Testing the SHARE questionnaire in the Egyptian communities

The first implementation stage of the ElSeha initiative has the main objective of piloting the SHARE questionnaire and assessing the feasibility of healthy aging research in Egypt, and accordingly the region. A major component of the capacity building on survey methodology and data collection activity included the Applied Field Work (pilot), where ten days were assigned for pretesting and piloting the Arabic SHARE survey tool in the field, with support and quality control from coordinators and AUC team.

A convenient non-probability sample was used for the pilot study. The tools of data collection included the household questionnaire, individual questionnaire and self-completion questionnaire. Quality control and data review were ongoing simultaneously during the data collection period. This was facilitated by the use of the CAPI, which self-detect and minimize potential data discrepancy.

The data set is then cleaned and cross-checked for accuracy using SPSS statistical package to be used for future analysis. This SPSS data file is to be used extensively in applications during the capacity building workshops.

The household and individual questionnaires were collected using CAPI, while the self-completion questionnaires were filled by respondents. A total of 299 questionnaires were filled by participants in 10 different governorates. Table 2 shows the distribution of the collected questionnaires for each university.

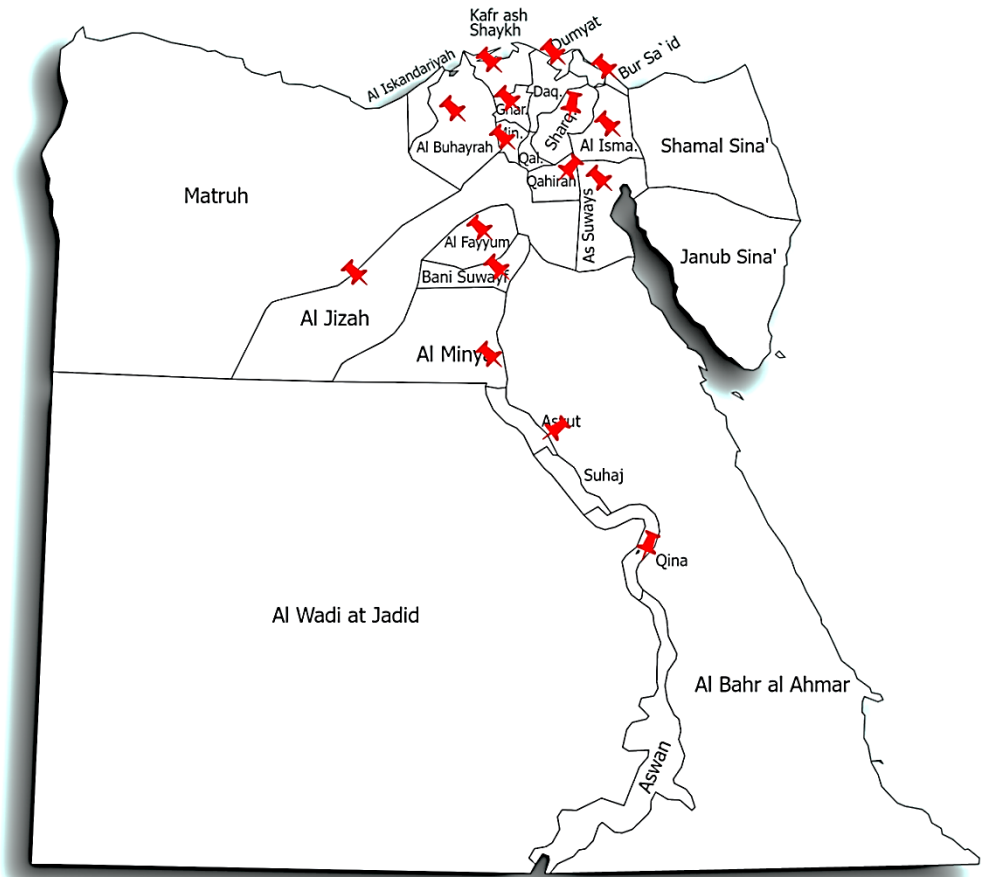
Table 2: Pilot Questionnaires Distribution by Partner Universities

Team	Number of Questionnaire
Beni-suef	88
Menoufya	79

Mansoura	39
Suez Canal	68
AUC	25
Total	299

The total percentage of male-respondents is 42.8%, in addition to 57.2% females. Figure (1) presents the distribution of the completed interviews by residence governorate of the respondents. The pilot study covered 16 governorates out of the 27 governorates of Egypt.

Figure 1: Distribution of pilot sample by governorate of residence of respondents



- **Some Preliminary Results from the Pilot Study**

While, the adopted purposive non-probability sampling technique is not intended to be used to infer from the sample to the general population in statistical terms, it was quite interesting to investigate more about the gathered data and provide hints about any possible findings that could be reached using the comprehensive SHARE study tool. In the following, we highlight some of these findings.

A) Age Structure of respondents:

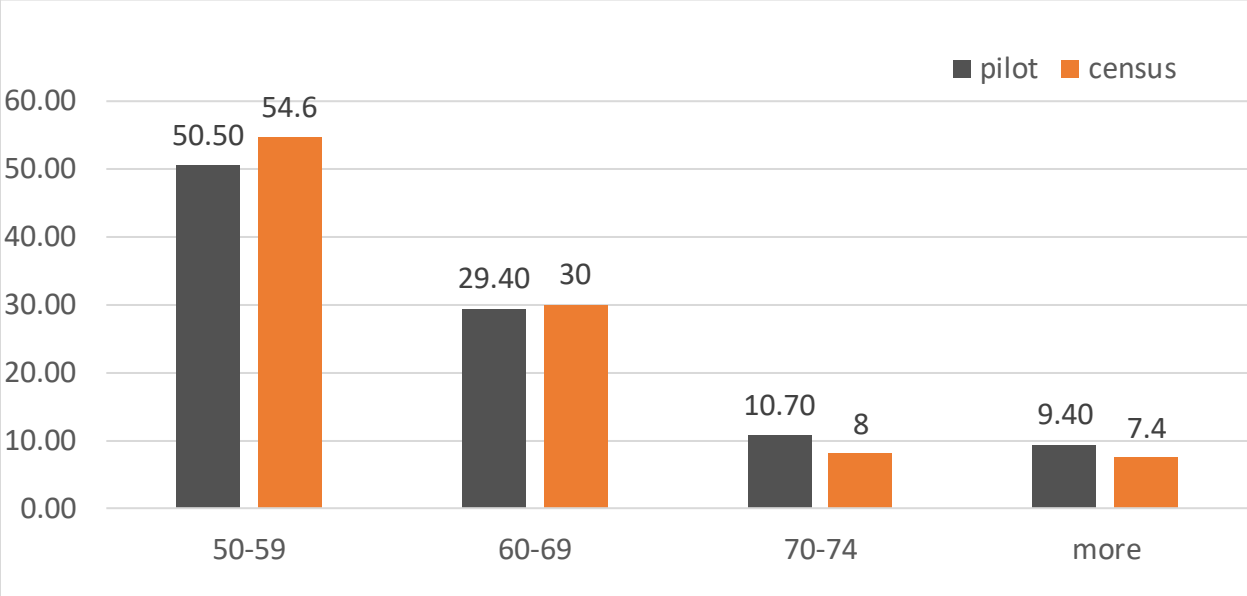
Although the adopted non-probability sampling technique did not aim to well-represent the population, the pilot results on age structure came very close to the population census. According to Egypt's Census 2017, the population of age 50+ is around 13.632 million representing 14.6% of total population. Table 3 shows the respondents age distribution by gender. Moreover, Figure 2 depicts age distribution percentages of the pilot respondents against the corresponding population age distribution (Census 2017).

Table 3: Respondents Age Distribution, by Gender

Age Group	Gender		Total
	Male	Female	
50- 55	26.60%	19.90%	22.70%
55 – 59	26.60%	28.70%	27.80%
60 - 64	14.10%	20.50%	17.70%
65 - 69	9.40%	13.50%	11.70%
70 - 74	13.30%	8.80%	10.70%
75 - 79	7.00%	5.30%	6.00%
80 - 84	2.30%	2.90%	2.70%
90 - 94	0.00%	0.60%	0.30%

95 +	0.80%	0.00%	0.30%

Figure 2: Pilot vs. 2017 Census Age Distribution



B) Relationship between socio-economic status (SES) and health perceptions

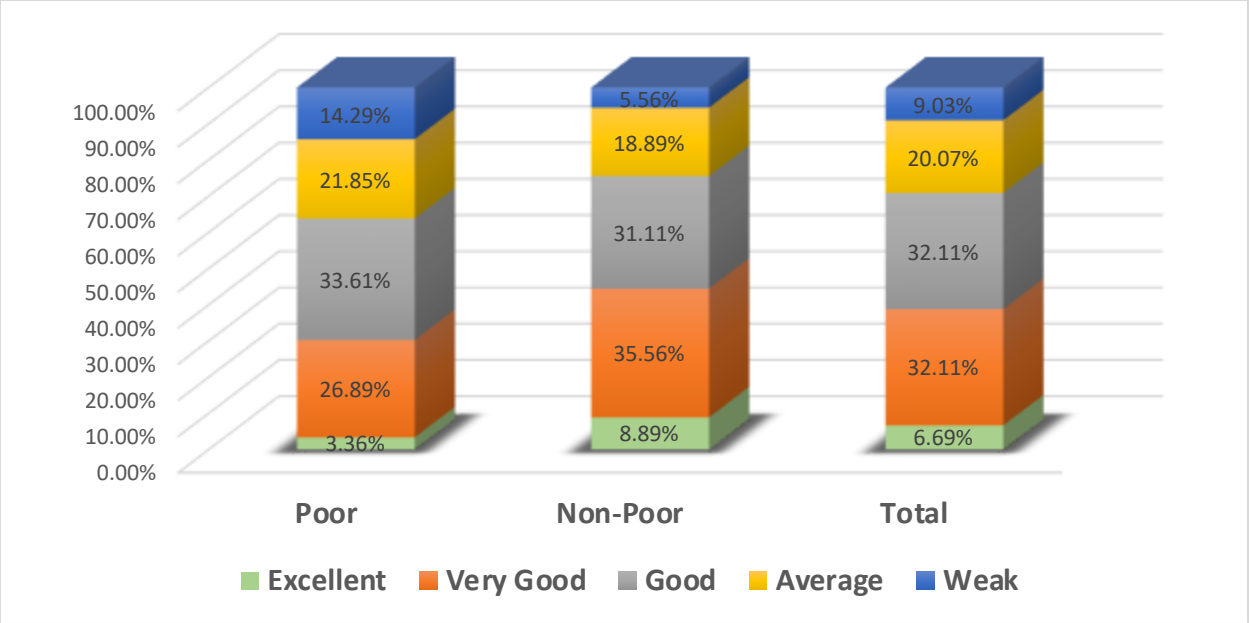
A preliminary result based on the pilot collected data is the relationship between socio-economic status (SES) and seniors' health perceptions, as SES does impact the overall health and well-being of individuals and could contribute to longevity and lifespan in those with chronic conditions. Using the principal component analysis (PCA) of Factor Analysis, which is a multivariate statistical technique used to reduce the number of variables in a data set into a smaller number of 'dimensions', a SES index was constructed. The index is then divided into 5 quintiles, where the first quintile represents those with the lower SES among respondents and the fifth quintile represents those with the highest SES. As table 4 shows, the highest percentages of the fourth and fifth quintiles experience excellent or very good health status (around 40 percent and 39 percent, respectively). Also, the highest percentage of those in the first quintiles of the SES (22%) experience weak health status. This could be explained by the claim that money may not buy happiness, but it definitely can improve channels of access to healthcare, services, and providers.

Table 4: Health Status According to Socio-Economic Status Quintile Group

		Please describe your health status				
		Excellent	Very Good	Good	Average	Weak
% within Socio-economic status Quintile Group	first	1.70%	18.60%	27.10%	30.50%	22.00%
	second	5.00%	35.00%	40.00%	13.30%	6.70%
	third	6.50%	38.70%	27.40%	22.60%	4.80%
	fourth	10.30%	29.30%	34.50%	20.70%	5.20%
	five	10.00%	38.30%	31.70%	13.30%	6.70%
Total		6.70%	32.10%	32.10%	20.10%	9.00%

Two categories for the SES are constructed by combining those in the first and second lower SES quintiles as poor, and the non-poor category includes those in the remaining quintiles (higher SES). Figure 3 shows the comparison between these categories when asked how to describe their health status at the time of the survey. Experiencing excellent health status is quite higher for those in the non-poor category (8.89% vs. 3.36 for poor).

Figure 3: Health Status According to Socio-Economic Status (poor vs. non-poor)



Furthermore, the highest percentage of those in the first (lowest) SES quintile (64%) are currently suffering from any disease, disability or any chronic symptoms , as shown in table 5. Similarly, the inability to perform regular activities due to health conditions were also the highest among the same group of lowest SES (57.6%). This would be due to the fact that when someone is living in poverty, it is possible that there will be some deficiencies in preventative care and Nutrition. This could exacerbate a chronic condition, or cause complications later.

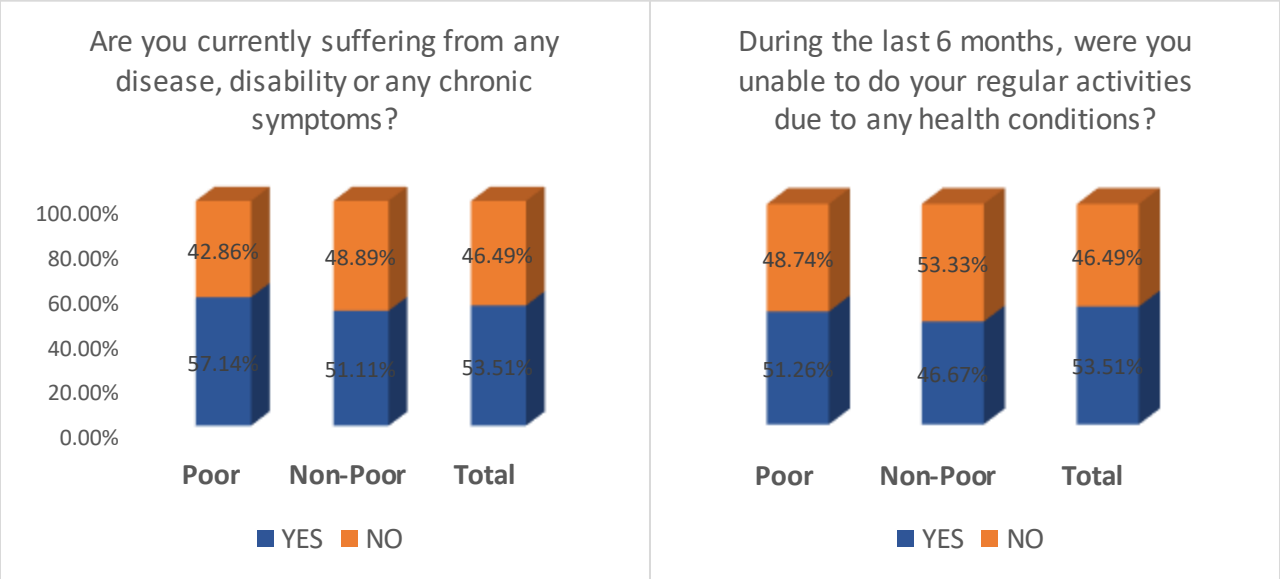
Table 5: Diseases, Disability, Chronic Symptoms and Inability to Perform Activities during the Last Six Months, According to Socio-Economic Status Quintile Group

	Are you currently suffering from any disease, disability or any chronic symptoms?		During the last 6 months, Were you unable to do your regular activities due to any health conditions?	
	YES	NO	YES	NO
first	64.40%	35.60%	57.6%	42.4%

% within Socio-economic status Quintile Group	second	50.00%	50.00%	45.0%	55.0%
	third	53.20%	46.80%	45.2%	54.8%
	fourth	48.30%	51.70%	44.8%	55.2%
	five	51.70%	48.30%	50.0%	50.0%
Total		53.50%	46.50%	48.5%	51.5%

Figure 4 below gives visual comparison for the same questions between the poor and non-poor categories, constructed using the SES quintiles. The percentage of currently suffering from any disease, disability or any chronic symptoms is higher among poor compared to non-poor (57 % vs 51%). Similarly, the inability to perform regular activities due to health conditions is higher among poor compared to non-poor (51 % vs 46%).

Figure 4: Diseases, Disability, Chronic Symptoms and Inability to Perform Activities during the Last Six Months, According to Socio-Economic Status (poor vs. non-poor)



- **Pilot Fieldwork Challenges**

Table 6: Average Completion Duration, by team

Team	Average duration in minutes
Benisuef	102
Menoufia	83
Mansoura	73
Suez Canal	120
AUC	72
Total	94

Researchers reported a number of problems, including:

- The form was lengthy, which in many cases led to boredom or tiredness of the respondent, which might affect his answers. The following table 6 shows the average survey duration within each team. On average, the interview took slightly more than an hour and half to be completed, ranging from 72 minutes for the AUC team to two for the Suez Canal team.

- Many monetary questions, such as salary, pension, inheritance, transfers to him or from him. Respondent either answers reluctantly after insisting or refuses to answer.
- The different pension systems in Egypt were not explained.
- It is necessary to add items related to availability of senior-friendly facilities to identify the extent of the presence of obstacles that limit the movement of the elderly, whether at work or when going to the doctor or the lab, such as the presence of ladders and railings for stairs and special places and arrangements for users of assistive devices/disabled.... etc.
- Participants often asked if they would get any benefit from participating in the questionnaire specifically from the Ministry of Social Solidarity.
- Some questions were unclear to participants especially those with low literacy levels.
- More face-to-face open discussions were needed as they were extremely beneficial enriching the final outcome

Despite all of these challenges, the interviewers realized the importance of the information and findings of the survey in decisions related to health and wellbeing of older people, the interviewers started analyze the pilot data and use it to determine the risk factors of the health statues of old people and compare their results with other similar studies in Egypt or worldwide.