

Gender, Age, and Well-being in Later Life: Perspectives from Algeria, Lebanon, and Palestine

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Demographic trends in fertility and mortality in Arab countries are consistent with global trends (Yount & Sibai, 2009; Sibai et al., forthcoming; Tabutin & Schoumaker, 2005); yet, population aging has received less attention in the region. Moreover, older women and men in several Middle Eastern countries have endured periods of political instability and conflict, which likely have shaped family relations and their vulnerabilities in later life. The Algerian War of National Liberation, for example, spanned 1954 – 1962 and civil war ensued in 1992, costing over a million deaths and having documented effects on older, widowed women (Turshen, 2002). In Lebanon, civil war erupted in 1975 and continued with various forms of violence and invasion until 1992. Today's older Palestinians have endured the conditions of occupation since 1948. Such experiences are especially disruptive to older adults, who are trying to accommodate multiple life-course transitions (Phifer 1990). For example, those approaching old age in the context of war face untimely transitions into widowhood, forced retirement, and displacement, and endure financial problems that weaken their capacities to cope (Sibai et al., 2007). Such experiences can also vary substantially by gender because of men's and women's distinct prior economic, social, and health trajectories. Men, for example, typically report more assets across the life course, but women typically depend on and receive more economic transfers in later life (Olmsted 2005; UNIFEM 2004; Yount et al., 2009). Research on gender and family relations is conflicting, showing no gender gaps (Joseph, 1993), advantages for women (Aswad 1997; Olmsted 2005; Yount 2005), and yet higher widowhood and solitary living among women than men (Yount & Sibai, 2009). Gender gaps in health status also are notable, with men disadvantaged in life expectancy but women having more frequent and more severe disability and chronic illness (Yount, 2005, 2008; Yount et al., 2004; Yount & Sibai, 2009).

The above evidence for Arab countries, however, is largely based on subnational studies. This limitation is coupled with documented variability in gender and well-being *within* the Middle East (Ahmed 1992; Yount & Agree 2004; 2005; Offenhauer 2005) and a call to account for the unique needs of older men and women (Knodel & Ofstedel, 2003). **In this paper, we provide comprehensive and comparative national profiles of well-being in family relations, socio-economic status, and health of older women and men, by age, in three Middle Eastern countries, Algeria, Lebanon, and Palestine.** Specifically, we compare across these diverse settings the family, economic, and health statuses of the “young old” (60 – 69 years), “middle old” (70 – 79 years), and “oldest old” (80+ years) women and men, and assess what these age-gender variations across settings tell us about trends in the well-being of older women and men in the countries under study.

The analysis relies on an existing but underutilized data source to which the authors have recently gained access: the Pan Arab Project for Family Health (PAPFAM). Ten nations participated in the MENA region: Algeria, Djibouti, Sudan, Syria, Morocco, Palestine, Yemen, Lebanon, Tunisia, and Libya. We focus on Algeria, Lebanon, and Palestine because for these three countries in-depth data were collected on populations aged 60+. The major purpose of

PAPFAM is to enable the Ministries of Health and other national agencies in the Arab region to obtain a timely and integrated flow of reliable information suitable for formulating, implementing, monitoring and evaluating the family health policies and programs in a cost-effective manner.

Algeria. The Algerian Family Health Survey (AFHS) was conducted by the National Office of Statistics in collaboration with the Ministry of Health and the Pan Arab Project for Family Health. The AFHS is a nationally representative sample and was carried out in 2002. The AFHS sample covered 3958 elderly aged 60 years and above.

Lebanon. The Lebanese Family Health Survey (LFHS) was conducted by the Statistics Central Department in collaboration with the Ministry of Social Affairs and the Pan Arab Project for Family Health. The LFHS is a nationally representative sample and was carried out in 2004. The LFHS sample covered 1774 elderly aged 65 years and above.

Palestine. The Palestinian Family Health Survey (PFHS) was conducted by Palestinian Central Bureau of Statistics (PCBS) and the Pan Arab Project for Family Health. The PFHS is a nationally representative sample and was carried out in 2006. The PFHS sample covered 1,655 elderly aged 60 years and above.

In each country, face-to-face interviews were carried out that asked questions about family relations (e.g., marital status, living arrangements, contact frequency with child), socio-demographic and economic characteristics (e.g., education level, income sufficiency, work status), as well as disability and health status (e.g., functional limitations, self-rated health, chronic illness).

Analysis of variance was carried out separately for each country to examine gender and age patterns concerning family, socio-economic, and health well-being outcomes. Illustrative results are presented below. Concerning one indicator of social well-being, marital status, marital patterns in Algeria follow the pattern observed in most countries around the world. Specifically, women are married less often than are men and the frequency of being married does not significantly differ across age cohorts of men; however, the young-old (60-69) women less often are unmarried and so the gender gap in marriage is smaller at younger ages. In Lebanon and Palestine we observe similar gender differences, yet in Lebanon men 80+ are significantly less likely to be married than their younger counterparts (65-69 and 70-79). Concerning one indicator of economic well-being, income sufficiency, there was a gender difference in all three countries. In Algeria women reported higher mean levels of income sufficiency than men. Income sufficiency did not differ significantly between the three age groups. In Lebanon, income sufficiency was rated highest among oldest-old (80+) women, where as among men the age differences were minimal. In Palestine income sufficiency was also rated higher among women (61%) than men (49%). Concerning one indicator of health well-being, activity/functional limitations, we observe stark differences in prevalence between countries. In Algeria, 27% report being limited, in Lebanon 98.5% being limited, and in Palestine 64% report being limited. Age differences significant in Algeria with the oldest-old (80+) reporting the highest proportion of having limitations with regard to daily activities (56%), compared to the middle old (33%) and young-old (18%). Gender differences also emerge in Algeria with women reporting on average

slightly higher incidence of such limitations. Gender differences are most prominent in Lebanon among those aged 70-79 with 34% of women reporting being limited and 27% of men. Seventy percent of women in Palestine, compared to 56% of men report activity/functional limitations.

This analysis allows us to consider gender and age influences on well-being in an understudied part of the world. We document areas of resilience as well as where challenges lay for aging populations in three Middle Eastern countries.