
"Migration Dynamics and Elderly Well-being: An Exploration in the Context of Lebanon's Contemporary Socioeconomic Challenges"

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ABSTRACT

The Republic of Lebanon has witnessed a notable escalation in the emigration of young adults, particularly subsequent to the October Revolution of 2019. This period was marked by state dysfunction, currency devaluation, the catastrophic explosion at the port of Beirut, and heightened levels of human and political insecurity. These adverse conditions, compounded by the forces of globalization, exert a discernible influence on the demographic landscape of the nation. Notably, there exists a dearth of empirical investigations examining the repercussions of such migration on the well-being of the older dependents who remain in the country. This oversight is exacerbated by the prevailing tendency within academic literature to overlook the study of migration's impact on the countries of origin. To address this lacuna, our pilot study undertakes a quantitative survey encompassing 142 households, each comprising at least one elderly individual aged 60 or above, distributed across nine districts in Lebanon. Conducted between February and May 2022, the survey employs a combination of convenient and snowball sampling methods. The primary objective of the study is to scrutinize the influence of adult children's migration on the self-reported physical, emotional, and social well-being of their elderly parents. Furthermore, the research investigates the role of remittances and transnational family ties in mitigating the overall conditions experienced by the elderly individuals left behind. The findings illuminate that the outmigration of adult children significantly impacts the overall physical health of their aging parents. While remittances positively contribute to the purchasing power of the elderly for their daily necessities, the study underscores that such financial support cannot entirely substitute for the absence of adult children.⁴

Keywords: children's migration; left-behind elderly; well-being; remittances; Lebanese; Lebanon

INTRODUCTION

Lebanon has witnessed a discernible escalation in the emigration of young adults following the October Revolution of 2019. The confluence of push factors, including financial and economic collapse, currency

depreciation, heightened unemployment, exacerbated poverty, deficiencies in state services, and escalating human and political insecurities, has markedly influenced the demographic landscape. This impact is further compounded by pull factors attributed to the forces of globalization. The dearth of scholarly investigations has rendered the precise contours of the impact of these factors on the well-being of older dependents 'left behind' uncertain. This lacuna persists in the face of a broader scholarly tendency to neglect the examination of migration's repercussions on the populations of sending countries.

The International Labour Organization (ILO) notes that Lebanon possesses the highest proportion of older individuals in the Arab states, constituting 11 percent of the nation's population. These individuals enjoy an average lifespan of 78 years for men and 82 years for women.⁵ Simultaneously, the Economic and Social Commission for Western Asia (ESCWA) attests that Lebanon is undergoing the most rapid population aging among Middle Eastern countries. It anticipates that approximately 23 percent of the country's population will surpass the age of 65 by 2050.⁶ This burgeoning elderly population aligns with the global demographic shift towards an aging populace, foreseen to double for those above 60 and triple for those above 80.⁷

Old age is intricately linked to an array of chronic physical conditions, encompassing diabetes, heart disease, stroke, cancer, arthritis, hearing loss, cataracts, refractive errors, osteoarthritis, and chronic obstructive pulmonary disease, among others. The aging demographic is also susceptible to geriatric syndromes, including depression, delirium, and Alzheimer's disease.⁸ Moreover, the elderly grapple with social challenges such as social isolation, loneliness, discrimination, depressive illnesses, and instances of abuse and mistreatment, whether perpetrated by family members or hired caregivers.⁹

In Lebanon, the elderly confront a myriad of health, mental, and social challenges, yet the available data and resources to address these issues are notably limited.¹⁰ The absence of a comprehensive and implementable social protection program places a substantial burden on elderly citizens, compelling them to rely on their progeny for support, contingent upon the availability and capacity of such familial assistance.

Despite the formulation of an official National Strategy for Older Persons (2020-2030) in Lebanon, the prevailing political impasse, pervasive corruption, and the multifaceted economic, financial, and social crises collectively relegate this subject to a non-priority status. The implementation of the strategy's articles appears increasingly unlikely given the current circumstances, thus providing little optimism for imminent realization.

MIGRATION STATUS IN LEBANON

Three fundamental demographic processes—fertility, mortality, and migration—govern both the size and age composition of a population.¹¹ In the context of Lebanon, our primary focus lies on migration and its pronounced impact on the elderly population left behind, given the intricate correlation between the two phenomena. This intersection presents a salient demographic challenge confronting Lebanon in the present.

Since the initiation of the Civil War in 1975, Lebanon has consistently functioned as a source of outmigration. The prevailing net migration rate stands at -20.4 per thousand people.¹² Notably, between 2019 and mid-October 2022, the exodus from Lebanon has surpassed 205,860 individuals.¹³ A study conducted in 2010 by Kasparian revealed that "45% of resident Lebanese households had at least one

family member who left Lebanon during the period 1992–2007," with the latter six years witnessing a heightened intensity in emigration.¹⁴ This period, spanning from 2001 to 2007, coincided with a chronology marked by notably violent events.¹⁵ Despite weathering the storm of the international financial crisis during this period, Lebanon now grapples with an economic and financial crisis that has been ranked among the top three global economic crises since the mid-nineteenth century.¹⁶

In light of the historical data indicating that 45% of residents had at least one migrant family member during the earlier crisis, one can only surmise the heightened prevalence of migration in the aftermath of Lebanon's recent economic and financial downturn. The current scenario underscores the exacerbation of migration trends, necessitating a comprehensive understanding of the associated demographic implications, particularly on the well-being of the elderly demographic left in the wake of these departures.

SITUATIONAL CONTEXT

Since October 2019, Lebanon has been ensnared in a state of tumult, precipitated by an economic and financial crisis that catalyzed mass protests, civil unrest, and acute political instability. By December 2020, the crisis was further compounded by the global spread of the COVID-19 pandemic, all transpiring within a context of longstanding entrenched political corruption and a crisis response by the state that was characterized by dysfunction and mismanagement.¹⁷ The lifting of state subsidies on essential commodities such as medicine and fuel, coupled with the depreciation of the Lebanese Lira, prolonged inflation, and escalating international prices, collectively pose a formidable threat to Lebanese households' capacity to meet basic needs.¹⁸

World Bank analysis underscores the severity of the economic downturn, revealing a stark contraction of Lebanon's nominal GDP from nearly US \$52 billion in 2019 to a projected US \$21.8 billion in 2021, reflecting a staggering 58.1 percent decline. Concurrently, the exchange rate has experienced a precipitous deterioration, sustaining inflation rates in the triple digits. These crises have magnified social hardships, disproportionately affecting impoverished and vulnerable households and exacerbating existing inequalities. Amidst political inaction, the unresolved crises have inflicted enduring scars on Lebanon's economy and society, manifesting in the breakdown of basic public services, relentless unemployment escalation, and severe depletion of human capital.¹⁹

The pervasive consequences of these crises extend across Lebanon's entire population, with particularly profound repercussions for vulnerable groups, including the elderly. Despite constituting 11% of the country's population, the elderly in Lebanon find their problems and concerns seldom addressed in official and private policies, programs, and initiatives. The compounded crisis, compounded by deficiencies in Lebanon's social safety net, has left a substantial portion of the population, including the elderly, bereft of adequate assistance. A disconcerting statistic reveals that 74% of Lebanese individuals aged 65 and above have become income vulnerable.²⁰

Despite sustained pressure from international organizations and supportive nations, the incumbent regime has remained impervious to addressing the crises and instituting essential reforms. The regime's resilience in the face of external pressure has perpetuated a state of impunity, leaving the Lebanese populace to fend for themselves in the absence of substantive governmental intervention.

RATIONALE AND METHODOLOGY OF RESEARCH

Lebanon is the fastest-ageing country in the Arab region and has the highest proportion of older people. Yet, there is no inclusive social protection for older people to guarantee a dignified life in older age. While the population is ageing, the youth are emigrating. It is estimated that over 163,661 Lebanese have left Lebanon.²¹

Rationale

The rationale for conducting a face-to-face survey with elderly individuals in various parts of Lebanon is to gain insight into their living conditions, healthcare access, and overall well-being. Lebanon has a rapidly aging population, and there is a need to understand the challenges and needs of the elderly in order to develop targeted policies and programs to support them. Additionally, the COVID-19 pandemic has had a significant impact on the elderly population, and it is important to assess how they have been affected and what support they require during this time.

Methodology

1. Sampling: A convenient and snow-ball sampling methods were applied in the identification and selection of the interviewees from various parts of Lebanon. Efforts were made to include individuals from different socio-economic backgrounds and living situations.
2. Questionnaire development: A comprehensive questionnaire was developed to gather information on the living conditions, healthcare access, social support, and overall well-being of the elderly. The questionnaire was designed to be easily understandable and culturally sensitive to ensure accurate responses.
3. Data collection: The interviewers conducted the interviews in the residences of the elderly to encourage open and honest responses. The interviewers took the necessary precautions to ensure the safety and well-being of the participants, especially in light of the COVID-19 pandemic.
4. Data analysis: The collected data was analyzed using appropriate statistical methods to identify trends and patterns in the responses. The findings were used to generate insights into the challenges and needs of the sample.
5. Ethical considerations: The research adhered to ethical guidelines, including obtaining informed consent from the participants and ensuring confidentiality of their responses. Any sensitive information was handled with care and sensitivity.

Data Processing And Statistical Analysis

The data management process involved the utilization of EpiData, while subsequent statistical analyses were conducted using IBM SPSS22 (SPSS Inc., Chicago, IL, USA). Numerical variables are presented as mean \pm standard deviation (SD), and categorical variables are reported as frequency (percentage). To ascertain variations in mean values and frequency distributions between migrant and non-migrant households, independent t-tests and Pearson's chi-square (χ^2) tests were employed, respectively.

Univariate binary logistic regression was employed to investigate the association between the migration of adult children and several key variables, including self-reported chronic diseases, the presence of depressive symptoms, self-perceived loneliness, and levels of social support among the elderly

participants. This analytical approach enables the assessment of the influence of adult children's migration on the aforementioned health and well-being indicators within the elderly population. The binary logistic regression model provides a robust framework for evaluating the impact of migration as a categorical predictor variable on discrete outcome variables, offering valuable insights into the nuanced dynamics of these relationships within the studied cohort. The significance level for all statistical tests was set at $p < 0.05$, ensuring a rigorous evaluation of observed associations and their potential implications for the well-being of the elderly left behind in the context of migration.

SURVEY RESULTS AND ANALYSIS

General Demographic Information

Age of Participants

The survey encompassed 142 participants, with 62% (88) being female and 38% (54) male. A predominant 60% fell within the age bracket of 65 to 74, while the remaining 40% were aged 75 or older.

Distribution of Participants by Geographical Areas

The majority of respondents hailed from Mount Lebanon (40.8%), followed by Beirut (17.6%) and the South (21.12%).

Marital Status

Participants exhibited diverse marital statuses, with 50.7% married, 42.25% widowed, 4.3% single, and 2.8% divorced.

Number of Children Abroad per Household

Among the participants, 47% stated that one of their children was abroad, while the remainder reported two or more children abroad. Notably, 63% of those with migrant children indicated that the offspring had been abroad since 2011 or earlier.

Remittances and their Impact on Elderly's Financial Situation

The primary sources of income reported by participants included remittances, retirement pensions, income from rent, and work. The majority (87.3%) did not engage in work, relying on other income sources. Among those who received remittances, 65% received them from sons and 21% from daughters. While 25.6% received over 400 US dollars, 48.7% received between 200 and 400 US dollars, and 25.6% received less than 200 US dollars. Additionally, 28% reported receiving in-kind remittances.

The majority (91%) of participants receiving remittances believed they could overcome the consequences of the crisis. Remittances were reported to have positively influenced the participants' ability to cope with the economic effects of the crisis, with 51% saving part of their remittances, 35% using them for basic needs, and 13% combining them with savings. Furthermore, 51% relied solely on remittances for their financial support. The frequency of remittance receipt varied, with more than half receiving monthly remittances.

Country of Residency of First Supporter

The countries where the first supporter or emigrant, often family members, reside were diverse, with prominent representation in countries such as the United States, Canada, Brazil, Australia, and the Gulf countries.

Elderly Living Situation

Forty-six percent of participants lived with their spouses, 32% lived alone, and the remaining 22% resided with their non-migrant children, grandchildren, or other family members.

Elderly Living Assistance

Non-migrant children constituted 36.6% of the source of assistance, followed by housekeepers (17%), grandchildren (2%), relatives (2.7%), and neighbors (0.7%). A notable 41% managed without external assistance.

Health Care And Wellbeing

Health Care and Wellbeing

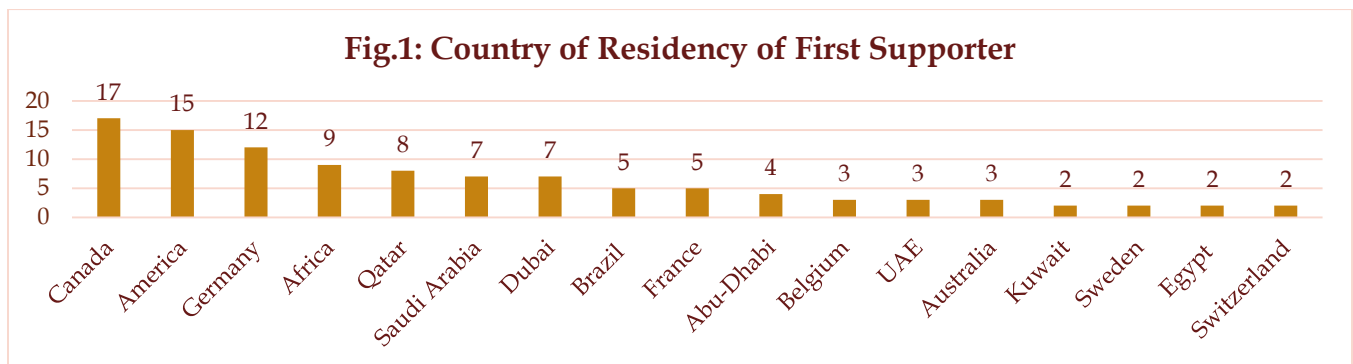
A substantial majority (81.6%) of participants reported health issues such as high blood pressure, heart diseases, diabetes, kidney difficulties, obesity, or a combination of these conditions. Conversely, 18.4% considered themselves healthy and free of disorders.

Disabilities and Assistance Needs

29% of participants reported disabilities, including difficulties in speaking, hearing, moving, or clear vision. Moreover, 36% required varying levels of daily assistance with activities such as movement, transportation, medication management, showering, eating, and drinking.

Access to Healthcare

70% of participants reported having access to competent healthcare, while the remaining 30% did not. In terms of medication accessibility, 80% indicated no significant issues, whereas 20% faced challenges, relying on relatives, NGOs, and infirmaries for support.

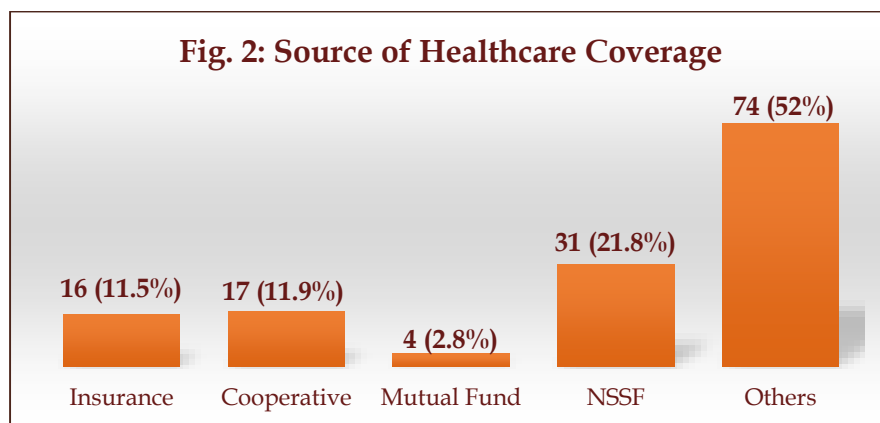


Elderly Living Situation

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Elderly Living Assistance

Non-migrant children make up 36.6% of the source of assistance, while 17% come from housekeepers, 2% from grandchildren, 2.7% from relatives, and 0.7% from neighbors. The remaining 41% are managing on their own.



Physical Well-Being

116 (81.6%) of them had high blood pressure, heart diseases, diabetes, kidney difficulties, obesity, or a combination of any of stated conditions. 26 (18.4%) participants said they were healthy and free of any disorders.

Health Issues and Assistance

In addition to their reported health issues, 29% of participants acknowledged experiencing disabilities such as difficulty speaking, hearing, moving, or seeing clearly. A notable 36% stated that they require varying levels of daily assistance with activities, including movement, transportation, medication management, bathing, eating, and drinking.

Access to Healthcare

Seventy percent of participants reported having access to competent healthcare, while the remaining 30% did not. Among those without access, 80% could obtain medication, while the remaining 20% faced significant challenges and relied on relatives, NGOs, and infirmaries for support.

Psychological Wellbeing

A substantial 85% of participants identified having a family member by their side as emotional support, while 88% believed that having their immigrant child present would positively impact their psychological wellbeing.

Psychological Challenges

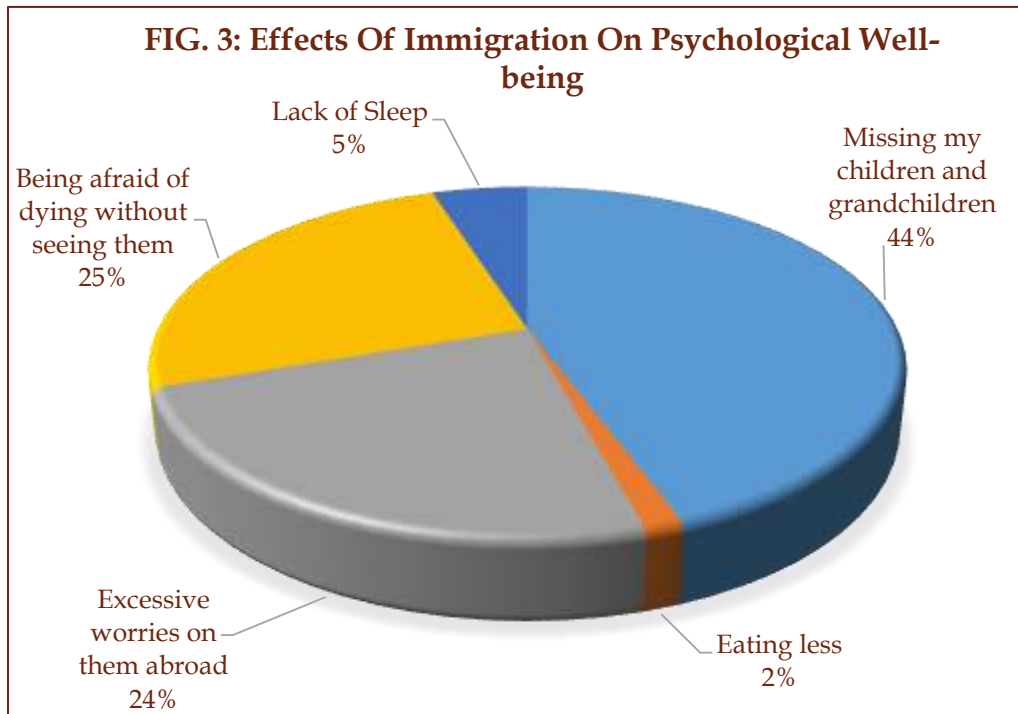
Forty-three percent (43%) of participants reported suffering from psychological difficulties due to the absence of their children. 15.5% of participants expressed feelings of neglect. Despite 55% of participants feeling inadequately attended to by their children abroad, 45% were confident in receiving the anticipated care. Twenty percent (20%) of participants reported that their lives had become miserable, contrasting with the majority who deemed the impact of their children's migration on their daily routine as acceptable.

Loneliness and Emotional Concerns

Fifty-nine percent (59%) of participants experienced loneliness frequently, while 21.1% did so constantly. Participants commonly voiced missing their children and grandchildren, while others expressed concerns about their children's well-being and a fear of passing away before being reunited with them.

Worries and Emotional Impact of Children's Absence

Participants shared a spectrum of worries about their children's absence, with seven expressing emotions of insecurity and a dread of potential residency in a nursing home. Conversely, others voiced trust in their supporters, alleviating such concerns.



Impact on Mental Health

Participants attributed various mental health challenges to their children's absence, including lack of sleep, anxiety, worry about contracting illnesses, nervousness, loneliness, introversion despite the presence of others, and memory problems. These emotional struggles underscore the complex interplay between migration, familial separation, and the mental and emotional well-being of the elderly left behind.

Socio-Demographic Characteristics

The survey illuminated crucial socio-demographic characteristics, revealing that a majority of participants were aged between 65 and 74, predominantly residing in Mount Lebanon, Beirut, and the South. Marital status varied, and a significant proportion had children living abroad.

Migration-Related Characteristics of Migrant Households

Examining migration-related characteristics, the survey indicated that a substantial number of participants had children abroad, experiencing varying durations of separation. Remittances played a pivotal role in the financial well-being of the elderly left behind.

Children's Migration and Well-being of Elderly Parents

The impact of children's migration on the well-being of elderly parents emerged prominently in the findings. Remittances, while offering financial support, did not fully compensate for the absence of adult children, impacting the physical and psychological health of the elderly. Loneliness, psychological

distress, and concerns about the future were prevalent among those separated from their migrant children.

CORRELATION ANALYSIS SUMMARY

The correlation analysis, based on the provided matrix in Table 1, offers valuable insights into the interplay between various variables associated with the well-being of elderly individuals left behind due to migration. Here are the key findings:

Remittances and Economic Dynamics:

- The amount of remittances (AoR) increases during economic and financial crises.
- Remittances rise with an increase in the number of years of immigration (YoI) and the number of children abroad (NoCA).

Economic Support:

- Economic support (ES) positively correlates with higher remittances, years of immigration (YoI), and the number of children abroad (NoCA).

Employment Impact:

- Elderly individuals with a job receive fewer remittances, indicating an inverse relationship.
- Having a job negatively correlates with both the number of children abroad (NoCA) and years of immigration (YoI).

Domestic Assistance:

- Having a maid correlates with higher remittances and increased economic support.
- Economic support positively correlates with having a maid.

Healthcare and Insurance:

- Health insurance (HI) is negatively correlated with remittances, possibly due to high insurance costs.
- Severe diseases correlate with lower health insurance coverage.

Medical Expenses:

- Monthly medication costs (MCoM) increase with the severity of diseases but decrease with remittances after a crisis.

Psychological Well-being:

- Psychological problems (PP) increase with a decrease in family care (FC).
- Psychological issues decrease with health insurance coverage and higher remittances after a crisis.
- Having maids is associated with increased psychological problems.

Family Care and Social Support:

- Family care (FC) correlates positively with the number of years of immigration (YoI) and economic support (ES).
- More remittances are needed to provide family care.

Interaction of Variables:

- Psychological problems (PP) and severe diseases show a noticeable positive correlation.
- Psychological issues decrease with health insurance coverage and higher remittances post-crisis but increase with maids.

SYNTHESIS AND RECOMMENDATIONS

Economic Support Programs:

- Governments and organizations should implement targeted economic support programs to mitigate the financial challenges faced by the elderly left behind.

Healthcare Access Initiatives:

- Develop initiatives to improve access to affordable healthcare, especially for those with health insurance coverage.

Employment Opportunities:

- Encourage policies that create employment opportunities for the elderly, considering the inverse relationship between employment and remittances.

Psychosocial Support Services:

- Establish psychosocial support services to address the psychological impact of family separation, particularly in the absence of family care.

Family Care Programs:

- Promote family care programs to enhance the well-being of the elderly left behind, acknowledging its positive correlation with economic support and overall psychological stability.

Cost-effective Healthcare Solutions:

- Explore cost-effective healthcare solutions to ensure that remittances adequately cover healthcare expenses, especially in the context of severe diseases.

Awareness on Domestic Assistance:

- Raise awareness about the potential psychological impact of relying on non-family member assistance, like maids, and consider measures to address associated challenges.

In conclusion, these findings offer nuanced insights into the interconnected factors affecting the well-being of elderly individuals left behind due to migration. Tailored interventions and comprehensive support programs are imperative to address the multifaceted challenges posed by migration on the elderly population.

The study delves into the multifaceted impact of children's migration on the well-being of elderly parents in Lebanon. The socio-demographic snapshot portrays a population primarily aged between 65 and 74, residing predominantly in Mount Lebanon, Beirut, and the South, with a substantial number having children abroad. Remittances emerged as a crucial financial lifeline for the elderly left behind. However, despite their economic significance, remittances did not fully mitigate the challenges posed by the absence of adult children, manifesting in a complex interplay of physical and psychological health issues.



AUTHORS' CONTRIBUTIONS

Conceived and designed the study: GH and SM. Data collection and management: SM. SPSS Data Analysis: MM and GH. Drafted the manuscript: GH. Critical revision and final approval of the manuscript: GH, SM, and MM.

DISCLAIMER STATEMENT

The authors declared that they had no potential conflicts of interest with regard to the research.

CONSENT AND ETHICS

Participants provided informed verbal consent. Participation was entirely voluntary, and participants' identities were kept private.

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