


Older Men With Living Spouses Versus Men Without Spouses: An Example From the Arab World—Kuwait

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Abstract

This research is concentrated on elderly Kuwait men and the effect that losing wife, a major determinant of social support, has on their general health. A sample of 472 older male adults aged 60 years and older have been included in this study. A questionnaire was the major tool of the study. The questionnaire included sociocultural information and social support scales (Degree of Religiosity, Social Support Scale, Frequency of Contact, and Strength of Relation scales). Health measurements also were used: two, one-item self-reported health scales in the current year and last year and a Somatic Symptoms Inventory (SSI) were used. Systolic and diastolic blood pressure and glucose levels were taken. Statistical Package for Social Sciences (SPSS, version 21) was used for data entry and analysis. *t*-test and regression were the major statistical procedures. Data show that there are differences between elderly men with a living wife compared to those without a living wife. Having a living wife was positively associated with better social support and health in Kuwaiti elderly men. Data show that a living wife is an important factor of men's health and well-being in general and that a wife is one of the major social support elements of elderly men.

Keywords

social support, psychosocial and cultural issues, old adults psychological and somatic health, Kuwaiti elderly

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It is well documented that social support is one of the major determinants of good health and well-being for all individuals. The relationship between a social support system and good health has been widely discussed in the past decade (e.g., Dahlan et al., 2019; Donato et al., 2018; Hsieh & Tsai, 2019; Khazaeian et al., 2017; Wang et al., 2018). Social support works as a buffer against a stressful life and is linked to health and well-being. Older adults are more sensitive to stress in their lives due to physiological changes (de Frias & Whyne, 2015; Munoz et al., 2015). It has also been reported that social support is vital to older adults' experiencing good health. While many studies have confirmed this association (e.g., Kang et al., 2018; Smith et al., 2017; Kelly et al., 2017), other research has identified that social support is vital to mental health but not to other physical health outcomes in older adults (Tajvar et al., 2013; Tengku Mohd et al., 2019). Losing social support is related to depression, loneliness, and poor quality of life in the elderly, and this, in turn, leads to poor physical health (Kahn et al., 2003; Tengku Mohd et al., 2019).

Family, relatives, and friends are vital social support elements (Horwitz et al., 2015; Nguyen et al., 2016). The absence of any of these elements affects individuals in all age groups (Nguyen et al., 2016; Uchino, 2006), but it will be more impactful on the elderly (Dai et al., 2016; Marengoni et al., 2011). One of the most important social support elements for the elderly is a spouse. Losing a spouse is a traumatic event, as it means the disappearance of a major social supporter (Al-Kandari & Crews, 2017) and has many stressful outcomes: “[. . .] such as household management, driving, and social planning that were formerly performed by the spouse, may lead to a reduction of activities and an increase in negative self-evaluation,

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particularly among older adults who are less flexible or less open to experience” (Fiske et al., 2009; p. 386).

Elderly men are more affected than women in this respect (Forster et al., 2019; Sasson & Umberson, 2014; Umberson et al., 1992). Although an older widow may, in general, lose the financial support of her husband, an elderly man with no living wife becomes the mediator of all household management (Sasson & Umberson, 2014; Umberson et al., 1992), a major role that was formerly the responsibility of the wife. While Forster et al. (2019) state that men become more depressed after the loss of their spouses, other studies report the opposite, linking this to physiological vulnerability (Aniruddha, 2013; Parke et al., 2018), cultural differences, and the role of the wife in the household. But, in general, men are affected more than women, though some will find other social support elements to help them adapt to this traumatic event, like religion and spirituality (Mcduffie, 2019; Michael et al., 2014). How to deal with this traumatic event is vital to good health.

Although some studies have been conducted in Kuwait concerning social support and its relationship with old-age health, few examine this kind of relationship from a different aspect. Social support of the elderly was analyzed in connection with health in general (Al-Kandari & Crews, 2014), degree of religiosity (Al-Kandari, 2011), age (Al-Kandari & Crews, 2013), and gender differences (Al-Kandari & Crews, 2016a). The present study is a continuation of another Kuwaiti study that measured the effect of having a spouse on elderly subjects of both sexes and on old-age health (Al-Kandari & Crews, 2016b). This research concentrates only on elderly Kuwaiti men with and without living spouses, focusing on the spouse as a major determinant of social support and effect on general health. Another effort was made by Al-Kandari and Crews (2017) to compare spousal influence on each other's health and well-being, and the results showed significant differences in some variables. As mentioned above, our study focuses exclusively on elderly men, comparing two age groups: early (60–74 years) and late (75+ years) elderly. Therefore, a potential study is recommended for elderly women.

This research tries to answer the following questions:

- Are there differences between elderly men with a living spouse and those without in terms of social support elements (social support scale, frequency of contact, strength of relationship, and degree of religiosity)?
- Are there differences between elderly men with a living spouse and those without regarding the frequency and strength of social contacts in daily life?
- Are there differences between elderly men with a living spouse and those without in terms of present

and past (last year) health and well-being (systolic blood pressure, diastolic blood pressure, glucose levels, somatic symptoms, health self-reporting)?

- Are there differences between elderly men with a living spouse and those without regarding self-reporting of somatic symptoms?
- Is there an association between social support variables and somatic symptoms?
- What are the most important predictor variables of elderly men's health?

Methodology

Sample

A sample of 472 men aged 60 to 89 years old was selected for this study from government-sponsored healthcare mobile units located in all six governorates in Kuwait, which cover all these areas by visiting the elderly in their homes. The sample was accessed through the Department for the Elderly in the Ministry of Social Affairs, which provided data for all the elderly in these units. Therefore, as the data cover all the aspects of a cross-sectional study and the sample distribution includes all six governorates in the country, this research is a nationally representative study.

Respondents were divided into two age groups: early elderly (60–74 years) and late elderly (75+ years). The mean age of the sample was 77.75 years ($SD = 8.55$). Respondents came from six mobile care units, covering all six governorates in Kuwait, and from different socio-cultural backgrounds. The care units, funded by the Ministry of Social Affairs, received monthly general health and social services follow-ups. The data were obtained by well-trained nurses who completed all the interviews and medical measurements during a regular monthly visit to respondents' homes in the evening before dinner time. Informed written consent and required permissions were obtained. This study is part of a project supported by Kuwait University, and it followed all the procedures and regulations of the Department of Research of Kuwait University, which granted its ethical approval (OS03/04).

Variables

The main tool of this study was the questionnaire, which collected sociocultural information such as age, education, monthly income, number of children, and number of children living in the home. A very important question was asked to determine whether the wife was living or not. Respondents were asked to determine their degree of religiosity in general, using an 11-point scale ranging from *not religious* (0) to *very religious* (10). This question proves the reliability and validity of other samples in

Arab and Kuwaiti research (Abdel-Khalek, 2007). The 1-week test–retest correlation was 0.91.

Social Support Measurements. Social support measurements were used in this and other studies conducted in Kuwait for the same type of sample (Al-Kandari, 2011). They are:

1. *Social Support Scale (SSS)*: This scale was developed by Zimet et al. (1988) and used to assess social support for the elderly in Kuwait after being adapted to the Kuwaiti culture (e.g., Al-Kandari, 2011). This scale includes 12 questions, such as: “Is there a special person who is around when she/he is in need?”; “Is there a special person with whom she/he can share joys and sorrows?”; “Does her/his family really try to help her/him?”; and “Does she/he get the emotional help and support needed from her/his family?” A six-point Likert-type scale was used in responses, ranging from *strongly disagree* (1) to *strongly agree* (6). The scale shows internal consistency with an alpha coefficient of 0.87 when used in other studies with similar samples.
2. *Frequency of Contact (FOC)*: This scale measures the frequency of contact with members of the respondent’s social network during daily life. An elderly respondent’s social network includes children, brothers and sisters, paternal and maternal cousins, other extended relatives, and friends. This scale includes eight questions—the same question being repeated to assess contact with eight groups of people: “How often do you have contact with: your children, cousins, brothers, sisters, paternal cousins, maternal cousins, other relatives, and friends?” A five-point Likert scale was used, ranging from *never* (1) to *always* (5). The scale shows internal consistency with an alpha coefficient of 0.84 and content validity.
3. *Strength of Relationship (SOR)*: This scale measures the perceived social support from the eight groups in the respondent’s social network through the following question: “What is the strength of your relationship with: your children, cousins, brothers, sisters, paternal cousins, maternal cousins, other relatives, and friends?” A five-point Likert scale was used, ranging from *never* (1) to *always* (5). The scale shows internal consistency with an alpha coefficient of 0.85 and content validity.

Health Measurements. A self-report question regarding the general state of health was used—both for the present and last year—which had been employed in other Kuwaiti studies (Al-Kandari, 2011). Each question was answered

using a scale ranging from *poor* (0) to *excellent* (10). The 1-week test–retest reliability of the questions was 0.89 for present state of health and 0.92 for last year’s state of health.

The measurements used a somatic symptom inventory (SSI) that was developed by Abdel-Kalek (2003) and used for the elderly in Kuwait. The scale includes physical/organic symptoms in 60 categories that were assessed using a four-point Likert-type scale (0 = *none*, 1 = *some*, 2 = *a lot*, 3 = *always*). This scale has high internal consistency, with an alpha coefficient of 0.92.

Clinical health variables such as systolic blood pressure (SBP), diastolic blood pressure (DBP), and blood glucose were also used. The SBP and DBP were measured by the nursing staff using an aneroid sphygmomanometer (desk model). Systolic pressure was recorded as the first Korotkoff (or the onset of) sound, and the diastolic pressure was recorded as the complete disappearance of sound. Blood pressure was measured three times during the visit (before, in the middle, and after the interview), and the average of the three reading was taken. A sample of blood to assess glucose was collected. Almost all samples were taken in the evening before dinner time. The assessed blood glucose concentrations were normal nonfasting.

Statistical Procedures

SPSS (version 21) was used for data entry and analysis, while *t*-test and multivariate regression were employed as major statistical procedures. The *t*-test was used to analyze the differences between elderly men with a living spouse and those without in terms of social support elements, frequency and strength of social interactions in daily life, health, well-being, self-reporting, and somatic symptoms. To examine the association between social support variables and somatic symptoms and to determine the most predictable variables of elderly men’s health, regression was used after the variables were standardized.

Results

For the religiosity and social support variables, differences between elderly men with a living wife and those without were examined using the SSS, FOC, and SOR measurements for the total sample and the early (60–74 years) and late (75+ years) elderly cohorts. “Elderly” is defined as a chronological age of 60 years or older. Table 1 presents these differences.

Results show that elderly men with a living wife reported significantly greater social support, more frequent contact, and stronger social relationships, including more contacts that did not entail a wife’s participation. In

Table 1. Differences Between Elderly With and Without a Living Spouse in Social Support Scale, Frequency of Contact, Strength of Relation, and Religiosity.

	N	Social Support			Frequency of Contact			Strength of Relation			Religiosity		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p
All Sample													
W/wife	230	51.93	10.45	0.000	21.35	9.36	0.000	21.94	7.89	0.001	4.51	2.72	0.001
No wife	242	47.02	10.89		15.18	8.33		19.01	10.82		5.29	2.42	
Early Elderly													
W/wife	99	53.53	10.70	0.000	22.30	8.59	0.000	22.46	9.55	.000	4.46	3.15	0.024
No wife	77	46.27	10.17		14.25	8.29		15.46	7.14		5.37	2.14	
Late Elderly													
W/wife	130	50.13	10.09	0.025	19.50	8.82	0.000	25.95	8.07	.000	4.52	2.25	0.012
No wife	151	47.39	10.29		15.55	8.82		20.30	11.33		5.25	2.25	

contrast, elderly men without a living wife had a greater religiosity degree than those with a spouse.

Table 2 presents the differences between elderly men with a living wife and those without in terms of frequency and strength of contact with children, brothers, sisters, paternal cousins, maternal cousins, other relatives, and friends after Bonferroni corrections were run.

For frequency of contact, results show significant differences between elderly men with a living wife and those without in the total sample and the late elderly group. Men with a living wife in the total sample and the late elderly group showed greater frequency of contact compared to those without a living wife. Almost the same is true for the early elderly, though there were no significant differences in the strength of social contact with relatives and friends. Early elderly men with a living wife had stronger social contact with children, brothers, and sisters. No significant differences were found in other contacts. For the late elderly, significant differences were found between men with a living wife and those without regarding contact with relatives and friends. Late elderly with a living wife showed greater social contact with relatives and friends than those without a spouse. In contrast, no significant differences were found in social contact with other groups. Contact with brothers, sisters, and paternal and maternal cousins were not statistically significantly different between all samples of elderly men with and without a living wife. However, significant differences were found for children, relatives, and friends.

Differences between elderly men with a living wife and those without were examined in terms of health variables. Table 3 presents the differences between the total sample, early elderly, and late elderly with a living wife and those without regarding the SBP, DBP, glycemia, somatic symptoms, present health self-report, and last year's health self-report.

The data show significant differences between elderly men with a living wife and those without for all physical and health assessments: SBP, DBP, glucose, somatic symptoms, self-reported present health, and self-reported health in the past year. Elderly men with a living wife in the total sample had lower SBP, DBP, and glycemia, and fewer somatic symptoms than elderly men without a living wife. They also self-reported a better current and past state of health than those without a living wife. The same findings apply to the early and late elderly samples. In general, elderly men with a living wife were positively associated with better health.

Differences between elderly men with a living wife and those without were examined for self-reported health in terms of 60 items of somatic symptoms. Table 4 presents these differences.

Elderly men with a living wife reported fewer poor health symptoms compared with those without a spouse. Out of 60 items, 42 (70%) were found to differ significantly: $p \leq .05$ for 9 items (21.43%), $p \leq .01$ for 11 items (26.19%), and $p < .001$ for 22 items (52.38%).

To explore and predict the effect of the following social support variables as an independent sample (having a living wife, for all samples)—religiosity, SSS, FOC, SOR, children living in the home, and number of children—after the variables were standardized, a multiple regression was used for all samples, both with and without a living wife. Table 5 shows the results.

Data show that social support, frequency and strength of social contacts, children living in the same household, and religiosity were correlated and predictor factors of somatic symptoms and general health in elderly men in all the samples and in elderly men with and without a living wife. Having a living wife was also a correlated and predictor variable of somatic symptoms and general health in elderly men in all the samples. Only religiosity was not found to be related and a predictor for the elderly without a living wife.

Table 2. Differences Between Elderly With and Without a Living Spouse in Frequency and Strength of Social Contact Dimensions in the Daily Social Life.

Frequency of Contact With	Men				Early Elderly				Late Elderly			
	W/Wife		No Wife		W/Wife		No Wife		W/Wife		No Wife	
		t-Value (p Values After Adjustment Using Bonferroni)		t-Value (p Values After Adjustment Using Bonferroni)		t-Value (p Values After Adjustment Using Bonferroni)		t-Value (p Values After Adjustment Using Bonferroni)		t-Value (p Values After Adjustment Using Bonferroni)		t-Value (p Values After Adjustment Using Bonferroni)
1. Children	5.86 (.46)	5.58 (.79)	5.84 (.53)	4.62***	5.49 (.80)	5.88 (.39)	5.62 (.79)	3.37*	5.88 (.39)	5.62 (.79)	3.46*	
2. Bothers	3.82 (1.54)	2.91 (1.43)	3.89 (1.45)	5.90***	2.81 (1.49)	3.59 (1.59)	2.94 (1.40)	4.34***	3.59 (1.59)	2.94 (1.40)	3.21*	
3. Sisters	3.75 (1.53)	2.92 (1.44)	3.82 (1.47)	5.37***	2.91 (1.53)	3.55 (1.56)	2.91 (1.39)	3.60**	3.55 (1.56)	2.91 (1.39)	3.20*	
4. Cousin (father side)	2.67 (1.29)	1.93 (1.26)	2.66 (1.18)	5.69***	1.89 (1.20)	2.58 (1.37)	1.94 (1.29)	3.75**	2.58 (1.37)	1.94 (1.29)	3.69***	
5. Cousin (mother side)	2.59 (1.27)	1.92 (1.26)	2.55 (1.18)	5.21***	1.91 (1.24)	2.54 (1.36)	1.92 (1.27)	3.13*	2.54 (1.36)	1.92 (1.27)	3.62**	
6. Relatives	2.06 (1.03)	1.60 (1.04)	1.90 (1.01)	4.23**	1.67 (1.11)	2.10 (1.03)	1.57 (1.02)	1.19	2.10 (1.03)	1.57 (1.02)	3.89***	
7. Friends	2.09 (1.12)	1.74 (1.11)	1.99 (1.21)	2.83*	1.92 (1.21)	2.06 (1.00)	1.68 (1.08)	.294	2.06 (1.00)	1.68 (1.08)	2.64*	
Strength of Contact With												
1. Children	4.88 (.38)	4.66 (.70)	4.89 (.43)	4.25**	4.51 (.75)	4.88 (.32)	4.73 (.67)	4.17**	4.88 (.32)	4.73 (.67)	2.42	
2. Bothers	3.90 (.73)	3.64 (1.27)	3.85 (.77)	2.47	3.12 (1.40)	3.91 (.71)	3.90 (1.17)	4.08**	3.91 (.71)	3.90 (1.17)	.078	
3. Sisters	3.87 (.77)	3.64 (1.25)	3.84 (.77)	2.22	3.12 (1.39)	3.88 (.77)	3.90 (1.90)	4.90***	3.88 (.77)	3.90 (1.90)	.141	
4. Cousin (father side)	3.14 (1.35)	3.09 (.90)	2.98 (.86)	.415	2.61 (1.28)	3.18 (.93)	3.37 (1.32)	2.05	3.18 (.93)	3.37 (1.32)	1.28	
5. Cousin (mother side)	3.08 (1.34)	3.04 (.91)	2.91 (.90)	.349	2.54 (1.26)	3.32 (1.31)	3.13 (.93)	2.07	3.32 (1.31)	3.13 (.93)	1.26	
6. Relatives	2.95 (1.46)	2.55 (1.09)	2.42 (1.07)	3.02*	2.40 (1.35)	3.16 (1.46)	2.69 (1.11)	.059	3.16 (1.46)	2.69 (1.11)	2.75*	
7. Friends	3.03 (1.46)	2.59 (1.16)	2.50 (1.12)	3.17*	2.55 (1.34)	3.23 (1.48)	2.65 (1.20)	.219	3.23 (1.48)	2.65 (1.20)	3.08*	

*p < .05; ** p < .01; ***p < .001.

Table 3. Differences Between Elderly With and Without a Living Spouse in SBP, DBP, glucose, SS, Health-Self Report in General and During Last Year.

	Systolic Blood Pressure			Diastolic Blood Pressure			Glucose			Somatic Symptoms			Health Self Report			Health Self Report (Last Year)				
	N	M	SD	p	M	SD	P	M	SD	P	M	SD	p	M	SD	p	M	SD	p	
All Sample																				
W/wife	230	152.20	17.50	.000	95.78	9.64	.049	7.50	2.94	.000	111.10	28.49	.001	5.66	1.67	.000	3.14	.83	.000	
No wife	242	160.32	20.10		96.36	13.59		8.76	3.19		120.50	30.81		4.88	1.97		2.63	.79		
Early Elderly																				
W/wife	77	152.86	16.34	.000	97.28	9.40	.017	7.82	3.41	.001	109.82	29.85	.001	5.80	1.62	.002	3.25	.83	.000	
No wife	99	164.80	19.13		100.44	18.54		9.59	3.64		126.32	33.03		4.97	1.91		2.64	.83		
Late Elderly																				
Spouse	151	151.91	18.15	.008	94.25	9.60	.607	7.33	2.69	.005	111.91	28.01	.029	5.45	1.64	.005	3.05	.72	.000	
No spouse	130	158.08	20.58		94.85	9.88		8.25	2.73		116.50	28.60		4.83	2.01		2.62	.83		

Table 4. Differences Between Elderly With and Without a Living Wife in Self-Reports Somatic Symptoms.

Somatic Symptom	W/Wife	No Wife	t-Value	Somatic Symptom	W/Wife	No Wife	t-Value
1. Tooth aches	1.42 (.78)	1.64 (1.05)	-2.56*	31. Speech disorder	2.43 (1.22)	2.37 (1.17)	.531
2. Difficulty breathing	1.84 (.83)	1.84 (.84)	.061	32. Lower limb pains	2.30 (.96)	2.70 (1.00)	-4.41***
3. Sleep disorder	2.46 (.88)	2.65 (.90)	-2.40*	33. Weakness of vision	2.77 (.97)	2.72 (1.02)	.459
4. Heart pains	1.65 (.84)	1.74 (.81)	-1.21	34. Hypotension	1.43 (.71)	1.76 (.77)	-4.73***
5. Cold extremities	2.10 (.83)	2.34 (1.03)	-2.73**	35. Low back pain	1.92 (1.04)	2.31 (1.12)	-3.94***
6. Hypertension	1.73 (.77)	2.19 (.87)	-6.01***	36. Dizziness or vertigo	1.57 (.86)	1.90 (.88)	-4.02***
7. Sinusitis	1.51 (.67)	1.52 (.68)	-.056	37. Increased sweating	1.37 (.76)	1.66 (.93)	-3.80***
8. Dyspepsia (indigestion)	1.76 (.87)	2.05 (.86)	-3.61***	38. Weight loss	1.49 (.71)	1.68 (.74)	-2.85**
9. Muscle tremors	1.96 (.91)	2.29 (1.02)	-3.70***	39. Pain in the ears	1.68 (.78)	1.83 (.86)	-2.02*
10. Headache	1.60 (.69)	1.99 (.75)	-5.94***	40. Asthmatic attacks	1.62 (.74)	1.57 (.84)	.762
11. Weight gain	1.33 (.68)	1.36 (.68)	-.598	41. Exhaustion	1.81 (.82)	2.08 (.72)	-3.79***
12. Sore throat	1.94 (.63)	1.93 (.85)	.137	42. Diarrhea	1.40 (.64)	1.70 (.71)	-4.81***
13. Decreased hearing	2.84 (1.04)	2.67 (1.09)	1.73	43. Difficulty falling asleep	2.31 (.85)	2.41 (1.04)	-1.10
14. Easy fatigability	2.02 (1.03)	2.38 (.89)	-4.05***	44. Changed body temperature	1.63 (.70)	1.87 (.73)	-3.52***
15. Skin rash	1.54 (.88)	1.66 (.92)	-1.48	45. Blurred vision	1.71 (.95)	2.00 (1.10)	-2.99**
16. Constipation	2.68 (1.10)	2.57 (.92)	1.11	46. Anorexia (bad appetite)	2.33 (.71)	2.25 (.67)	1.16
17. Tachycardia	1.63 (.85)	1.82 (.74)	-2.55*	47. Fainting or syncope	1.20 (.47)	1.36 (.66)	-2.88**
18. Tension	1.83 (.86)	2.11 (.97)	-3.34**	48. Renal pains	1.46 (.87)	1.59 (.88)	-1.62
19. Gastric upset	1.65 (.80)	2.03 (.86)	-5.03***	49. General body aches	2.12 (1.03)	2.69 (.96)	-6.20***
20. Common cold or flu	2.03 (.51)	1.97 (.61)	1.07	50. Joint pains	2.34 (.96)	2.69 (.95)	-3.99***
21. Nocturnal enuresis	3.11 (1.02)	3.14 (1.01)	-.296	51. Loss of hair	1.39 (.73)	1.60 (.88)	2.73**
22. Chest pains	1.52 (.76)	1.67 (.74)	-2.26*	52. Frequency of micturition	2.98 (1.08)	3.16 (.91)	-1.95*
23. Hand tremors	2.10 (.98)	2.46 (1.07)	-3.76***	53. Feeling of suffocation	1.37 (.67)	1.53 (.77)	-2.40*
24. Increased respiratory rate	1.64 (.86)	1.87 (.81)	-2.91**	54. Migraine	1.31 (.60)	1.50 (.68)	-3.25**
25. General weakness	2.03 (.95)	2.4 (.93)	-.129	55. Sexual disorders	1.15 (.62)	1.17 (.57)	-.392
26. Cold and hot flashes	1.70 (.74)	1.87 (.79)	-2.43*	56. Ringing sound in the ears	1.45 (.74)	1.60 (.94)	-1.94*
27. A lump in the throat	1.43 (.82)	1.66 (.98)	-2.67**	57. Nausea	1.34 (.71)	1.57 (.81)	-3.30**
28. Numbness	2.10 (.93)	2.50 (.95)	-4.66***	58. Sense of taste weakness	1.78 (.98)	2.30 (1.03)	-5.61***
29. Insomnia	2.40 (.90)	2.67 (.90)	-3.26***	59. Bleeding from the nose	1.19 (.54)	1.36 (.64)	-3.00***
30. Sense of smell weakness	2.40 (1.09)	1.85 (1.04)	5.65***	60. Irregular heart beats	1.57 (.89)	1.84 (.84)	-3.44**

* $p < .05$; ** $p < .01$; *** $p < .001$.

Discussion

Data show that a living wife is an important factor of men's health and well-being in general. Having a wife in old age is a major social support element. The findings show that a man's health is affected greatly by his social and familial surroundings and the connections he builds in them. However, a man's relationship with his wife is the greatest determinant of the quality of his health; thus, the loss of his wife may affect him to a greater extent than the loss of any other person in his life. This result is consistent with many other studies conducted in other cultures regarding the effect of elderly spouses on each other's health status and well-being (Al-Kandari & Crews, 2017; Aniruddha, 2013; Förster et al., 2019; van

Grootheest et al., 1999). The distinguishing feature of this study is that it identifies the importance of social support among the elderly in a specific Arabic country. In the Middle East in general as well as in Arabic countries, kinship plays a major role in the social life and provides more overall social support (Alsharekh, 2007; Zdanowski, 2014). In the Gulf region (including Kuwait), kinship is more crucial than in other areas since the roots of a large part of the population are in tribal societies. Here three major tribal societies have established modern agricultural and marine communities, with the most prevalent being the Bedouin tribes (Al-Rumihi, 2015).

Social support and family solidarity are the major characteristics of these societies (El-Haddad, 2003).

Table 5. Regression Analysis of the Social Support Variables on Somatic Symptoms Inventory (SSI).

Variable	B	β	t
All Sample			
Children living in the household	-3.24	-0.203	-4.23***
FOC	-1.39	-0.432	-8.03***
SOR	-1.22	-0.385	-6.78***
Religiosity	-1.55	-0.127	-2.61**
Social support	-0.408	-0.143	-2.89**
Have wife	6.69	.111	2.04**
R = .445;	F = 13.514***		
R ² = .370			
No Wife			
Children living in the household	-5.10	-0.286	-3.69***
FOC	-1.72	-0.490	-5.01***
SOR	-.843	-0.232	-2.21*
Religiosity	-0.90	-0.100	-1.49
Social support	-0.446	-0.149	-1.85*
R = .521;	F = 7.133***		
R ² = .272			
W/Wife			
Children living in the household	-1.66	-0.122	-1.74*
FOC	-0.850	-0.261	-3.94***
SOR	-1.49	-0.508	-7.04***
Religiosity	-2.81	-0.234	-3.43**
Social support	-0.433	-0.156	-2.52*
R = .469;	F = 9.294***		
R ² = .220			

Note. FOC = frequency of contact; SOR = strength of relationship.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Life cannot be sustained without depending on others in a harsh environment with difficult living conditions. People who live in these conditions need family members and friends for support. They depend on each other to face life's difficulties. This confirms that social support is a vital element in these communities, especially in the nomadic environment, as stated by Ibin Khaldoun, who knew that the majority of the population in the Gulf region and in Kuwait was rooted in tribal communities living in a harsh environment (Al-Rumiahi, 2015).

Kuwait and the rest of the Gulf countries went through a rapid modernization that impacted social and cultural change (Saif, 2009). An economic boom took place in the five to six decades after oil exportation began in the late 1940s (Merza, 2007). The social values of family, relatives, friends, and others remained steadfast (Al-Kandari, 2010). Many studies emphasized these vital social relationships in Kuwait, especially for the elderly (Al-Kandari, 2011; Al-Kandari & Crews, 2013; 2014; 2016; 2017), who still uphold these values. For this reason, social support from family and others is fundamental—the lack of it impacts general life, health, and well-being. The findings

of this study confirm these theories. A living wife is a major social support element for elderly men, though others are also important.

While the effectiveness of the assistance from family and friends is unquestionable, a living spouse, especially for elderly men, is the most powerful social support element. Men may be more affected than women by the loss of a spouse, as reported by another study conducted in Kuwait (Al-Kandari & Crews, 2016). One of the possible reasons is that males are more dependent on their spouses than females are on theirs. This is more prevalent in the Kuwaiti culture, as discussed in some studies (El-Haddad, 2003; ESCWA, 1992) since the wife does many household activities and most of the man's time is spent outside the home. Women manage everything at home, while men spend most of their time with friends, relatives, and at work. Women are responsible for their husbands' daily life—washing and mending clothes, cooking, arranging medical care, and organizing medication are just a few of a wife's responsibilities in a Kuwaiti household. This also occurs in other cultures, but the degree of care and attention is different for the elderly in Kuwait and other Gulf countries.

It is not the same for men who are absent from the daily life of the household (Barakat, 2013). Men can get social support from others outside the home, as other Kuwaiti studies report (Al-Kandari and Crews, 2013; 2014; 2016). As men spend less time at home, they can receive effective support from outside the kin circle, that is, friends. Results show that men in the Kuwaiti society are socially supported by many others, besides the living wife.

Wives may influence elderly men to be more social in their life and in relations with others. In the end, this also affects male health and well-being. Due to retirement and losing close relatives (e.g., brothers, sisters, and cousins)—especially for the late elderly—the strength of social contact with those relatives may be affected, but this does not apply to distant relatives and friends. Results show that late elderly men with a living wife have stronger and more frequent social contact with distant relatives and friends. Elderly men with a living wife receive more social support from distant relatives and friends compared with those without a spouse. This all impacts health in general.

It needs to be iterated that religiosity is also one of the major elements of social support. Religion may act as a buffer against stressful life events, as reported by Al-Kandari (2011) and Lorenz et al. (2019), and it can be one of the best coping methods for spousal loss in general (Mcduffie, 2019; Michael et al., 2014).

Limitations of the Study

This study has some limitations. Although the data cover all governorates and are representative of elderly men aged 60 years and older living in all regions of Kuwait, the generalization of results to the entire Kuwaiti population should be made with caution. This sample represents all elderly men in Kuwaiti society, those receiving services from mobile health units. The study was restricted to the elderly living at the time of data collection, as well as to the elderly who now live in the modern society but have lived part of their life in a traditional society. (People younger than 60 have not experienced the traditional Kuwaiti society in the same way as older Kuwaitis have.) In addition, although the study was conducted amongst Kuwaiti elderly men of similar socioeconomic status, the potential interference of uncontrolled variables—such as social group membership, how long the man has lived without his wife, level of education, and work position—should be taken into consideration. Moreover, the old-age health variables were restricted to clinical markers such as systolic and diastolic blood pressure, blood glucose, and general somatic symptoms. Other health issues were not included. More research is needed for details concerning other health issues faced by the elderly, such as chronic degenerative diseases and

psychological symptoms that are present in the elderly and relate to having a living wife. In addition, there is a need for studies that focus on women.

Conclusion

A living wife is the main part of a man's life and plays a fundamental role in influencing his health and well-being. A married man receives care and comfort from his wife, who fills the role of a vital support system, which can be strong enough to alleviate the burdens that accompany the stress of daily life. Thus, it is fair to say that the loss of the spouse is one of the most devastating events in a man's life. The grief that is felt after this loss can be overwhelming and should be managed with the help of special programs set in place by social institutions in Kuwait. Unfortunately, there is a lack of social programs to provide social interaction for widowed elderly men with poor health. It is imperative that this study and its findings are used to establish such social programs that can promote improvement of health and well-being amongst widowed elderly men.

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