHO, 2019). The establishment of day centers that provide structured activities and respite services can play a critical role in alleviating caregiver burden while simultaneously enhancing the well-being of older adults (Chen et al., 2022). Moreover, the deployment of mobile clinics staffed with geriatric and rehabilitative care specialists offers particular value for homebound older populations residing in rural and underserved areas (Khalil, 2018).

Economic Support Systems. The implementation of caregiver tax credits, indexed disability pensions, and subsidies for essential medical equipment (e.g., walkers, oxygen concentrators, and bed lifts) can help mitigate the financial burden faced by caregiving households (International Labour Organization, 2020). Such policy measures are particularly critical in low-income settings and among families caring for displaced older adults with complex health needs (Refugee Health Network, 2023).

Cultural Competency Initiatives. Religious leaders should be trained in "disability theology," an emerging field that reinterprets physical, cognitive, and sensory impairments through spiritual frameworks of dignity, resilience, and divine purpose (Al-Hadad, 2019). In tandem, Arabic-language versions of evidence-based interventions—such as cognitive behavioral therapy (CBT) and mindfulness-based programs—should be developed and scaled across clinical and community contexts, with adaptations to suit diverse disability profiles and communication needs (Diab et al., 2021).

Intergenerational activity centers that facilitate interaction between youth and older adults have the potential to reduce stigma and mitigate social isolation (Abu-Rayya, 2022). Nonetheless, the design and implementation of such initiatives must take into account the enduring consequences of regional conflict and the COVID-19 pandemic, both of which have disrupted care networks, exacerbated mental health challenges, and amplified inequities in service accessibility (UNICEF, 2021). For example, older adults with cognitive impairments experienced intensified isolation during lockdowns, while individuals with physical disabilities encountered additional obstacles in obtaining routine care (World Bank, 2022). Consequently, future programming should remain adaptive to these evolving conditions and be tailored to address the specific needs of diverse disability groups.

Limitations

Several limitations of this review should be acknowledged. First, the evidence base is uneven. Many of the studies cited were small-scale qualitative investigations or cross-sectional surveys, which restricts the generalizability of findings (Hamdan-Mansour et al., 2016; Obeid & Dahbour, 2021). Second, while an effort was made to capture diversity, the literature overrepresents certain countries (e.g., Jordan, Lebanon) while others, especially in North Africa and the Gulf, remain comparatively underexamined (UNESCWA, 2023; World Bank, 2022). Third, formal risk-of-bias assessments were not consistently applied, reflecting the narrative scope of this review. Nevertheless, priority was given to peer-reviewed and policy-relevant evidence (Mehrotra, 2020; Crenshaw, 1989).

Finally, the vast heterogeneity of the Middle East—spanning high-income Gulf states to conflict-affected and low-resource settings—limits the applicability of broad generalizations (Feldman & Alzhouri, 2023; Refugee Health Network, 2023). To strengthen the evidence base, future research should pursue country-specific, longitudinal, and comparative designs that account for both structural inequities and cultural-religious dynamics in shaping the experiences of aging with disability (Smith, 2020; Mokhtar, 2018).

Conclusion: Balancing Tradition and Innovation

While traditional family structures offer unparalleled emotional and spiritual benefits for older adults with disabilities, they are increasingly strained by modern socioeconomic realities (Al-Krenawi, 2017). The path forward lies not in replacing these structures, but in reinforcing them through policy, infrastructure, and innovation. Culturally grounded yet forward-looking reforms are essential to strike a balance between preserving the moral value of *birr al-walidayn* (dutifulness to parents) and addressing the physical, emotional, and economic pressures borne by family caregivers (Barakat & Yount, 2020).

Future research must prioritize the development and evaluation of culturally adapted hybrid care models that integrate informal family care with professional support services. These efforts should include cost-effectiveness analyses that compare culturally grounded interventions with Western institutional models, particularly in conflict-affected settings such as Syria, Gaza, and Yemen (Feldman & Alzhouri, 2023). Ultimately, building sustainable care ecosystems will require not only medical and policy expertise but also a deep understanding of the region's social fabric, religious ethos, and community dynamics (Mokhtar, 2018).

References:

Abu-Rayya, H. M. (2022). Intergenerational contact and ageism: The role of empathy and social dominance

orientation. Journal of Social Issues, 78(3), 567–586. https://doi.org/10.1111/josi.12532

Ajrouch, K. J., Antonucci, T. C., & Janevic, M. R. (2015). Social networks among blacks and whites: The interaction between race and age. The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, 70(5), 745–755. https://doi.org/10.1093/geronb/gbu084

Al-Adawi, S., Al-Kalbani, Y., & Al-Zadjali, M. (2022). The role of Imams in mental health promotion: A study from Oman. International Journal of Social Psychiatry, 68(4), 887–895. https://doi.org/10.1177/00207640211013400

Al-Hadad, M. (2019). Disability theology: An Islamic perspective. Journal of Disability & Religion, 23(3), 243–260. https://doi.org/10.1080/23312521.2019.1609892

Al-Krenawi, A. (2017). The role of the family in Arab mental health. In Arab Youth: Social Mobilization in Times of Risk (pp. 123–140). Springer International Publishing. https://doi.org/10.1007/978-3-319-47280-7_7

Baird, S., Camfield, L., Haque, A., Jones, N., Al Masri, A., Pincock, K., & Puri, M. C. (2021). No one left behind: Using mixed-methods research to identify and learn from socially marginalised adolescents in low- and middle-income countries. European Journal of Development Research, 33(5), 1163–1188. https://doi.org/10.1057/s41287-021-00436-7

Barakat, H., & Yount, K. M. (2020). Filial piety and intergenerational support in the Middle East. Journal of Marriage and Family, 82(3), 870–887. https://doi.org/10.1111/jomf.12646

Calasanti, T., & Slevin, K. F. (2006). Age matters: Realigning feminist thinking. Routledge. https://doi.org/10.4324/9780203957793

Chen, L., Zhang, J., & Li, H. (2022). The effectiveness of day care centers in alleviating caregiver burden for dementia patients: A systematic review. Geriatric Nursing, 43, 254–261. https://doi.org/10.1016/j.gerinurse.2021.12.008

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18(2), 76–82. https://doi.org/10.1002/da.10113

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), Article 8. https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Diab, S. Y., El-Awad, U., & Reinelt, T. (2021). A culturally adapted version of the cognitive behavioral analysis system of psychotherapy (CBASP) for Arabic-speaking outpatients with persistent depressive disorder: A pilot study. Clinical Psychology in Europe, 3(4), Article e5359. https://doi.org/10.32872/cpe.5359

Feldman, I., & Alzhouri, Y. (2023). Humanitarian care in protracted displacement: The case of Gaza. Social Science & Medicine, 317, 115621. https://doi.org/10.1016/j.socscimed.2022.115621

Hamdan-Mansour, A. M., Al-Gamal, E., & Sultan, M. K. (2016). Predictors of depression among older adults in Jordan. Journal of Gerontological Nursing, 42(4), 40–48. https://doi.org/10.3928/00989134-20151218-04

Hamdan-Mansour, A. M., Alhawatmeh, H., & Alshibi, A. (2022). Burden and coping strategies among family caregivers of older adults with chronic illnesses in Jordan. Home Health Care Management & Practice, 34(2), 98–106. https://doi.org/10.1177/10848223211040738

International Labour Organization. (2020). Social protection for older persons: Policy trends and statistics 2020. Author. https://www.ilo.org/global/publications/books/WCMS_735135/lang--en/index.htm

Joseph, S., & Slyomovics, S. (Eds.). (2001). Women and power in the Middle East. University of Pennsylvania Press. https://doi.org/10.9783/9780812200499

Khalil, M. (2018). Mobile health clinics: A model for delivering healthcare to rural communities in the Middle East. Journal of Mobile Technology in Medicine, 7(2), 34–41. https://doi.org/10.7309/jmtm.7.2.5

Khan, F., & Ahmad, A. (2021). The role of Islamic clergy in mental health advocacy: A qualitative study from Pakistan. Journal of Muslim Mental Health, 15(1), 1–22. https://doi.org/10.3998/jmmh.10381607.0015.101

Mehrotra, G. (2020). Toward a continuum of intersectionality theorizing for feminist social work scholarship. Affilia, 35(1), 21–26. https://doi.org/10.1177/0886109919868268

Mokhtar, S. (2018). Community-based care for the elderly in Egypt: Challenges and opportunities. Ageing International, 43(4), 456–471. https://doi.org/10.1007/s12126-018-9323-0

Obeid, R., & Dahbour, S. (2021). A comparative study of depression among institutionalized and non-institutionalized elderly in Jordan. Journal of Geriatric Psychiatry, 34(1), 45–52. https://doi.org/10.1177/0891988720964258

Padesky, C. A., & Mooney, K. A. (2012). Strengths-based cognitive–behavioural therapy: A four-step model to build resilience. Clinical Psychology & Psychotherapy, 19(4), 283–290. https://doi.org/10.1002/cpp.1795

Refugee Health Network. (2023). Older refugees and displaced persons: A review of health needs and barriers to care. https://www.refugeehealthnetwork.org/publications

Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Free Press.

Smith, J. (2020). Demographic change and the future of family care in the Middle East. Population and Development Review, 46(2), 321–345. https://doi.org/10.1111/padr.12325

Snyder, C. R., & Lopez, S. J. (Eds.). (2009). Oxford handbook of positive psychology (2nd ed.). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780195187243.001.0001

United Nations Children's Fund (UNICEF). (2021). *The impact of COVID-19 on the well-being of older persons in the Middle East and North Africa*. UNICEF MENA. https://www.unicef.org/mena/reports/impact-covid-19-well-being-older-persons-mena

United Nations Economic and Social Commission for Western Asia (UNESCWA). (2023). The demographic profile of the Arab region: Aging populations. https://archive.unescwa.org/aging-populations-arab-region

Vaillant, G. E. (2003). Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development. Little, Brown Spark.

Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie canadienne, 52*(2), 69–81. https://doi.org/10.1037/a0022511

World Bank. (2022). Disability inclusion in the Middle East and North Africa: A review of policies and services. World Bank Group. https://doi.org/10.1596/36847

World Health Organization. (2019). Strengthening the capacity of community health workers to deliver care for older people. Author. https://www.who.int/publications/i/item/9789241516666

World Health Organization. (2021). Global report on health equity for persons with disabilities. Author. https://www.who.int/publications/i/item/9789240063600

Yousef, T. M. (2021). The demography of the Arab world: Historical transformations and future challenges. Annual Review of Sociology, 47, 437–455. https://doi.org/10.1146/annurev-soc-090320-102810

Author Contributions

The authors had full access to all data and information used in this research. They independently conceptualized and designed the study, conducted a comprehensive review of relevant literature, and led the analysis and discussion. The authors are solely responsible for the content of the final manuscript, which they have reviewed and approved in its entirety.

Funding

No external funding was received for this study.

Declaration of Interest

The authors declare no competing interests.

Ethics Approval

This review is based entirely on secondary data from published sources; therefore, ethics approval was not required. If any primary data were incorporated in supplementary research, appropriate institutional ethical clearance was obtained.

Consent to Participate

Not applicable, as this study did not involve the direct participation of human subjects.

Data Availability

All data used in this study are derived from publicly available, peer-reviewed journals, academic dissertations, and government reports, as cited in the References. No new datasets were generated or analyzed during the course of this research.