

A stylized, light gray illustration of a plant with several leaves and small, round buds or flowers, positioned on the left side of the slide.

# **PROFILING OLDER PERSONS IN EGYPT : RESEARCH STUDIES**

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**Addressing Population-Ageing in the Middle East and  
Sub-Saharan Africa  
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## Points to be discussed

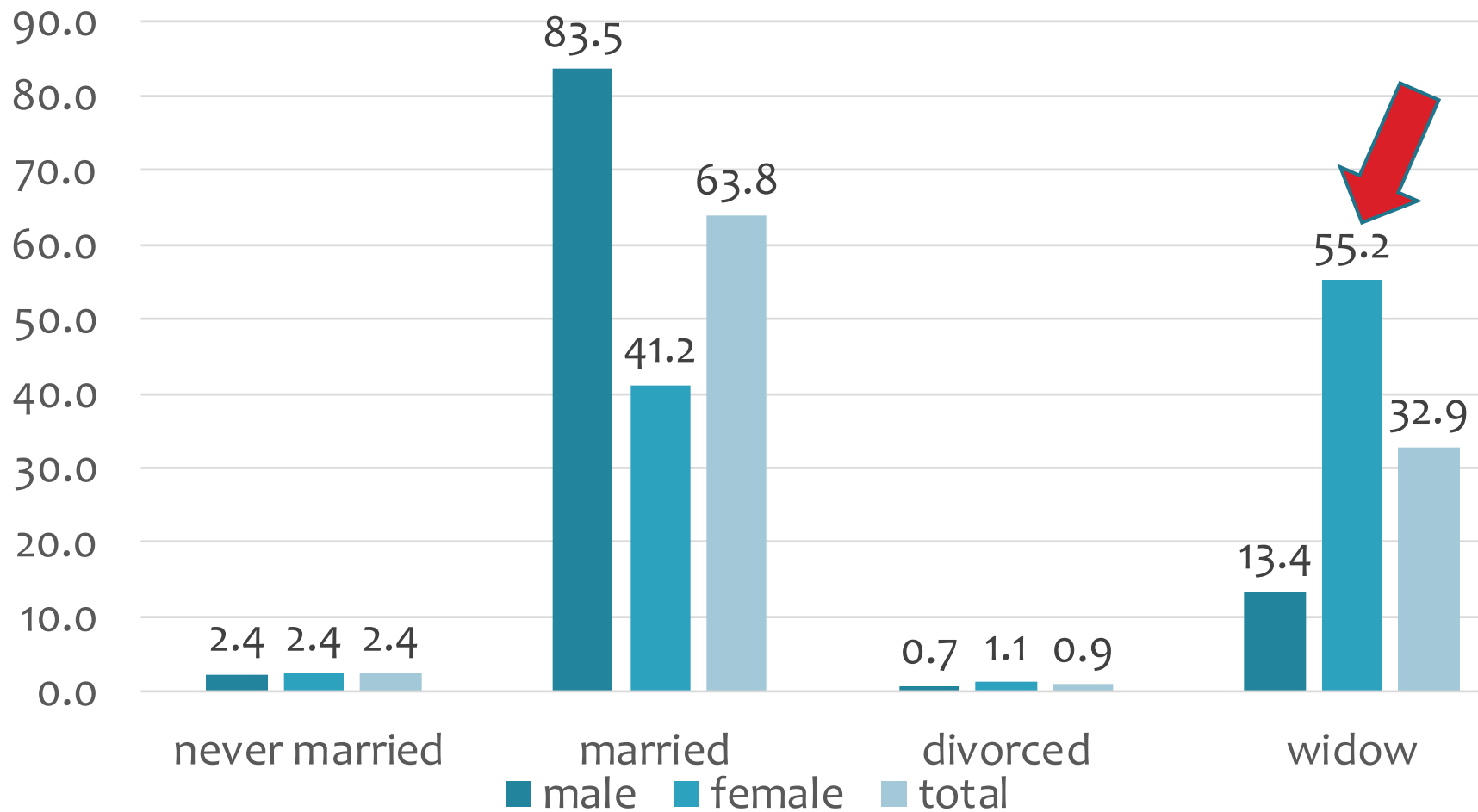
- Demographics of aging
- Social well being of aging population
- Economic well being of Older Population
- General health and levels of morbidity



# Demographics of aging

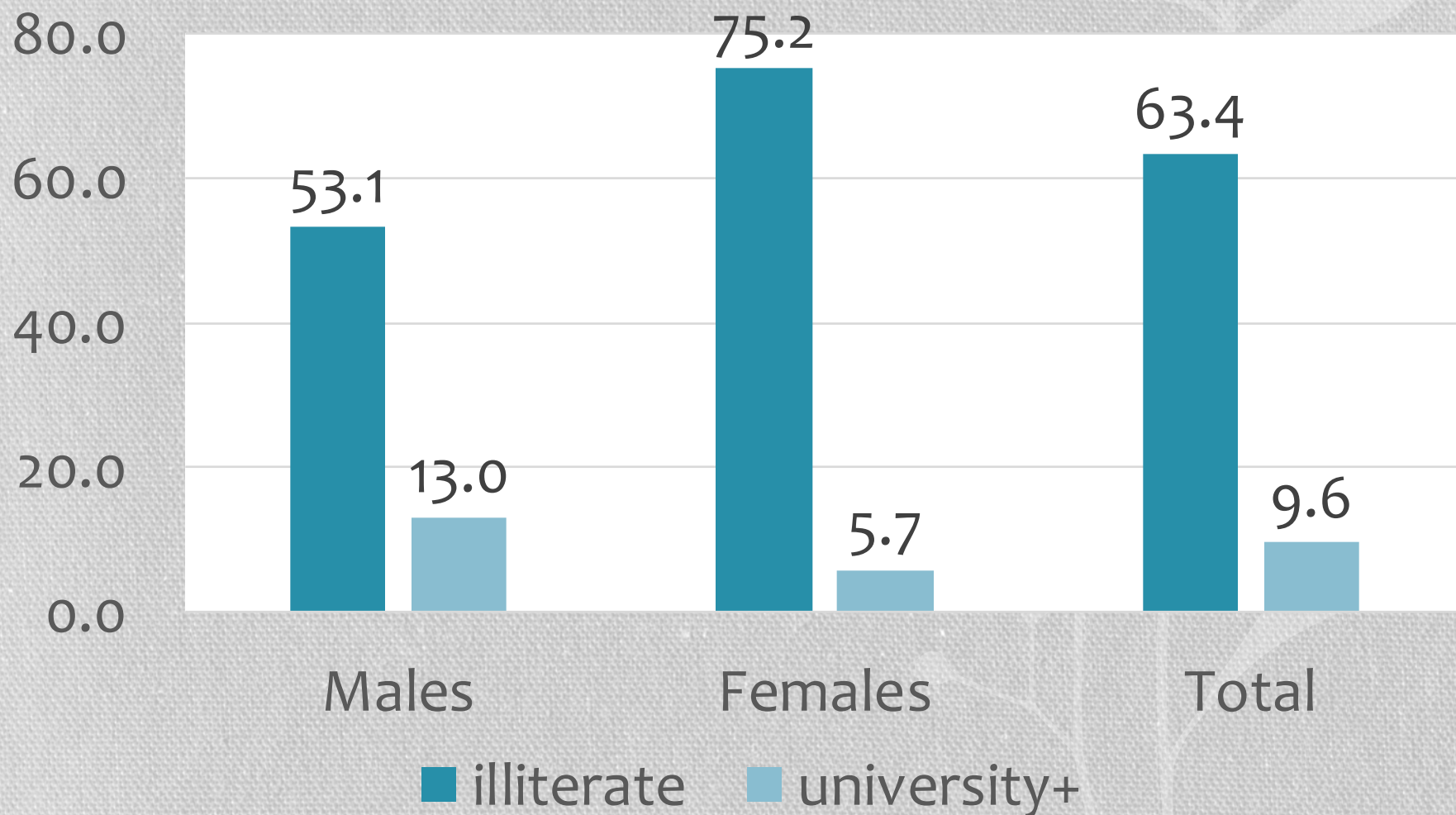
- According to 2017 Census, Egypt has 6.3 million person aged 60 plus increasing from 4.4 million in 2006.
- While the total population increased between the two census by 30% of it size in 2006, older persons increased by 41.2% of their size in 2006
- Proportion of older persons was 6.08% in 2006 increased to 6.66%
- While the total population recorded an intercensal growth rate of 2.40, older person (60+) recorded a growth rate of 3.2
- In 2017, Egypt has 2.94 million women and 3.37 million are men

# Marital status of older persons 60+ in Egypt





## Educational status of older persons in Egypt 60+



# Social well being of aging population

Our older population wellbeing calls for careful consideration of their social, emotional and mental status

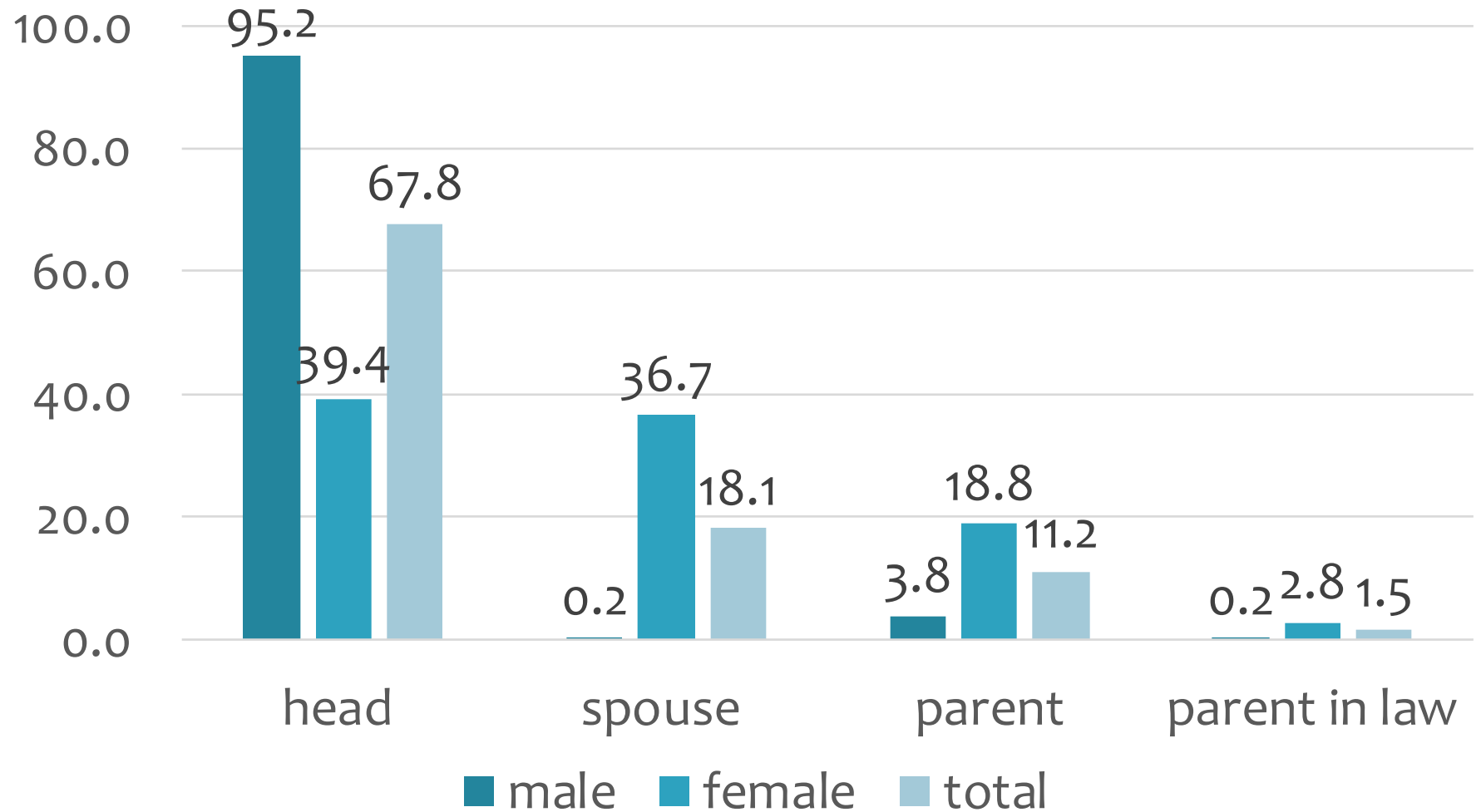
- Living arrangement and intergenerational support
  - Solitary living arrangement
  - Empty nest
  - Coresidence with children
- Institutional living arrangement for the aging population in Egypt
- Social and recreational activities, and integration of aging population
  - Familial
  - Community



# Living arrangements and coresidence (EDHS 2014)

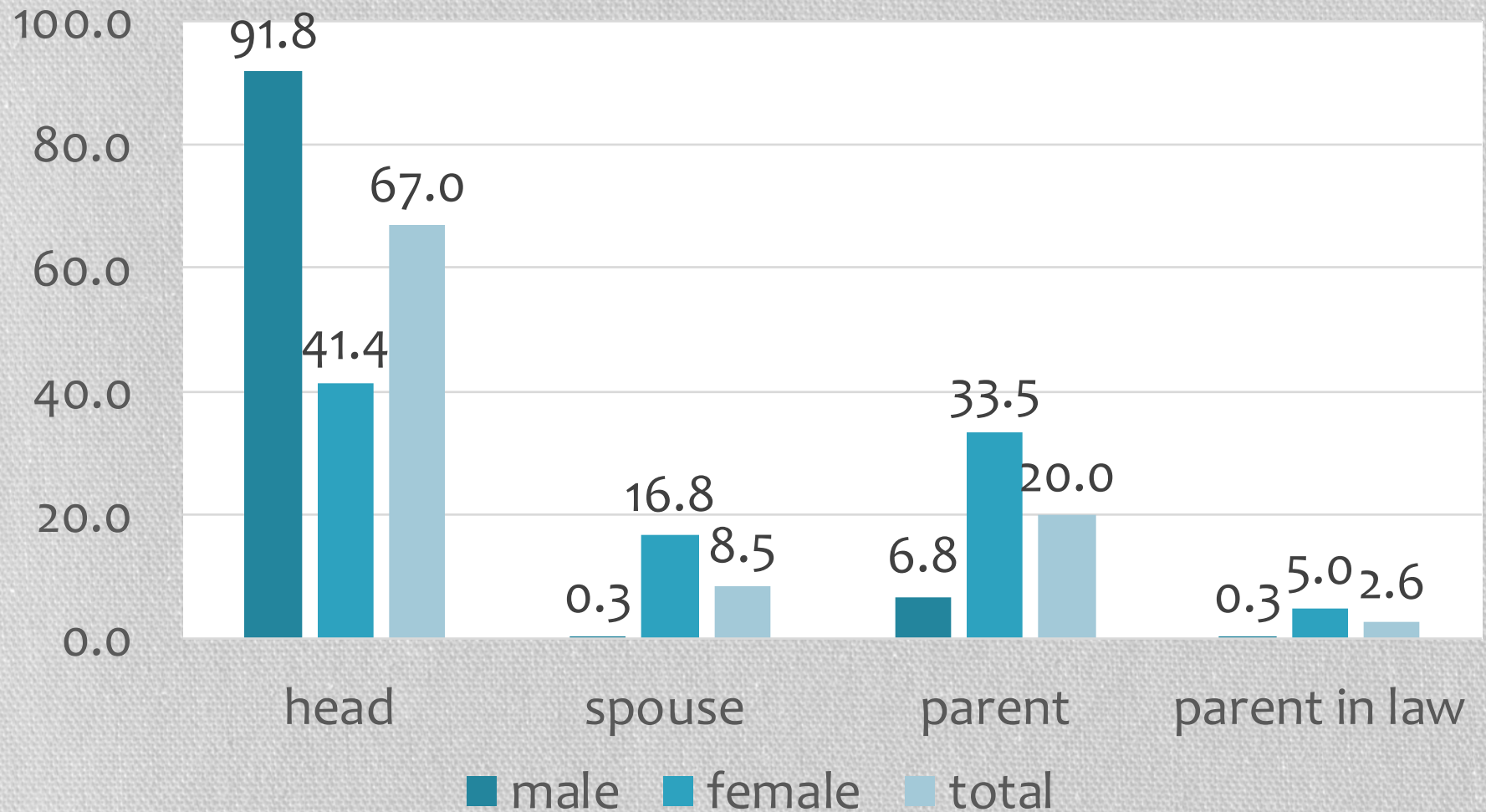
- Among all households in Egypt
- 27.5% have an older person aged 50 years and older
- 19.01% have an older person aged 60+ years and older
- 9.12% have an older person aged 70+ years and older

# Relationship to the head of the household among older persons (60+)

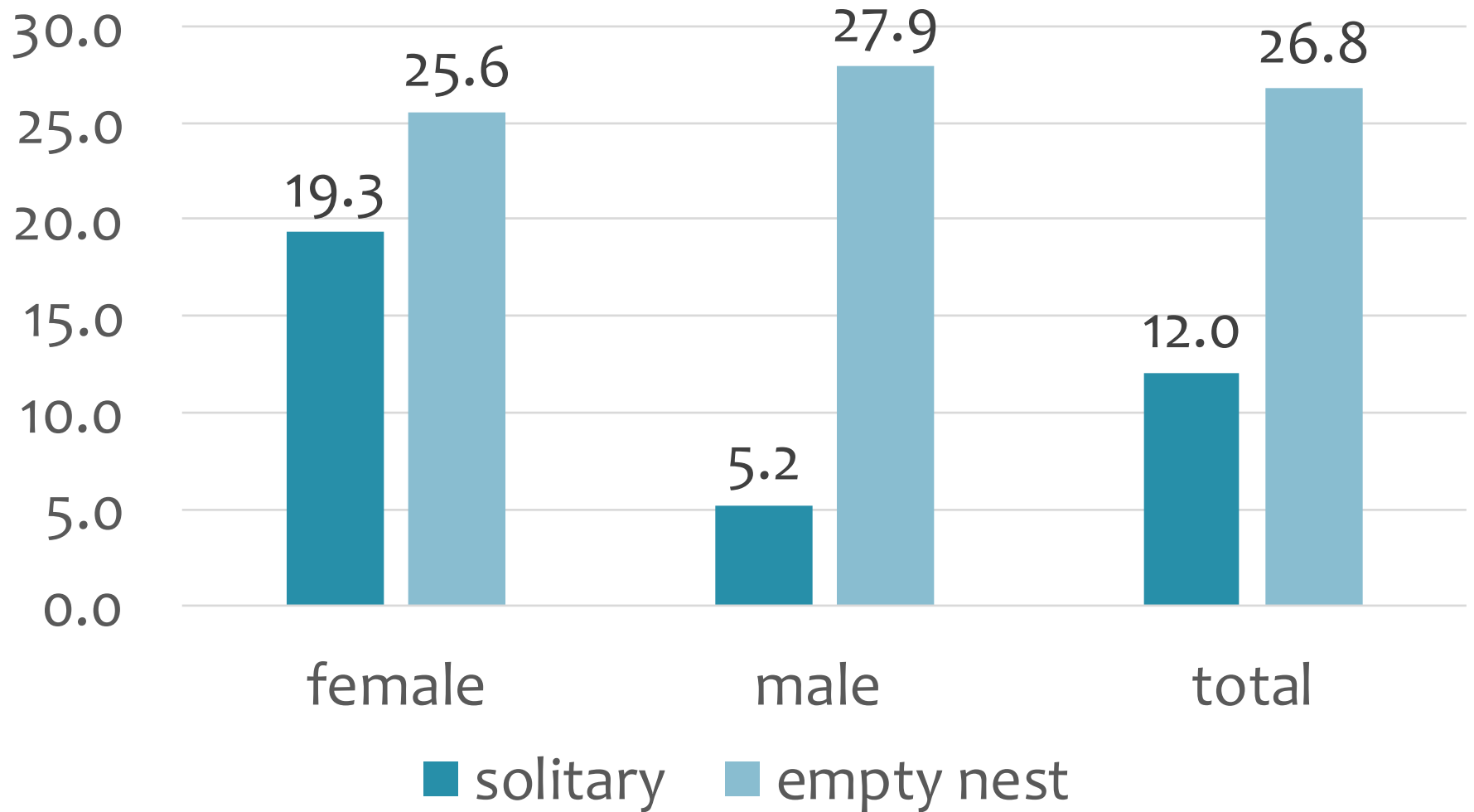




# Relationship to the head of the household among older persons (70+)

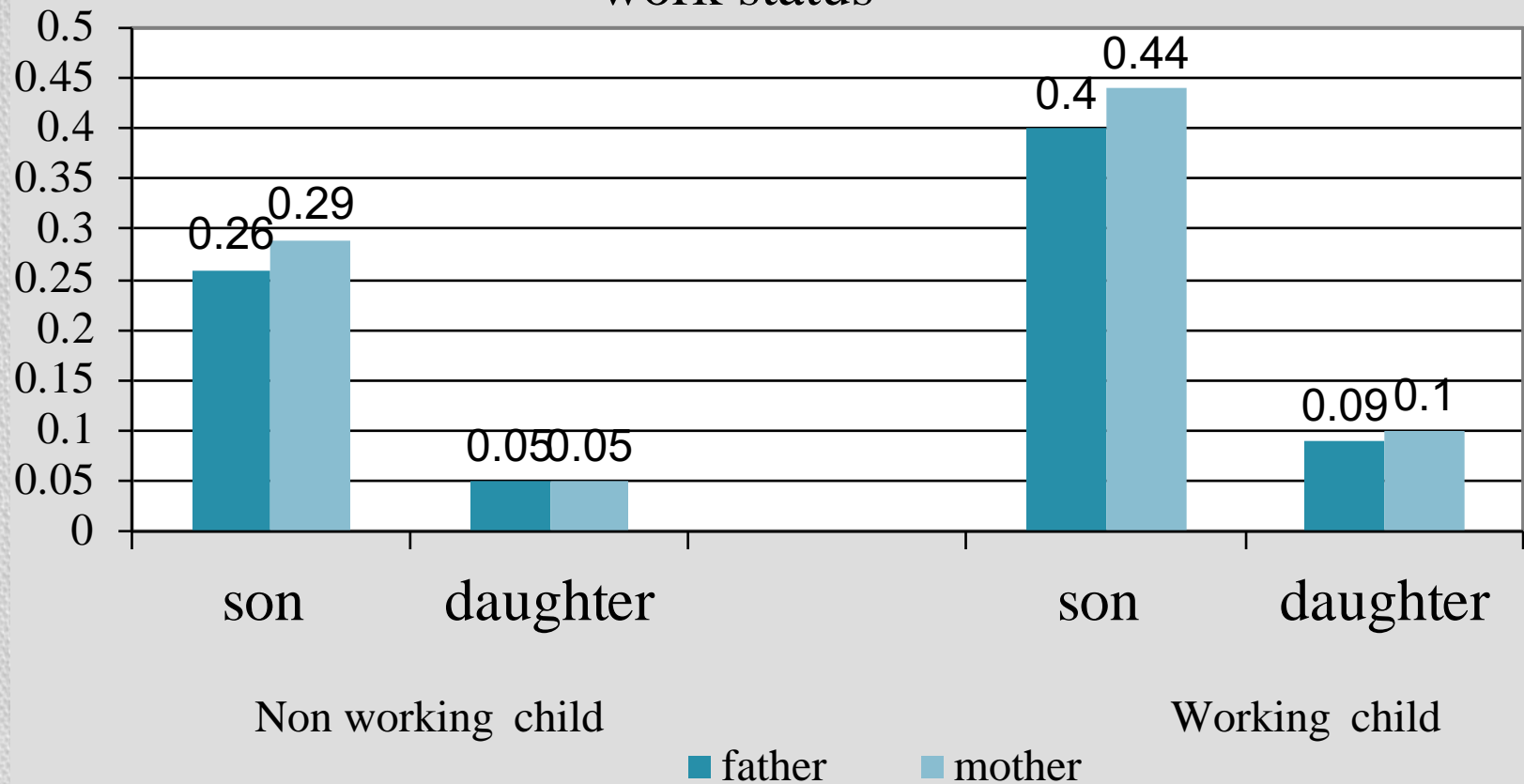


# Solitary living (living alone ) and empty nest

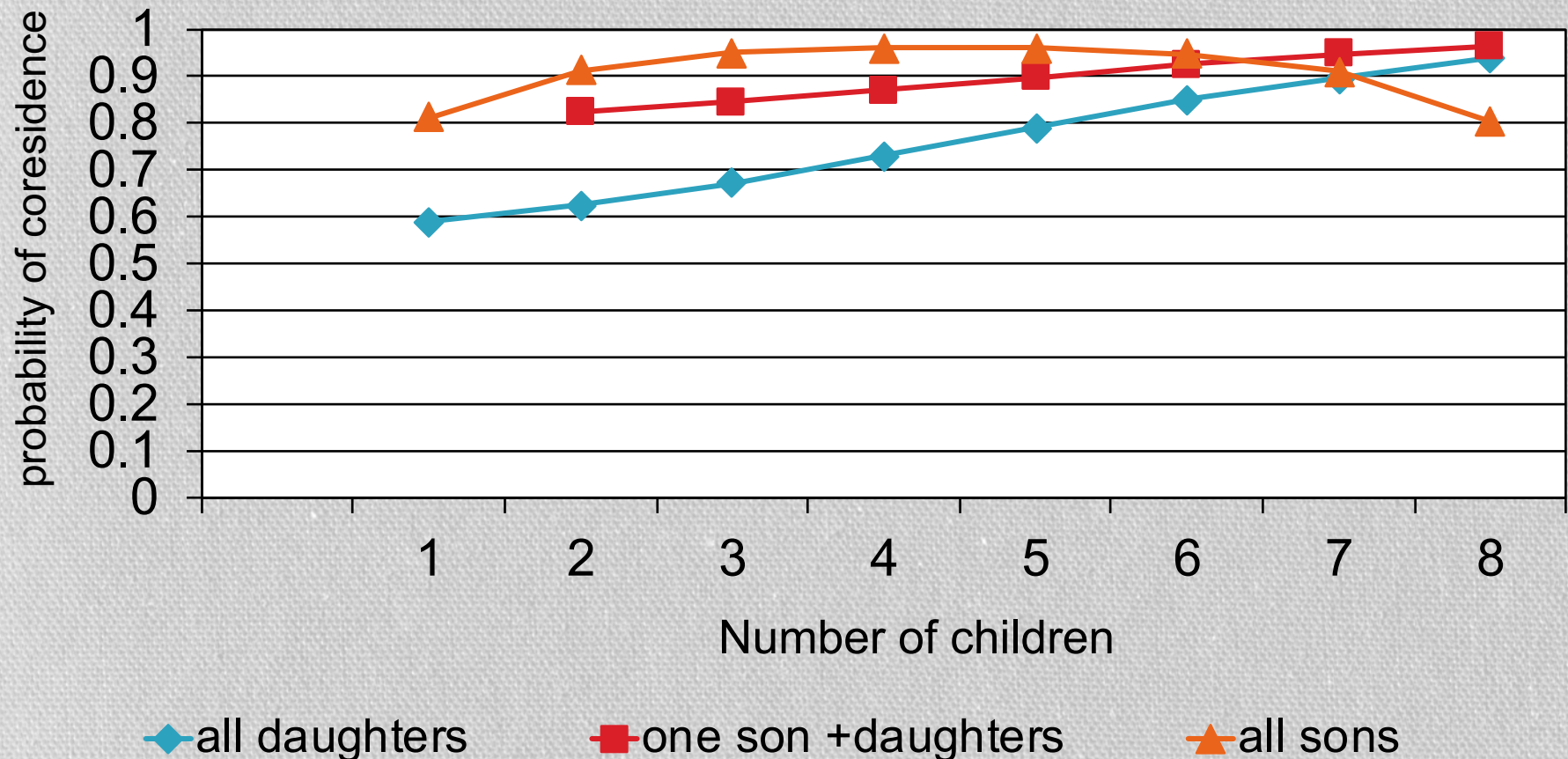




Predicted probability of coresidence between  
typical older adult and typical adult child by  
older adult gender and adult child gender and  
work status



# Probability of coresidence with children among older adults aged 60-65 by gender and number of children, Ismailia Egypt

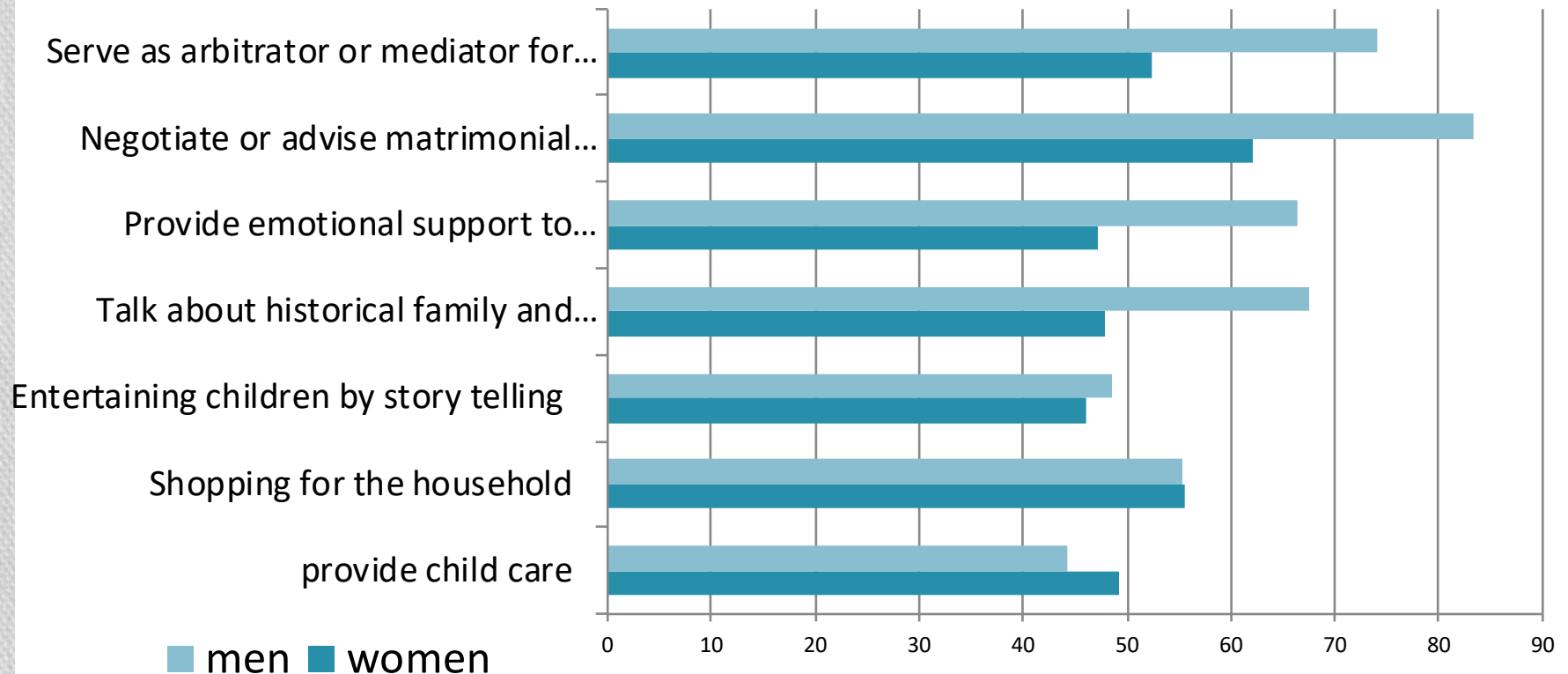




- Fertility declines imply changes in sex composition of the children which carries with it increased chances of having children of only one sex.
- This can create difficulties for societies where the role of children in parental support varies by the sex of the child

# Social Network

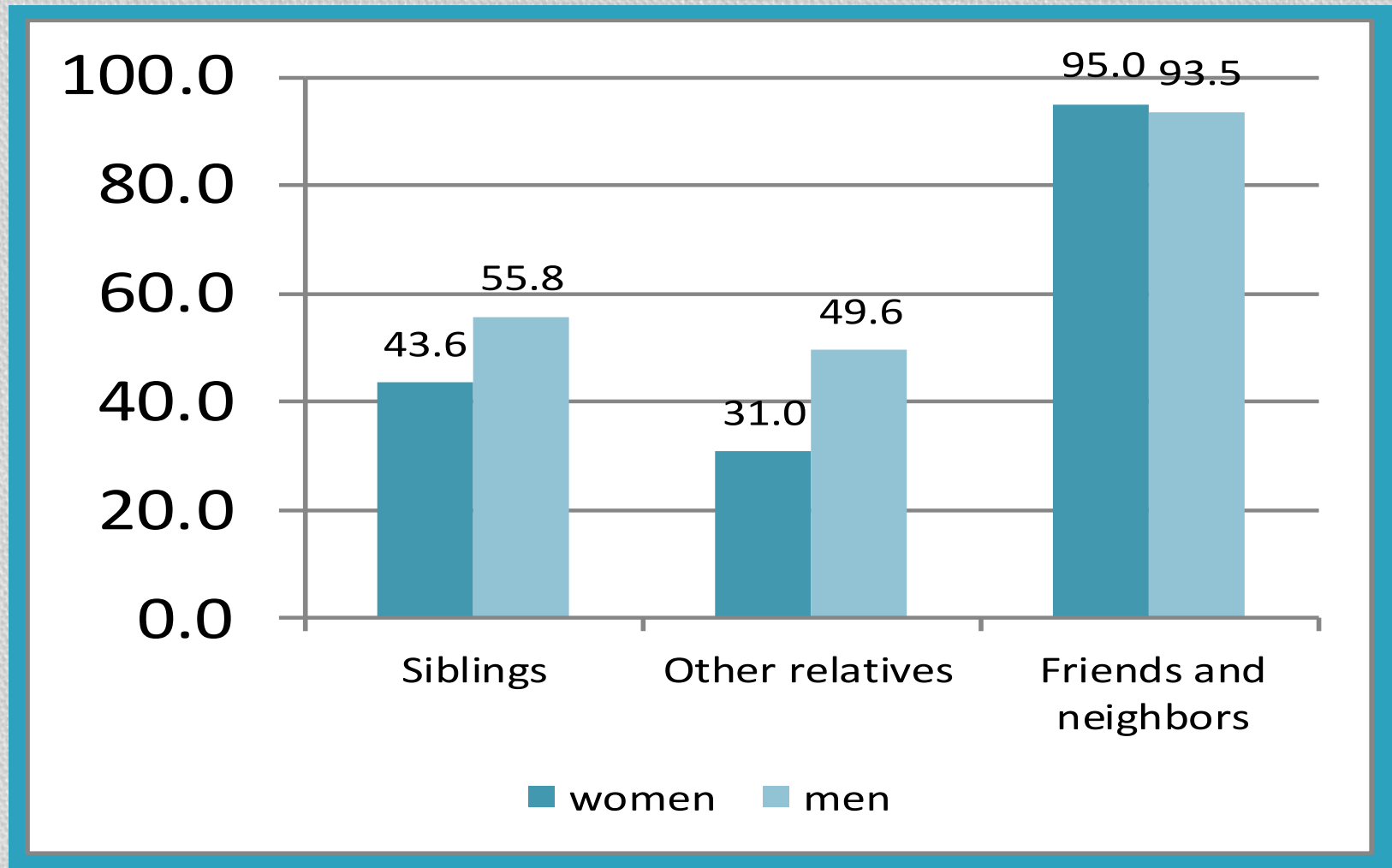
## Older persons' contribution to family activities



In Ismailia study, older adults were asked whether they provide childcare for their children whether residing with them or not. About 76.7% of older women and 70.2% of older men reported that they provide these services for their children.



Older persons who receive weekly visits or phone calls from family, friends and neighbors (Ismailia 2004)

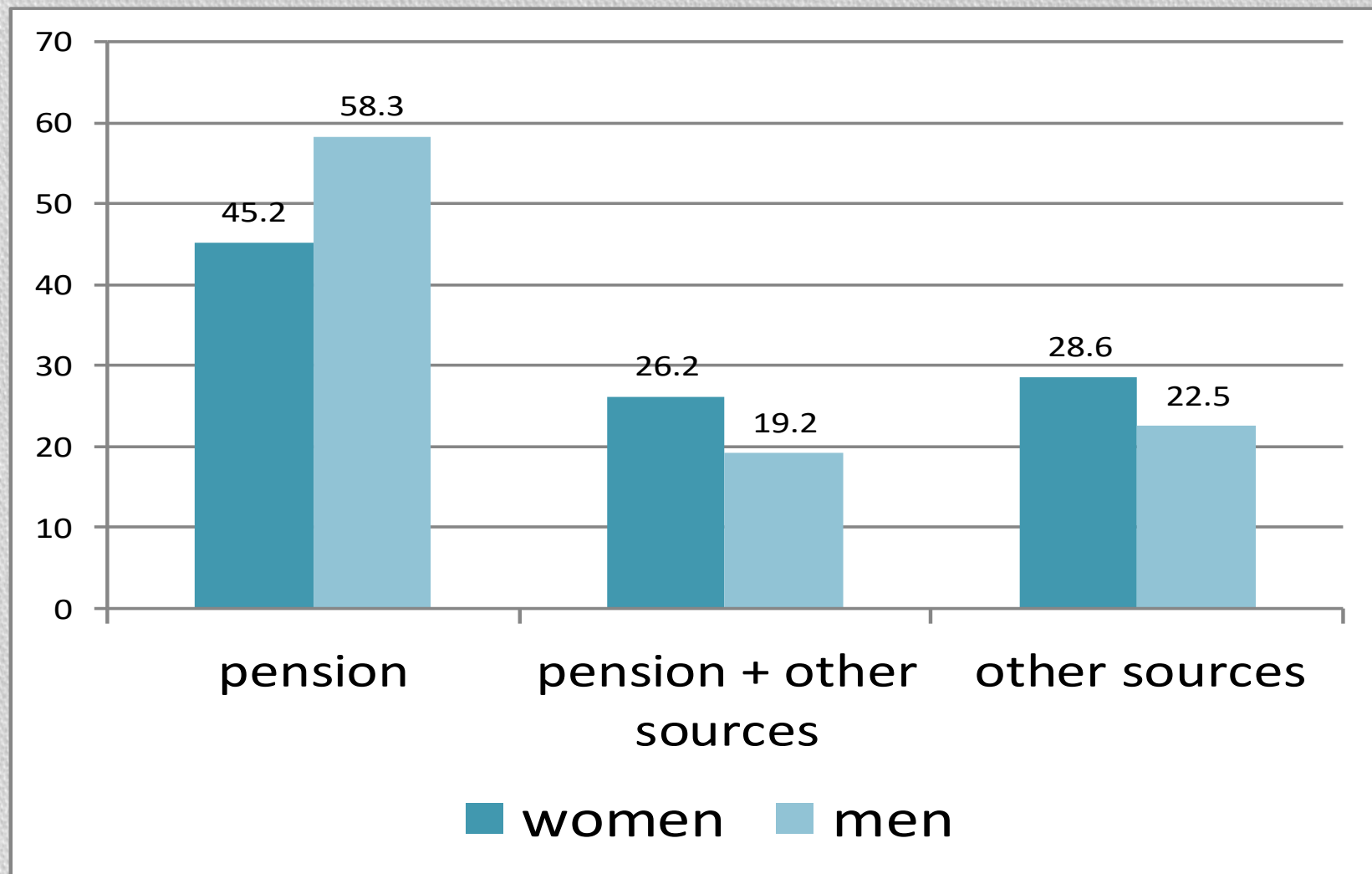


# Economic wellbeing of older persons

- Economic insecurity and the lack of resources to meet basic needs, contributes to multiple problems for older adults. Economically insecure older adults face many challenges such as maintaining their housing, less access health care, and dependency on others.



# Sources of income for older adults in Egypt by gender (Ismailia 2004)



The other two main sources for older adults' income were working and children financial support.

- Among women who had to supplement their pension, 81.1% relied on their children and 3.8% had to work.
- Among men, 42.2% relied on their children and 44.3% worked.
- For older women who do not receive any pension, 50.3% relied on their children and 41.7% worked to support themselves.
- Among men who do not receive any pension, 36.7% relied on children and 34.2% worked.



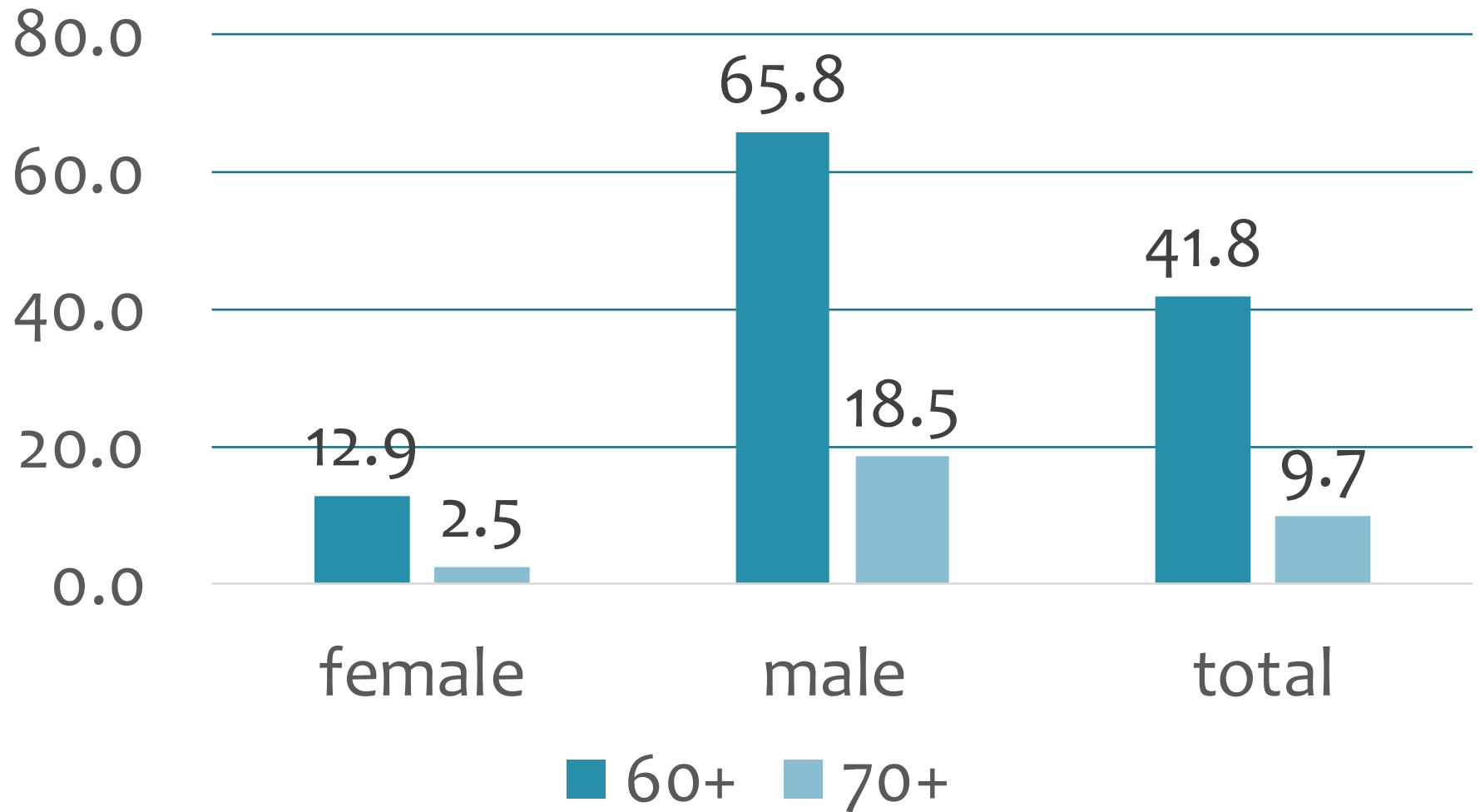
However, it is important to acknowledge the significant economic contribution older adults provide whether

- directly through their participation in the labor market

or

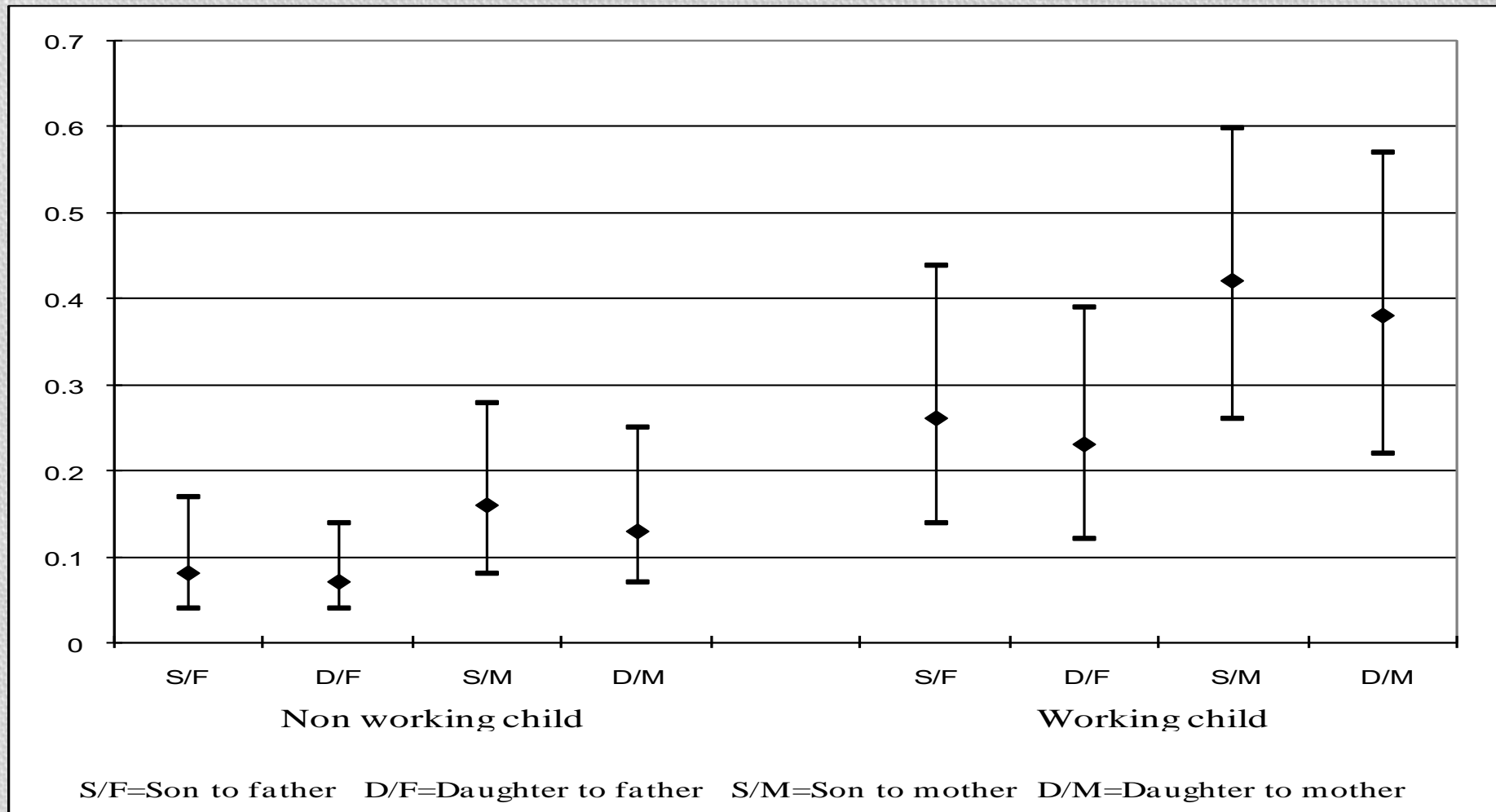
- indirectly through extending financial support to family members in particular children.

# Work status of older persons 60+





Predicted probabilities and their confidence interval for a standard older adult to receive support from a standard non co-resident adult child by the gender of the older adults and the child



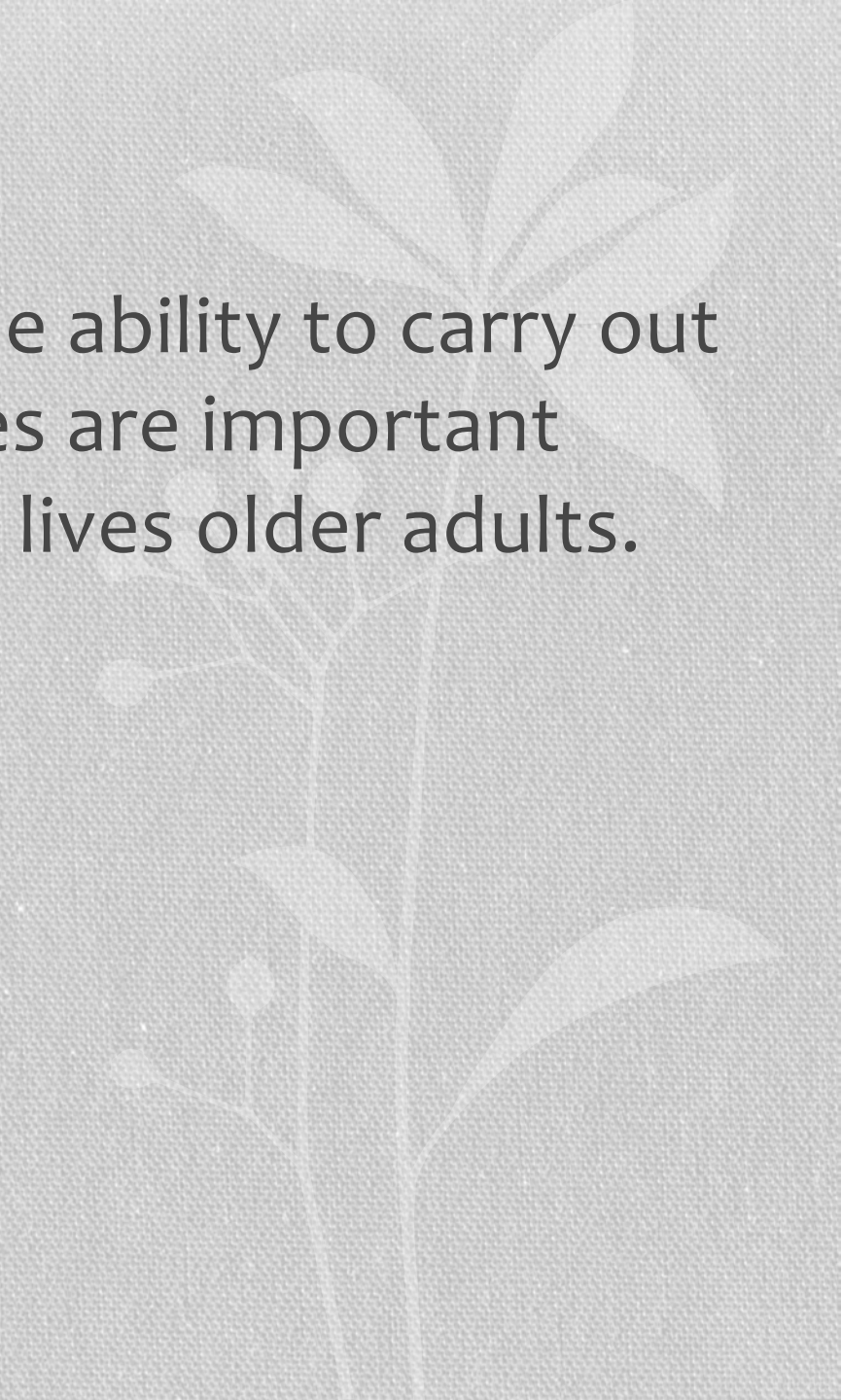
# General health and levels of morbidity

In study of older adults' health in Ismailia governorate, data showed that

- Although women commonly outlive men in Egypt, older Egyptian women are more likely to rate their health poorer than men of the same age.
- In Ismailia study, among women aged 60 years and older, 39.1% reported their health to be poor or very poor compared to 28.4% of men in the same age.
- In comparing their health to the previous year, older women were more likely to report the worsening of their health than men. While 40% of older women reported that their health is worse than their health in the previous year, the comparable proportion among older men was 35%.



- The physical ability and the ability to carry out simple daily living activities are important aspects to consider in the lives older adults.



Experience of any physical limitation (difficulty) with upper and lower extremity activities among older adults in Egypt by gender (Ismailia 2004)

Activities	Women	Men	Total
<u>Upper extremity</u>			
Reaching up over your head	9.1	5.8	7.3
Shake someone hands	2.5	2.0	1.7
Use fingers to grasp or handle small objects	5.1	2.7	3.8
Carry heavy object (10 Kg)	72.0	37.0	53.7
Carry heavy object (5 Kg)	44.5	22.4	33.0
<u>Lower extremity</u>			
Walking 500 meters	68.0	43.6	55.2
Walking 100 meters	38.2	15.5	26.4
Climbing up 25 steps without resting	63.3	42.8	52.6
Climbing up 10 steps without resting	40.4	17.3	28.3
Standing up on feet for 2 hours	84.8	56.5	70.0
Sitting down for 2 hours	13.9	9.6	11.6
Stooping, crouching or kneeling	63.0	28.2	44.8



Experience of any physical limitation  
(difficulty) with Activities of Daily living  
among older adults in Egypt by gender  
(Ismailia 2004)

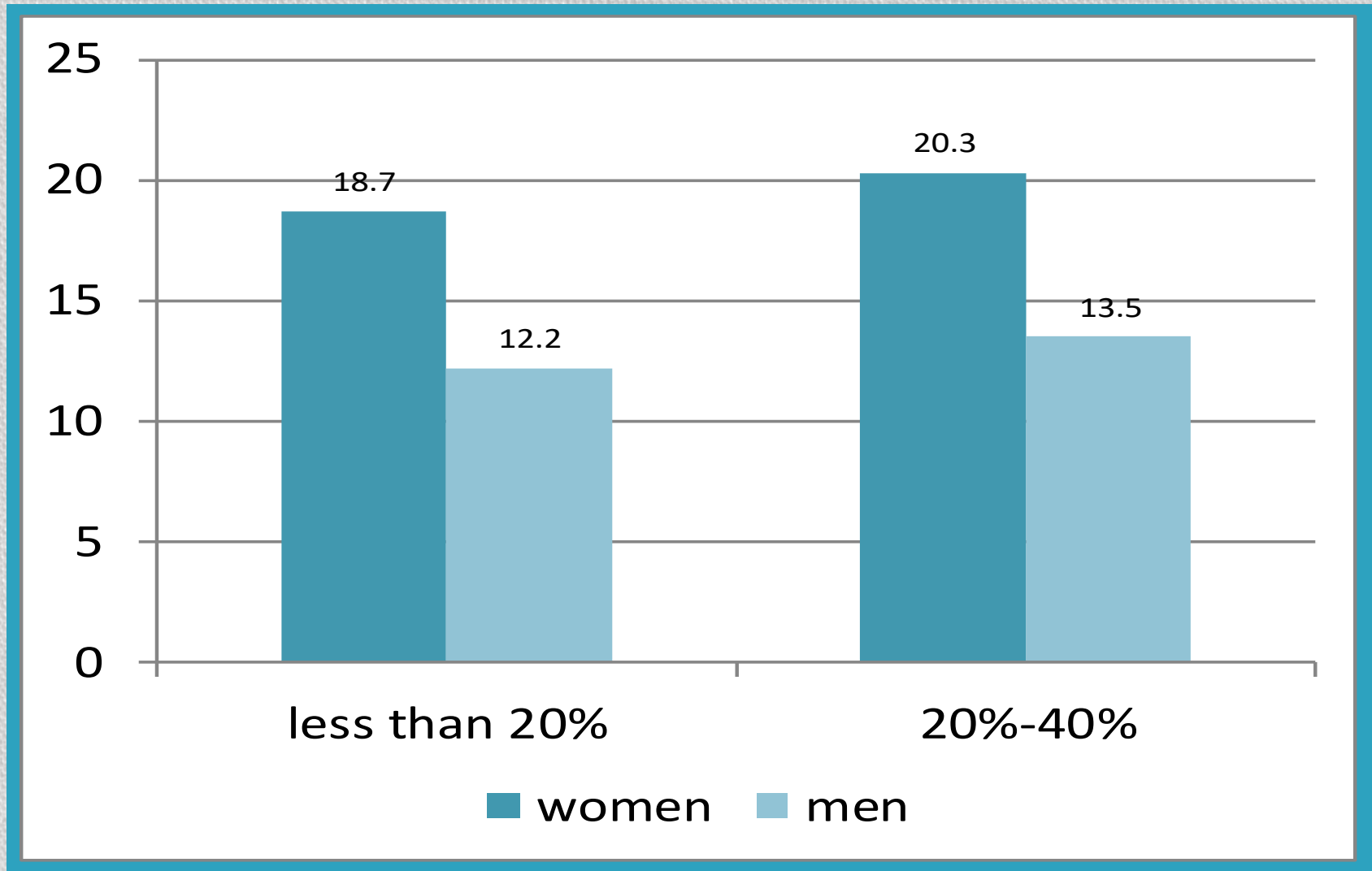
ADL Activities	Women	Men	Total
Bathing	28.7	15.7	21.9
Dressing	18.7	11.9	15.1
Eating	3.4	4.9	4.2
Getting in and out of chair	13.2	8.9	11.0
walking in general	55.5	35.7	45.2
Getting outside the house	52.2	30.9	41.1
Using toilet	14.9	7.2	10.9

## Experience of any physical limitation (difficulty) with Instrumental Activities of Daily living among older adults in Egypt by gender (Ismailia 2004)

Instrumental activities	Does not do it	Diff.	Does not do it	Diff.	Does not do it	Diff.
Cooking or heating food	36.5	9.6	76.7	0.4	57.6	4.8
Shopping	61.5	12.3	52.2	5.1	56.6	8.5
Managing money	17.5	1.8	9.2	2.0	13.1	1.9
Using telephone	80.8	1.5	39.0	2.0	58.9	1.8
Heavy household cleaning	74.7	8.7	99.1	0.0	87.5	4.2
Light household cleaning	45.3	10.8	91.1	0.4	69.2	5.3
Taking transportation	31.6	26.1	13.4	19.5	22.1	22.7
Managing medication	8.6	16.2	17.1	3.0	16.7	5.7



## Scoring low on the psychological stress scale among older adults in Egypt by Gender (Ismailia 2004)

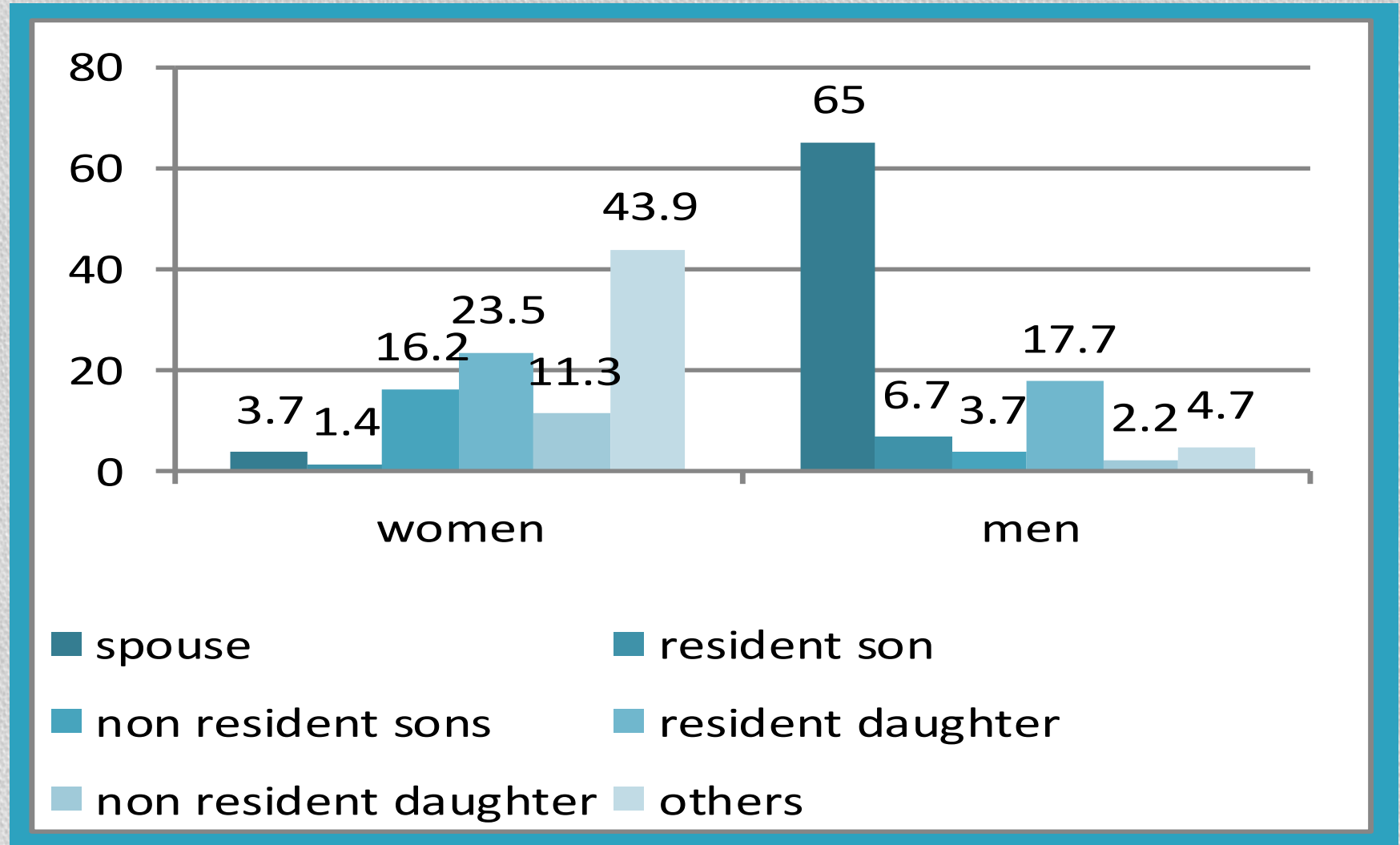


# Sandwich Generation

- Middle age generation who has to care for their elderly parents and children
- Co-residence is not an issue
- Support for both parents and young children was based on culturally defined gender roles
  - Women were assigned the role of hands on and emotional support, while men were assigned the role of financial support
- Now, women with their access to financial resources are major contributors to nuclear family budget as well as equally providing financial and material support to their parents
- Many women are currently experiencing the triple shifts
  - Home,
  - work
  - caring for their older parents



# Older adults' main hands on helper by gender of older adults (Ismailia 2004)



# Concluding remarks

- The above profile has unveiled many challenges and opportunities that can be addressed and seized with the aim of achieving the welfare of our older population
- There is complete absence of comprehensive information on older adults in Egypt. Information are scattered and usually focuses on small segments of the aging population or address on dimension of their lives mostly medical aspects



# *It is time for a new vision Towards adopting the concept of **Healthy Aging** – a vision that:*

- Values and supports the contributions of older people;
- Refutes ageism and reduces inequities;
- Provides age-friendly environments and opportunities for older adults to make healthy choices, which will enhance their independence and quality of life.

Achieving this vision of healthy aging will require strategies to address the needs of all older Egyptians, as well as explicit efforts to reduce inequities in health and wellbeing.







- There are significant aging experience differences between men and women. Women live longer than men, but experience more life hardship than men. Women end up old, with no resource, disabled, sick and dependent on others.
- The ongoing transformation of family systems can put at risk many of the traditional social support systems in particular the intergenerational living arrangements. While the traditional livings calls for the co-residence of older adults with their families, solitary and empty nest living arrangement are dominating the living arrangements of older adults Hands on support for older adults still falls on the family members' shoulders. Reliance on others (non-family members in particular) is rare. This attitude throws a significant responsibility on many family members and can overburden them particularly with more women participating in the labor market to make ends meet.
- Despite the common image of older adults being the recipient of support all the time, older population continue to maintain significant contribution in the lives of the younger generation through providing them with the needed support throughout their lives whether on the social or the financial dimension.
- Formal services provided to socially support older adults are very limited and mainly serve those well off members of the older adults.
- Income security of older adults in Egypt is highly jeopardized due to their limited sources of income and their reliance on children or/and work to supplement their income



- Pensions and social assistance are insufficient to secure the economic welfare of older adults due to its limited coverage. More than 20% of older adults find these transfers insufficient to meet their needs and had to supplement them through work or transfers from children.
- Older adults maintain their contribution in the labor market in order to supplement their income. About half of the working older men are involved in agricultural activities.
- The majority of working for wage older men is denied many of the benefit package offered to middle age workers.
- Children are also the main source of material support for their older parents in particular their mothers. There is no difference in sons and daughters material support to their older parents and all the observed differences are due to lack of their own resources which can be secured their work for wage.
- Older parents continue to provide material support to their non-resident children and usually they do not differentiate in their support between daughters and sons.



- Older adults suffer from many physical limitations that affect their ability to carry out both their activities of daily livings and instrumental activities of daily livings.
- More than two thirds of the older adults suffer from chronic diseases. With more than two fifth of them suffering from two or more chronic diseases.
- Adoption of risky behaviors for chronic diseases is widely spread among older adults in Egypt. Only 20% of older adults engage in some physical activities, while 85% of older men were currently smokers or previously smokers.
- Psychological stress is widely spread among older adults in particular older women.
- Older adults have limited access to health insurance with only 30% of them is covered. Furthermore only 40% of those covered use it all the time. Both users and non users complain of the quality of service provided within the governmental health insurance facilities.