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CONTEMPORARY ATTITUDES OF KUWAITI CITIZENS OF BOTH SEXES TOWARDS SENESCENCE IN KUWAIT: AN EMPIRICAL STUDY

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Abstract

The study aimed at researching contemporary attitudes towards the elderly in Kuwaiti society. The study involved 472 Kuwaiti citizens responding to a 20 item questionnaire. The respondents strongly supported care of the elderly by their family, with support from the government. The subjects also supported continuing involvement in society by the elderly, whether at work or at home.

INTRODUCTION

As we are about to enter the 21st century, this study is intended to explore current attitudes towards senescence in Kuwait, which represents a model of Arabian Gulf countries.

These societies are passing through an era of radical change that could be considered a sort of social revolution as a result of excessive petroleum income rather than gradual social change. Several aspects of social and economic life are undergoing rapid change.

The most obvious feature of what is happening to this civilization is that it represents a mixture of the norms, traditions, and modes of life of Western civilizations and the Arabic Islamic traditions. Thus there is a pressing need to understand these various aspects.

Any researcher who tries to deal with an aspect of aging finds it essential to deal with the various aspects of aging such as social, psychological, biological, demographic and economic variables. All these aspects form an interrelated network.

Accordingly, this research could be divided into two main sections. The first is a theoretical one exploring the various aspects of senescence. The second is an empirical one investigating the viewpoints of and trends among Kuwaiti people towards this stage of life.

In this paper, I admit from the very beginning that I assume an optimistic viewpoint towards aging as a phase of development, though it may be considered a post developmental phase, which many people regard as a painful and fruitless stage.

It seems that in the forthcoming 21st century we need a better understanding of this stage, remodeling the mistaken stereotypical concepts prevailing about it. Wise planning and suitable arrangements on the part of the individual himself before reaching such a stage would help him in leading a pleasant, favorable and effective life.

THE THEORETICAL FRAME WORK

Definition of Aging

It is not an easy task to define aging. Nobody suddenly finds oneself an aged person overnight. Aging is a prolonged continuous process, the biological factors of which start from the very beginning of our life, that occurs to the main vessel that supplies the body with blood as early as the age of seven years approximately due to steroid deposits.[1] Aging is a process of continuous culminative changes extending all along the span of life, which makes it difficult

to exactly[2] define its presence. Nonetheless, aging could be functionally defined as a progressive process of inevitable disabling abilities affecting the capability of survival and adaptation.[3] Some authors tend to distinguish between primary aging, which consists of universal unavoidable biologic changes, and secondary aging, which could be confronted by suitable measures.[4]

Birren [5] categorizes aging into three categories: biological, psychological and social aging, as follows:

Chronological aging is one of the most popular accepted measures of aging. In western civilization there is a tendency to accept the span of age from 60 to 65 years as the threshold of aging. Most of the significant physical and psychological changes are expected to take place at this stage of life. However we have to reiterate that there is no exact point in life for being aged.

Many observed changes in the advancement of age owe to illnesses happening to the person at the time and the accumulation of previous illnesses which affected him or her earlier, rather than biological deterioration in itself. In this study aging is considered to be 60 years and above.

Theories of Aging

There are a host of theories intended to interpret the issue of senescence. They could be categorized into psycho-social theories and biological ones.[6]

I: The Psycho- Social Theories

These theories aim at demonstrating the factors that lead to social and psychological losses that the aged endure. One can enumerate these as the Disengagement Theory;[7] Loss of Major Life Roles Theory;[8] Activity Theory;[9] Continuity Theory;[10] Reconstruction Theory;[11] Age Stratification Theory;[12] Modernization Theory.[13]

It seems that "Disengagement theory" was once the most popular theory with its counterpart, the "Loss of major life roles theory".

The disengagement theory was formulated in 1961. It was based upon the concept that the decrement of biological and psychological capabilities of the advancement of age necessitates the termination of the individual's activities.

It is a gradual inevitable process which may be initiated by the individual or by the social system itself. It is assumed that the aged person is happy with such a process and accepts it.[14]

The theory was heavily criticized as its proponents, Cumming and Henry, were not able to prove the validity of their hypothesis.

On the other hand, the "Loss of major life roles theory" was more or less accepted during the nineteen sixties and seventies. Its hypothesis was that disengagement is a behavioral process that the aged person is forced to accept. It causes him to lose his roles as a human being.(15)

II: The Biological Theories

Many theories that seem to be plausible were hypothesized to interpret the causes of biological and physiological deterioration by age. One can enumerate these as "The Colloid Aging Theory"; "Immune Theory"; "Error and Mutation Theory"; and so forth.(16) Accumulation of wear and tear over time is claimed to be one of the causes of biological decline.(17) Accumulation of previous injuries or diseases and the results of unhealthy life style may share the responsibility for this deterioration.(18) The inevitable biological programming indicates that the organism has a definite genetically programmed span of life.(19)

With the progress of medical knowledge, more of the functional deterioration occurring with age could be attributed to morbid factors rather than genetic processes. Nonetheless, genetic factors play a cardinal role in causing the deterioration of the aged.

On the other hand, whatever the biological and physiological changes are, we have to admit that contrary to the prevailing ideas and attitudes about the aged, many old people are not seriously handicapped in leading full and fruitful lives, and pursuing normal daily activities.

Historically, it seems that people were not intended to live till they entered the senescence stage. By the year 1900 it was estimated that the potential longevity ranged from 47 to 55 years in western countries. At present it is expected to be 70 years for males and 76 years for females.(20)

By the year 1979, this potential age for American citizens was 73 years. The population of the aging is expected to be 17 million by the year 2030, and 26 million by 2050.(21)

In other developed countries like Japan the potential age changed drastically from 47.9 years for males and 49.6 for females in 1900, to 73.6 and 79.0 years respectively by 1980.(22) In Kuwait the potential age in 1990 was close to 73 years for both sexes, where the females' potential age was 75.6 years and the males, 70.9, according to the U.N. demographic indicator, 1979.

It is estimated that 70% of the whole population could survive till the age of over 65, and that 30% - 40% of them could survive till the age of 80 years and above.(23) According to the Ministry of Health Annual Report (1995), it is estimated that the elderly Kuwaiti population (above 60 years old) would increase by four times between 1980 and the year 2000.

Such an increase in the population of the aged is associated with a progressive decrease in the rates of fertility, which means a substantial increase in the ratio of the old to the young, in accordance with the total census of the state and the family. Nonetheless, one would consider these demographic changes as not leading to the creation of a senile society, in so far as it is a successful result of the survival process.[24]

Stress, Loss and Aging

Although people throughout their life span are exposed to various stresses, it is obvious that the old are exposed to stresses that are mostly beyond their adaptive capacities. In trying to define the concept of stress, some researchers[25] refer to stress as creating essentially environmental demands whether physical or social, where the aroused demands exceed the individual's resources to meet them.

From the homeostatic point of view, stresses are events that lead to disruption of the human equilibrium, which elicits certain mechanisms to restore the disturbed balance.

Although many definitions give priority to the events surrounding the individual, we also have to consider them in relation to his personal demands on one hand, and his resources on the other.

Kaplan and Kaplan[26] state that "Physiological reactions, such as gastric and cardiovascular hyperfunctioning, and hormonal changes, such as increased adrenal steroid secretion, are universal physiological manifestations of chronic stress." Since 1936 when Hans Selye coined the term "General Adaption Syndrome" as a cluster of physiological responses in the face of noxious agents, it appeared increasingly in medical and psychological literature.[27]

Throughout our lives we are confronted with a series of losses, which act as stressors, but we can say surely enough that loss is a permanent feature in the life of the aged. Although the old experience fewer events that are potentially stressful, such as retirement, failing health of self and spouse, and widowhood, these events represent major losses.[28]

Even if there is no real loss that endangers the life of the old person, he is haunted with fears of object loss, whether it is the loss of a partner, health, self-esteem, or any beloved object. Loss could serve as a precipitating factor that generates psychoneurosis, or it may increase the individual's vulnerability to stresses and neurotic reactions.[29]

Freud observed in the year 1917 that object loss could lead to depression. Abraham and Freud were the first to observe the similarity between depression and bereavement, where loss acts as a cardinal factor in both reactions.(30)

Indulgence in favorable activities, minor familial responsibilities, and emotional ties with another beloved object could help to effectively deal with losses. This principle must be kept in mind when planning a better life for the elderly.(31)

On the other hand, psycho-motor behavior slows down more or less significantly with age.(32) This decrement is said to be prevalent in various activities.(33) Researchers tried to allocate the cause of brain damage; (35) depressive mood;(36) peripheral neuro- muscular factors;(37) and physical fitness.(38,39)

Serious controversy was aroused about intelligence decrement and memory deterioration which might take place with age. It is believed that the low scores which the elderly achieve on intelligence tests are due to slowness on performance subsets, and omitting rather than committing errors on verbal tests. The short- term memory is the type of memory that is liable to be affected rather than the long - term memory. (40)

The changes in the domain of intelligence and memory could have no serious consequences, as experience and prior learning could compensate for any deficiency. Certain strategies could also help the aged to avoid any pitfall.(41)

Most of the aged patients who are accepted as inpatients in mental hospitals could be categorized into two types, namely, those suffering from cerebral arteriosclerosis and those suffering from senile dementia. Many schizophrenic aged inpatients had been admitted in the early years of their lives.(42)

The major symptoms which the aged might suffer are disturbance of memory, orientation and emotions.

Dementia could be classified into dementia due to cortex atrophy, and dementia caused by atrophy of sub - cortical regions, which respectively lead to disturbance of some higher intellectual capacities; and disturbance affecting psychomotor behavior and emotions. Many types of dementia could be enumerated. The more well-known are: Multi-infarct Dementia, Alzheimer Dementia, Pick's Disease, Huntington's Chorea, and Creutzfeldt- Jakob Disease.

Family Issues of Aging

Aging is considered a stage of serious social burden demanding effective intervention. The demographic changes during the past three decades were the main factors that led to such a concept.

With the advancement of medical knowledge, the elderly could survive even though they are inflicted with a variety of physical ailments. This means that the aged would need prolonged medical and social care. In the meantime they began to constitute a large sector of the whole population. One can admit, surely enough, that we are confronting a multi- generation era.(43)

Another demographic change is the emergence of several family types. The extended family largely vanished and has been replaced by the nuclear family in the westernized cultures. Modernization and urbanization accompanied by geographical mobility, entrance of women in the labor market, together with increasing divorce rates, made care for the aged a real burden.(44)

In the Arab world the number of families extended began to decrease substantially and women entered the labor market for several reasons, leaving a gap in the care of the elderly.(45)

Some authors(46) assume that the nuclear family still shoulders responsibilities towards the elderly, while others(47) claim that the family has lost its role towards the aged, leaving them lonely with nobody to care for them.

Loss in its various forms, as we have mentioned before is considered to be the main cause rendering the aged a social burden.(48)

Retirement is one of the main losses leading to a variety of problems that the elderly have to confront, as economic losses would mostly lead to other losses.(49)

Loss due to aging could be categorized as economic loss due to retirement and decrement of income; social loss in the form of losing the spouse, relatives, friends, social role and status; and biological and psychological loss. The latter is the end result of the whole story.(50)

Any deficiency in one of these aspects has its kickback on many others. For instance, the economic deficiency in income, which prevails with age, has its effect on the social and psychological life of the elderly. Demographic changes have a deep rooted influence in so far as all the members of the family are separated, leaving the aged lonely with painful consequences.(51)

Issues of Aging in Arab Gulf Countries

In Kuwait, for instance, the family began to shift from the extended type to the nuclear one, though the ties with the relatives are mostly stable.

Very recently, since the last decade, Kuwaiti families began to acquire the habit of living in rented flats, a mode of life that was never accepted before, and was highly criticized and resisted.

Most Kuwaiti women entered the labor market. The availability of home helpers from some Asian countries is a cardinal factor that renders women's work an easy task with no problem with regard to the wives' obligations towards their families.

As for caring for the aged, we have to realize the fact that each Kuwaiti citizen carries a certain family name, which often refers to well known tribal roots, for whom it is a stigma to let the aged be taken care of in an institution. The home helper renders the process of caring for the elderly in the family not an impossible one. Few of the aged are institutionalized for any reason. In the Emirates, 77% of the aged still live with their original family.(53)

This tradition towards care for the aged is prevalent all over the Arab Gulf countries, due to similarity of values, norms and traditions.

It is now well accepted that uprooting the aged from their familiar environment to live in an institution causes disorientation as a human being. Institutional neuroses prevail in such places. Many aged people die within a few months, though their death could be attributed to other causes. Institutional care for the aged is highly criticized at present. Other types of services with more flexibility and individualism are recommended.

In Swedish society, for instance, there is a tendency to encourage caring for the aged at home and to raise the quality of services offered to them by providing some incentives to the member of the family performing this duty.

As the western countries began to shift back from the institutional type of care to home care, where the family, voluntary agencies and the state share their responsibility, it is logical to assume that Arab countries are adopting the western mode of life within the limits of Islamic obligations. Previously, however, this was the only approved type of care in the Arab world.

Official Institutions and Senescence

According to the Kuwaiti Constitution, it is the State's responsibility to take care of the citizens in cases of senescence, illness, or inability to work. The state has to provide them with social security, social assistance and medical care.

In the year 1955 the first institution for caring for the aged was established by the Ministry of Social Affairs and Labor. In the year 1979 it had 163 aged citizens. By the year 1986 its number was 114 and then it decreased in 1992 to 97. Whatever the reason for the decrease, we could claim that the family is the best milieu where the aged could be cared for.

By the year 1991 there was re-evaluation of the policy concerned with caring for the aged. The Kuwaiti Cabinet of Ministers issued a report about

organizing the labor market in Kuwait, which proposed to consider the possibility of re- employing retired citizens in suitable jobs, according to their abilities and proficiencies. The report also proposed to reconsider the age of retirement.

Dr. El- Awady[54] refers to the fact that the general trend of the constitutions of the Arabian Gulf countries is that the issue of senescence is dealt with as if aging is a temporary stage that needs a certain kind of care, and not as a natural stage of life that permanently confronts the Gulf people and should accordingly be dealt with by planning effective programs for social and economic development.

We could conclude from the previous theoretical discussion that the issues of retirement, family vs. government care, and the deterioration stage are important domains to be focused on when studying the stage of SENESCENCE.

The Empirical Section

Statement of the Problem

It is estimated that the population of the elderly in Kuwait is expected to increase from 35,000 in the year 1980 to approximately 145,000 by the year 2000, according to the Ministry of Health Annual Report (1995). This four-fold increase in two decades means that the aged will represent a large number and percentage of the Kuwaiti population. It is also expected that along with the ongoing radical changes within Kuwaiti society in all domains, new values and attitudes will evolve.

This study aims at examining the contemporary attitudes of some Kuwaiti citizens towards senescence. The study addresses certain concepts concerning the elderly in the psycho - social domain. Such an understanding would be of great help in establishing appropriate programs and services for the elderly in Kuwait.

Research Questions

The research is interested in understanding the hypothesized attitudes towards the elderly. Clearly there are differences of opinion as to how to perceive these attitudes. It is expected to have certain responses concerning the following questions:

1. What is the concept of family care for the elderly in Kuwaiti society today?
2. How positive are attitudes towards the involvement of the elderly in society?

3. What is the government's reponsibility towards the elderly?
4. Does the stereotype of aging create a certain set of attitudes and roles?
5. Do the attitudes towards retirement hinder an active role of the elderly in society?

Study Instrument

The study used a 20 item questionnaire presented in Arabic that was developed through the following stages.

Stage One

The researcher reviewed the literature and the empirical studies that were conducted in Kuwait or in the Arab world related to the social and psychological issues of aging.(55) The three primary areas of concern were:

1. Retirement.
2. Family vs. Government care.
3. Social Perception.

Stage Two

For these areas the researcher drafted a 40 item questionnaire in Arabic. The questionnaire was given to 70 subjects to select the items that most closely represent the three areas of concern of the study. The most popular items were given to three professional judges to review and comment on. Each judge worked independently.

The final version was then developed and the remaining 20 items covered the following areas:

Area	Item number
Home management	(1, 2, 5, 17, 19, 20)
Government responsibility	(1, 3, 4, 6, 7)
Retirement	(8, 9, 14)
Concept of SENESCENCE	(10, 11, 12, 13, 15, 16, 18)

Reliability

Test-retest reliability of the questionnaire was conducted on 50 subjects, mostly students and employees, with 35 days interval between test and retest using the Kuder- Richardson coefficient ratio. The reliability for the 20 items was 82.3%, which means that the questionnaire had good reliability.

Validity

Although the validity of the items was not tested, the content validity of the items was developed using 70 subjects and three judges, which indicates it has good validity. This has been supported by the fact that the questionnaire responses had a significant value of > .0001 on most of the items except four, which means that the items have good concept validity (Table 6).

Statistical Analysis

Response frequencies and percentages for the 20 items were analyzed for statistical significance for each item tested. The differences between several independent variables such as sex, age, occupation, and marital status were also analyzed.

Operational Definitions

Belief refers to a person's perception of certain concepts or issues or subjects.

Attitude refers to the emotional status of the person based on his or her belief or knowledge that certain responses or behaviors in certain situations.

SENESCENCE refers to the stage of life where the person's age is over 60 years.

The Sample

472 Kuwaiti citizens participated in the study. No specific statistical method was adopted to select the sample. Therefore it is more suitable to refer to them as the group of subjects of the research work.

A group of students from the Psychology Department were involved in brief training workshops intended to introduce them to the objective of the research work, review the items of the questionnaire, etc. in order to ensure a more or less perfect application of the questionnaire.The distribution of students from various Kuwaiti districts and areas made it clear that the subjects of the research were quite randomly selected.

Results

Altogether 472 subjects participated in this study consisting of 222 males and 248 females (Table 1). Their ages ranged from 18 to 67 years, but the majority of subjects (79%) were between the ages of 18 to 37 years (Table 2). The educational levels of the participants were mostly above secondary level (65%) (Table 3). Most of the subjects (66%) worked in the government (Table 4) while 62% of the subjects were married (Table 5).

Table 6 shows the response of the sample as a whole and the statistical significance between the postive and negative responses to each item. Table 7 shows the male response, while Table 8 shows the female response. Table 9 shows the response according to sex differences while Table 10 shows the response differences between subjects aged thirty and below versus subjects aged above thirty. Table 11 shows results according to various educational levels and Table 12 according to marital status. Finally, Table 13 is concerned with job classification.

Results According to Each Item Response (Table 6)

Item 1: The majority of the respondents did not approve of the idea that the government has to be responsible for the care of the elderly ($p > .05$).

Item 2: Almost all of the respondents (96%) supported the idea that the family should care for the elderly ($p > .001$).

Item 3: The results show that 83% of the subjects feel that the government should contribute to care of the elderly ($p > .001$).

Item 4: Rejection of institutionalization of the elderly was overwhelming (91%) ($p > .001$).

Item 5: Approximately 85% of the respondents agreed that their family's reputation would be hurt if they did not care for their elderly.

Item 6: The majority of the subjects (84%) felt that the state should provide support services to the elderly while living at home ($p > .001$). However, the subjects over 30 in age years supported this idea more than those under 30 years of age (Table 11) ($p > .02$). Also, married subjects supported this idea more than single ones ($p > .05$).

Item 7: Subjects were divided almost equally on the issue of day care for the elderly (no significance). This trend was not found equally among all variables.

Item 8: Most participants approved the idea of placing the elderly in a suitable job ($p > .001$).

Item 9: Most subjects disapproved of early retirement for healthy senior citizens ($p > .001$).

Item 10: Most subjects rejected the concept that senescence is a deteriorating stage (Table 6, $p > .001$). The higher educational group, however,

tended to accept that item more than the lower educational group (Table 11, $p > .055$).

Item 11: Most subjects (82%) did not support the idea that the elderly represent a social problem (Table 6, $p > .001$).

Item 12: The majority of the subjects (96%) agreed that the aged have valuable and beneficial experience (Table 6, $p > .001$).

Item 13: The subjects had equally strong feelings about this item where 41% approved, and 47% did not (no significance). However, the lower educational group approved the idea of this item more than the higher educational group (Table 11, $p > .001$).

Item 14: The subjects were divided (47% vs. 42%) between the youth and the more advanced in age, on retaining a job (no significance). Also the males supported this idea (Table 7, $p > .01$) more than the females did. (Table 9, $p > .01$).

Item 15: There was overwhelming rejection (96%) of the idea of neglecting the elderly.

Item 16: The participants had a mixed response with regard to the degrading status of the aged (44% vs. 48%) because of modernization ($p > .001$). While the male response to the item was divided (Table 7, no significance), the females thought the statement was valid (Table 8 $p > .01$), which means that the females tended to be more approving than males did (Table 9, $p >$ .at 05).

Item 17: The idea of the elderly living with their siblings was overwhelmingly (95%) supported (Table 6 $p > .001$). Married persons were more in support of this than single persons (Table 12 $p > .05$) were.

Item 18: Most of the subjects (89%) agreed that the aged received more respect in the past than at present ($p > .001$).

Item 19: The results showed that the majority (67%) think that women have no time to care for the elderly because they are engaged in the workforce. Males agreed with this statement more than females (Table 9 $p > .05$) did.

Item 20: Subjects rejected by a large margin (72.1vs. 20.7) the statement that the nuclear family has no place for the elderly.

Discussion

Research items concentrated on specific topics in the following areas:

1. Items 1,2,3,4,5,6 and 7 deal with the issue of who is responsible for care of the elderly, i.e. whether it is the family or the government. Most of the respondents strongly support the family role as total care giver to the elderly and feel that the government should support such roles by providing services to the elderly and their family within the house. This was clear in the responses to items 3 and 6 where 96% and 85% agreed respectively with such a concept. Also item 17 had 96 % approval. Additionally, item 12 which addressed the value of the elderly to society had 96% approval. These results show that most Kuwaitis adhere to the Islamic principle that the offspring must care for their parents whatever the cost of such care. The majority of the subjects (80%) held the view that it is unacceptable social behavior on the part of the family to allow others to care for their aged (Item 5). Item 6 reinforces the supportive role of the government.

2. Retirement issues were addressed in the questionnaire. The response to item 8 clearly shows support for the elderly to continue working in a suitable job (92.5%). The response to item 9 rejected early retirement, with almost 75% of the respondents disapproving of the statement. However, in item 14 there was a clear division in the responses. Males felt that the aged should give room to the young in job allocation ($p > .0.01$) while no statistical significance was found in the females' responses (47% yes vs. 42% no) which means that females had mixed opinions on this issue.

3. Items 5,11 and 12 deal with social perception issues. The response to item 5 clearly shows social disrespect for a family which transfers an elderly relative from the family to care by others. Items 11 and 12 clearly present the positive view of Kuwaiti society to the aged. Therefore, the repondents did not approve of the concept concerning social burden, but rather accepted the elderly as a blessing to the family and society. Additionally, the respondents did not agree that aging is a deteriorating stage (items 10 and 15) which meant that the respondents considered the senescence stage as a normal stage of development which should be valued accordingly. Surprisingly many subjects admitted that the

modernization process had a negative influence on the status of the aged. Over this issue the males were almost equally divided, no statistical significance, while females' responses tended to accept it ($p > .0.01$). There was statistical significance between males and females (0.05). Item 18 also reflected the accepted view that the aged were more respected in the past.

The results of item 19 show that male respondents (67.1%) think that the females are responsible for the care of the older members of the family while only 56% of the female respondents agreed with this statement. The difference in response between males and females is significant (> 0.05). However, across all other variables no statistical significance was found which meant that males and females were equally divided on this issue. Most of the respondents (72%) rejected the idea of holding the nuclear family responsible for the current position of the elderly.

Conclusion

We could claim that at present Kuwaiti society has a high regard for the senescence stage of human development, and accept the elderly as an essential part of the family and society. However, in the near future Kuwaiti society might have to reconsider its social care system for the elderly, in accordance with the Kuwaiti citizens' opinions and attitudes.

Further follow-up research work is a pressing demand to highlight any changing values and attitudes towards the elderly in such a society which is undergoing very rapid modifications, and progress at an unprecedented rate.

TABLES AND INDEXES

Table No 1: Distribution of the Sample According to Sex

SEX	COUNT	PERCENT
Males	222	47%
Females	248	53%
Unknown	2	
Total	472	

Table No 2: Distribution of the Sample According to Age

Age	Males		Females		Total	Percent
	Count	Percent	Count	Percent		
18-27 years	74	33%	124	50%	198	42%
28-37 years	75	34%	84	34%	159	34%
38-47 years	50	22%	27	11%	77	16%
48-57 years	17	8%	11	4%	28	6%
58-67 years	5	2%	2	1%	7	1%
Unknown	2	1%	1	0%	3	1%
Total	223		249		472	

Table No 3: Distribution of the Sample According to Education

Level of Education	Males		Females		Total	Percent
	Count	Percent	Count	Percent		
Literate	2	1%	6	2%	8	2%
Primary	2	1%	2	1%	4	1%
Intermediate	28	13%	36	14%	64	14%
Secondary	43	19%	57	23%	100	21%
Diploma	54	24%	38	15%	92	19%
Graduate	79	35%	106	43%	185	39%
Postgraduate	14	6%	3	1%	17	4%
Unknown	1	0%	1	0%	2	0%
Total	223		249		472	

Table No 4: Distribution of the Sample According to Occupation

Age	Males		Females		Total	Percent
	Count	Percent	Count	Percent		
Student	25	11%	69	28%	94	20%
Government work	148	66%	127	51%	275	58%
Private Business	34	15%	25	10%	59	13%
Retired	15	7%	23	9%	38	8%
Unknown	1	0%	5	2%	6	1%
Total	223		249		472	

Table No 5: Distribution of the Sample According to Marital Status

Marital Status	Males		Females		Total	Percent
	Count	Percent	Count	Percent		
Single	67	30%	85	34%	152	32%
Married	148	66%	146	59%	294	62%
Divorced	6	3%	10	4%	16	3%
Widowed	1	0%	5	2%	6	1%
Separated	1	0%	3	1%	4	1%
Total	223		249		472	

Table No 6: Statistical Significance of the Responses of the Total Sample

Items	Answer Yes		Answer No		Chi	Signi-ficance
	Count	Percent	Count	Percent		
1	114	24.3	326	69.5	102.1	
2	449	95.9	13	2.8	433.1	0.001
3	387	83.0	63	13.5	233.3	0.001
4	28	6.0	426	90.8	348.9	0.001
5	371	79.6	70	15.0	205.4	0.001
6	395	84.4	39	8.3	292.0	0.001
7	216	46.3	192	41.1	1.4	0.001
8	433	92.5	23	4.9	368.6	-
9	118	25.2	327	69.7	98.2	0.001
10	139	29.6	257	54.8	35.2	0.001
11	60	13.0	379	82.2	231.8	0.001
12	448	96.3	6	1.3	430.3	0.001
13	191	41.1	219	47.1	3.8	0.001
14	220	47.1	198	42.4	1.2	-
15	13	2.8	451	96.4	413.5	-
16	230	49.6	199	42.9	2.2	0.001
17	451	96.2	12	2.6	416.2	-
18	414	88.5	46	9.8	294.4	0.001
19	288	61.7	156	33.4	39.2	0.001
20	97	20.7	338	72.1	132.1	0.001

Table No 7: Statistical Significance of the Responses of the Males

Items	Answer Yes		Answer No		Chi	Signi-ficance
	Count	Percent	Count	Percent		
1	59	26.7	152	68.8	41.0	0.001
2	211	95.9	6	2.7	193.7	0.001
3	185	83.7	29	13.1	113.7	0.001
4	17	7.7	197	89.1	151.4	0.001
5	167	76.3	40	18.3	77.9	0.001
6	186	48.2	19	8.6	136.0	0.001
7	106	48.2	88	39.8	1.7	0.01
8	205	93.2	10	4.5	176.9	0.001
9	61	27.6	151	68.3	38.2	0.001
10	72	32.6	120	54.3	12.0	0.001
11	27	12.5	179	82.9	112.2	0.001
12	211	96.3	3	1.4	202.2	0.001
13	90	40.9	104	47.3	1.0	-
14	117	52.9	80	36.2	6.9	0.01
15	7	3.2	210	95.5	189.9	0.001
16	97	44.5	105	48.2	0.3	-
17	210	95.0	8	3.6	187.2	0.001
18	198	90.0	20	9.1	145.3	0.001
19	147	67.1	62	28.3	34.6	0.001
20	46	20.8	155	70.1	59.1	0.001

Table No 8: Statistical Significance of the Responses of the Females

Items	Answer Yes		Answer No		Chi	Signi-ficance
	Count	Percent	Count	Percent		
1	55	22.2	174	70.2	61.8	0.001
2	238	96.0	7	2.8	217.8	0.001
3	202	82.4	34	13.9	119.6	0.001
4	11	4.4	229	92.3	198.0	0.001
5	204	82.6	30	12.1	129.4	0.001
6	209	84.6	20	8.1	156.0	0.001
7	110	44.7	104	42.3	0.2	-
8	228	91.9	13	5.2	191.8	0.001
9	57	23.0	176	71.0	60.8	0.001
10	67	27.0	137	55.2	24.0	0.001

Table No 8: (Continued)

Items	Answer Yes		Answer No		Chi	Signi-ficance
	Count	Percent	Count	Percent		
11	33	13.5	200	81.6	119.7	0.001
12	237	96.3	3	1.2	228.2	0.001
13	101	41.2	115	46.9	0.9	-
14	103	41.9	118	48.0	1.0	-
15	6	2.4	241	97.2	223.6	0.001
16	133	54.1	94	38.2	6.7	0.01
17	241	97.2	4	1.6	229.3	0.001
18	216	87.1	26	10.5	149.2	0.001
19	141	56.9	94	37.9	9.4	0.01
20	51	20.6	183	73.8	74.5	0.001

Table No 9: Mean, Standard Deviation, and T Value According to Sex

Serial No.	Males		Females		T Value	Signi-ficance
	M	SD	M	SD		
1	0.5792	0.884	0.5202	0.834	0.74	-
2	1.9318	0.344	1.9315	0.348	0.01	-
3	1.7059	0.687	1.6857	0.704	0.31	-
4	0.1855	0.553	0.1210	0.443	1.38	-
5	1.5799	0.782	1.7045	0.673	1.83	-
6	1.7557	0.599	1.7652	0.586	0.17	-
7	1.0814	0.935	1.0244	0.934	0.66	-
8	1.8864	0.439	1.8669	0.470	0.46	-
9	0.5928	0.893	0.5202	0.844	0.90	-
10	.7828	0.908	0.7177	0.864	0.79	-
11	0.2963	0.679	0.3184	0.699	0.34	-
12	1.9498	0.275	1.9512	0.267	0.06	-
13	0.9364	0.939	0.9429	0.939	0.07	-
14	1.1674	0.931	0.9390	0.948	2.62	0.01
15	0.0773	0.368	0.0524	0.314	0.78	-
16	0.9633	0.964	1.1585	0.949	2.19	0.05
17	1.9140	0.389	1.9556	0.274	1.32	-
18	1.8091	0.581	1.7661	0.625	0.77	-
19	1.3881	0.899	1.1895	0.957	2.31	0.05
20	0.5068	0.818	0.4677	0.814	0.52	-

Table No 10: Mean, Standard Deviation, and T Value According to Age

Serial No.	Less than 30 years old		More than 30 years old		T Value	Signi-ficance
	M	SD	M	SD		
1	0.6377	0.890	0.4138	0.787	2.88	0.005
2	1.9132	0.384	1.9554	0.287	1.36	-
3	1.7681	0.608	1.5990	0.287	2.53	0.02
4	0.2075	0.569	0.0788	0.377	2.93	0.005
5	1.6742	0.703	1.6020	0.762	1.05	-
6	1.7008	0.639	1.8374	0.515	2.56	0.02
7	1.0792	0.911	1.0299	0.964	0.56	-
8	1.8750	0.448	1.8768	0.466	0.04	-
9	0.5849	0.871	0.5369	0.874	0.59	-
10	0.7774	0.861	0.7143	0.916	0.76	-
11	0.3436	0.716	0.2637	0.652	1.25	-
12	1.9351	0.303	1.9703	0.221	1.45	-
13	0.9582	0.926	0.9204	0.956	0.43	-
14	1.0190	0.939	1.0788	0.956	0.67	-
15	0.0755	0.372	0.0495	0.295	0.84	-
16	1.1145	0.948	0.9900	0.975	1.38	-
17	1.9094	0.398	1.9704	0.221	2.11	0.05
18	1.7500	0.645	1.8227	0.561	1.30	-
19	1.2662	0.936	1.3005	0.935	0.39	-
20	0.4566	0.802	0.5172	0.829	0.80	-

Table No 11: Mean, Standard Deviation, and T Value According to Education

Serial No.	Secondary		Post Secondary		T Value	Signi-ficance
	M	SD	M	SD		
1	0.3943	0.757	0.6395	0.901	3.16	0.002
2	1.9195	0.379	1.9388	0.325	0.56	-
3	1.6301	0.764	1.7338	0.650	1.50	-
4	0.1543	0.508	0.1497	0.494	0.10	-
5	1.6264	0.748	1.6541	0.718	0.39	-
6	1.6743	0.697	1.8123	0.512	2.28	0.05
7	0.9828	0.940	1.0922	0.930	1.22	-
8	1.8793	0.459	1.8741	0.454	0.12	-
9	0.5829	0.879	0.5442	0.864	0.46	-
10	0.8629	0.899	0.6871	0.873	2.07	0.05

Table No 11: (Continued)

Serial No.	Secondary		Post Secondary		T Value	Signi-ficance
	M	SD	M	SD		
11	0.3918	0.762	0.2586	0.638	1.92	-
12	1.9486	0.289	1.9517	0.259	0.12	-
13	1.1200	0.930	0.8351	0.929	3.20	0.001
14	1.1437	0.948	1.0034	0.942	1.55	-
15	0.0690	0.366	0.0612	0.325	0.23	-
16	1.0349	0.954	1.0788	0.965	0.48	-
17	1.9429	0.316	1.9320	0.344	0.35	-
18	1.7886	0.603	1.7782	0.615	0.18	-
19	1.2529	0.946	1.2935	0.930	0.45	-
20	0.5086	0.823	0.4728	0.812	0.46	-

Table No 12: Mean, Standard Deviation, and T Value According to Marital Status

Serial No.	Single		Married		T Value	Signi-ficance
	M	SD	M	SD		
1	0.7171	0.924	0.4639	0.811	2.89	0.005
2	1.8684	0.470	1.9623	0.261	2.30	0.05
3	1.7632	0.628	1.6646	0.723	1.51	-
4	0.2566	0.625	0.1003	0.415	2.80	0.01
5	1.6200	0.757	1.6572	0.714	0.51	-
6	1.6689	0.661	1.8056	0.549	2.21	0.05
7	1.0529	0.901	1.0536	0.951	0.06	-
8	1.8609	0.448	1.8840	0.458	0.52	-
9	0.5987	0.886	0.5423	0.864	0.64	-
10	0.6974	0.862	0.7743	0.897	0.89	-
11	0.3624	0.728	0.2866	0.674	1.07	-
12	1.9597	0.229	0.9620	0.287	0.53	-
13	0.8940	0.910	1.0503	0.952	0.74	-
14	1.0530	0.951	0.0566	0.945	0.03	-
15	0.0789	0.373	1.0349	0.323	0.63	-
16	1.1192	0.952	1.0349	0.956	0.89	-
17	1.8816	0.445	1.9624	0.260	2.08	0.05
18	1.7285	0.673	1.8088	0.576	1.26	-
19	1.3067	0.934	1.2696	0.936	0.40	-
20	0.5526	0.852	0.4514	0.795	1.23	-

Table No 13: Mean, Standard Deviation, and T Value According to Job

Serial No.	Student		Staff		T Value	Signi-ficance
	M	SD	M	SD		
1	0.8617	0.923	0.4717	0.826	3.74	0.001
2	1.9574	0.250	1.9243	0.368	1.03	-
3	1.8404	0.514	1.6603	0.728	2.76	0.01
4	0.2021	0.540	0.1294	0.470	1.20	-
5	1.6809	0.691	1.6304	0.741	0.62	-
6	1.7742	0.513	1.7601	0.605	0.23	-
7	1.1596	0.871	1.0352	0.948	1.21	-
8	1.8936	0.401	1.8703	0.471	0.49	-
9	0.5106	0.826	0.5714	0.881	0.63	-
10	0.6809	0.806	0.7655	0.904	0.89	-
11	0.2473	0.602	0.3159	0.702	0.95	-
12	1.9783	0.147	1.9431	0.294	1.63	-
13	0.8387	0.888	0.9674	0.951	1.23	-
14	0.8936	0.921	1.0867	0.949	1.80	-
15	0.0745	0.366	0.0622	0.336	0.30	-
16	1.1957	0.940	1.0299	0.963	1.50	-
17	1.9468	0.306	1.9326	0.342	0.39	-
18	1.787	0.584	1.7784	0.620	0.13	-
19	1.2553	0.938	1.2873	0.935	0.29	-
20	0.4787	0.813	0.4798	0.813	0.01	-

THE ARABIC VERSION OF THE QUESTIONNAIRE

مسلسل	السؤال	موافق	غير موافق	لا رأي
1	رعاية كبار السن هي من مسؤوليات الدولة.			
2	مسؤولية رعاية المسنين هي أساساً من مهام الأسرة.			
3	من المفروض أن تشترك كل من الدولة والأسرة في رعاية المسنين.			
4	من الأفضل إيداع المسنين من أفراد الأسرة في مؤسسات اجتماعية لرعايتهم.			
5	إيداع المُسن في مؤسسات اجتماعية يسيء إلى سَمعة أسرته بسبب تخليها عن رعايته.			

6	من الأوفق أن تقدم الدولة خدماتها للمسنين في منازلهم دون إيداعهم مؤسسات اجتماعية.				
7	هناك فكرة إلحاق المسنين من أفراد الأسرة بمؤسسات اجتماعية تقدم خدمات نهارية لهم ليعودوا آخر اليوم إلى منازلهم وأسرهم.				
8	هناك رأي بأنه من الممكن إلحاق كبار السن بأعمال تتفق وقدرتهم البدنية والعقلية حفاظاً على استمرار علاقتهم بالمجتمع والحياة.				
9	من الضروري إحالة كبار السن إلى التقاعد حتى لو سمحت حالتهم الصحية بالاستمرار بالعمل.				
10	الشيخوخة هي مرحلة تدهور.				
11	يمثل كبار السن مشكلة اجتماعية.				
12	كلما تقدم الإنسان في السن كلما أصبح لديه رصيد من الخبرة ينبغي الاستفادة منه.				
13	الشيخوخة هي مرحلة الاعتماد على الآخرين أو على الدولة.				
14	من الضروري إحالة كبار السن إلى التقاعد كي يفسحوا الطريق أمام الشباب.				
15	الشيخوخة هي مرحلة نهائية من الحياة لا تستحق الاهتمام بها.				
16	مع تطور الحياة تضاءلت مكانة كبار السن في المجتمع.				
17	من الضروري ومن الواجب بقاء كبار السن في المجتمع.				
18	في السابق كان كبار السن يلقون احتراماً وتقديراً أكثر من الوقت الحالي.				
19	انشغال المرأة بالعمل في الوظائف المختلفة جعل وقتها لا يسمح برعاية كبار السن من أفراد الأسرة.				
20	تركيبة الأسرة في عصرنا الحالي لا تسمح إلا بزوج وزوجة من الشباب وأطلافهما، ولا مجال هناك للمسنين من أفراد الأسرة.				

QUESTIONNAIRE TRANSLATION

Item No	Item	Approve	Disapprove	No Viewpoint
1	Caring for the elderly is the responsibility of the state.			
2	It is essentially the family's task to take care of the old.			
3	It is supposed that the state must cooperate with the family in caring for the elderly.			
4	Institutionalization is the best choice for caring for the elderly.			
5	The family reputation would be abused in case of institutionalizing the older of its members.			
6	It is preferable that the state renders its services for the elderly in their home and not in a social institution.			
7	Day care institutions are the best choice for the elderly.			
8	It is preferable to provide the aged people with suitable work in accordance with their mental and physical capacities, so that they can retain close relations with the community and social life.			
9	The old must retire even if their physical health is intact.			
10	Senescence is a stage of deterioration.			
11	Old people represent a social problem.			
12	With the advancement of age, human - beings gain more experience that society would benefit from.			
13	Senescence is a stage of dependency upon others or the state.			
14	The aged must retire to give way to the youth.			
15	Senescence is a terminal stage that deserves negligence.			

16	The status of the aged is deteriorating with modernization.			
17	The elderly must live with their siblings and under their care.			
18	The aged received more respect previously in contrast with the present.			
19	Entrance of women in the labour market leaves no time for them to care for the older members of the family.			
20	At present, the nuclear family has no place for the older members of the family.			

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