

Gender and Medication Use among Older Women and Men in Ismailia, Egypt
Kathryn M. Yount, Ph.D., International Health and Sociology, Emory University
Zeinab Khadr, Ph.D., Social Research Center, American University in Cairo

In Western industrialized countries, women report using health services more often than do men. Whether and to what extent similar patterns are observed in Middle Eastern contexts is unknown. We explore the extent to which differences between women and men in economic resources, social support, prior use of health care, and perceived morbidity, as well as differences in objective measures of cognitive and physical function, account for differences in women's and men's use of 'modern' medication in Ismailia, Egypt. The analysis is based the most recent available data on older adults in Egypt, which includes approximately 896 adults aged 50 years and older in one urban and one rural district in Ismailia governorate. Eligible older adults participated in three waves of data collection: (1) a baseline survey on socio-demographic characteristics, self-reported illness and disability, and health care utilization, (2) a series of in-home, objective tests of physical function within one month after the baseline survey, and (3) a follow-up survey that was conducted one month after baseline and included a subset of questions on morbidity and health care utilization. Results show that older women report higher unadjusted use of 'modern' medication than do older men; however, this difference is fully accounted for by differences between women and men in: reported morbidity and disability, observed cognitive and physical disability, and access to and control over economic resources. Findings underscore the potential roles of 'sex' and 'gender' in explaining differences between women and men in use of biomedical care in later life. More broadly, this paper sheds critical light on the direction and extent of disparities between women and men in use of health care in later life in a setting where females have experienced poorer access to care in early childhood.