

**International Federation on
Ageing
10th International Conference**

Female Ageing and Health

The Case of Egypt

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General Information about Ageing in Egypt

❖ **Age Structure in Population:**

- **65+:4.8%**
- **Male:1,701,068**
- **Female:2,299,875**

❖ **Life Expectancy at Birth:**

- **Total: 72.12 years**
- **Male: 69.56 years**
- **Females: 74.81 years**
- **(2009 World Fact Book)**

❖ Projected Increase:

• Year	% 60+	% 80+
• 2005	7.2	0.6
• 2050	19.3	2.5

- **The UN Commission of Population and Development in its 43rd Session, 12-16 April, attributes the increase in life expectancy in developing countries to the shift from communicable to non-communicable diseases as a cause for mortality.**

- **This situation applies to the Egyptian case for both males and females.**
- **As a rule, there is no gender differentiation in the status of older persons in the Egyptian family.**

- **As a traditional –dominated culture, Egypt holds a privileged status for older persons.**
- **On the positive side, this is a source of emotional security/support for them.**

- **On the negative side, the government relies on this value, hence services to the ageing are not a priority. There is more demand than supply.**
- **Older persons are vulnerable because they constitute a high proportion of the poor.**

- **This vulnerability is aggravated by gender issues.**
- **The feminization of ageing therefore runs parallel to the feminization of poverty.**

- **One relevant factor here is that the number of widows is higher than the number of widowers.**
- **Females are less likely to remarry after divorce or widowhood than males.**

- **Women's longer lives are not necessarily healthier lives.**
- **Women experience conditions that carry health risks—i.e., pregnancy and childbirth.**

- **It is women, especially the poor, that constitute a high proportion of the informal labor sector, with no guarantees for wages, hours, environment, or health/social insurance.**
- **They can be found in hard, strenuous physical labor, thus exposing them to many occupational health risks.**

- **Pathological symptoms are usually explained on ageing.**
- **Diseases like hypertension, diabetes, as well as those associated with reproductive health and motor ability therefore become chronic.**

- **The possibility of recovery through early detection is therefore surpassed.**
- **The situation is aggravated by the lack of concern for preventive care.**

- **Many health problems of old women go back to neglect during the reproductive period, and even earlier.**
- **The age group of the girl child witnesses gender inequality in health care/nutrition.**

- **Indicators: a high rate of maternal mortality:84 per 100,000 live births**
- **The prevalence of anemia and malnutrition among females**

- **Neglect in childbirth and postnatal care leads to a high incidence of pelvic floor dysfunction in old age.**
- **There is also a strong link between female health and income.**
- **Relevant cultural factors:**
 - ❖ **Women come at the end of the list in health care and nutrition, even during pregnancy and childbirth.**

❖ The culture considers pregnancy and childbirth as natural processes of a woman's life span and identity, therefore not requiring medical intervention.

- **It is expected that projected demographic changes will raise life expectancy, hence the percentage of the ageing population will increase.**
- **This change in the age pyramid therefore necessitates greater concern for the issue of ageing at both the government and social levels.**

- **The disadvantaged situation of females as constituting a higher percentage in this age group cannot be disregarded, hence requiring more attention, especially in the area of health.**

- **Recommendations include:**
 - ❖ **Raising awareness about health care during the reproductive age**
 - ❖ **Expanding centers/department of geriatric medicine**
 - ❖ **Raising awareness as to the importance of proper nutrition for women starting at an early age**

- **Expanding primary health care, with special emphasis on the preventive approach.**
- **Training community health workers to provide the necessary care/support for older women.**