



# BOW STREET BULLETIN

News and Ideas from the  
**Harvard Center for Population and  
Development Studies**

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## The High Cost of Marriage

*Sociologist Rania Salem's research looks at the impact of matrimonial customs and expenditures in Egypt*

As Rania Salem has documented, the cultural and contractual aspects of marriage in Egypt follow distinct spending patterns that often inform a young woman's educational path, career longevity, and status among her husband, in-laws, and community.

A native Egyptian, Salem decided to study this topic as part of her doctoral work in sociology at Princeton based on anecdotal evidence gathered in a prior research post at the Cairo office of the Population Council. As Salem recalled, "Every time I would talk to a respondent, they would bring up marriage costs," she said. "Even their parents were preoccupied with marriage expenses."

As a David E. Bell Postdoctoral Fellow at the Harvard Center for Population and Development Studies, Salem has built on her prior work and is focusing on several aspects of matrimonial transactions among Egyptian couples: how employment experiences affect marriage; why matrimonial customs are maintained despite their burdensome nature; and how payments made at the time of marriage affect a woman's bargaining position later in the relationship. Among other findings, Salem looked to see whether this preoccupation of saving for marital expenses led young people, especially women, to make critical decisions around education and work.

"Most of these expenditures are made during the engagement period, and it is important to have everything in place at the time of marriage," said Salem, noting that in 2006, the average marriage in Egypt cost approximately 40,000 pounds, or about



Rania Salem

\$6,000 USD in a country where the annual GDP was \$1,400 per capita at the time. In addition to saving for household expenses, Salem said couples also plan to start families upon their union, which places an additional onus for couples to pay for household amenities prior to the arrival and expenses of a baby.

Despite marriage being nearly universal in Egypt, with only 5 percent of women unmarried by the age of 40, Salem said very little had previously been written about the impact of marriage costs on Egyptian women. For her research, she interviewed 70 engaged couples, most of who had been introduced to one another by a relative or friend of the family. While many of these relationships could be considered "arranged," Salem said it is the expectation that the couple will develop an affective bond over the course of the engagement, a period

where both the bride- and groom-to-be save as much money as possible to prepare for a marriage that is anywhere from 1 to 6 years away.

Initially, Salem decided to focus on the Egyptian context of marriage which requires a host of expenditures, from the expected purchases of jewelry to furniture to the conjugal home.

"For many Egyptian Muslims, there is a sum of money paid from groom to bride, and all of these expenditures are up for negotiations," said Salem. "Some of these expenditures are expected to come from the groom, such as the apartment, but the bride is usually expected to provide appliances, kitchen cabinets, linens, china, rugs, and curtains." Through negotiations between the groom and his in-laws, Salem said the bride and her family typically shoulder 30 percent of the costs, with the groom and his family covering the remainder.

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# BOW STREET BULLETIN

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## News Briefs:

We send hearty congratulations to Pop Center faculty, fellows, and staff for their recent news and achievements:

■ Current RWJF Health & Society Scholar, **Esther Friedman**, welcomed a baby boy, Aaron, in January.

■ Pop Center research associate, **Summer Hawkins**, has accepted an assistant professorship in the Graduate School of Social Work at Boston College.

■ **Amy Non**, RWJF Health & Society Scholar, heads to Nashville where she'll begin her new position as assistant professor in anthropology at Vanderbilt University.

■ Bell Fellow **Analia Olgiati** departs the Pop Center this summer to become a consultant at the Boston Consulting Group in Boston.

■ **Andrew Papachristos**, RWJF Health & Society Scholar, has accepted a tenure track, assistant professorship in sociology at Yale University.

■ **June Po**, Pop Center principal analyst, begins her studies in the natural resource sciences doctoral program at McGill University this fall.

■ Current Bell Fellow, **Rania Salem**, begins her new role as assistant professor of sociology at the University of Toronto, Scarborough, this summer. *See cover story on Rania.*

■ Welcome to **Angela Smith-Waxman**, who joins the Pop Center as its new program coordinator.

■ **Emily Shafer**, RWJF Health & Society Scholar, heads to the Rand Corporation in Santa Monica, CA, to begin a year as a postdoctoral research fellow.

■ This fall, **Alexander Tsai**, RWJF Health & Society Scholar, becomes a research scientist at Massachusetts General Hospital in the Center for Global Health, and an assistant professor in psychiatry at Harvard Medical School.

■ **Qiong (Joan) Wu**, principal analyst at the Center, welcomed a daughter, Shannon, last December.

## The High Cost of Marriage, *continued from page 1*

Based on these anticipated expenses, Salem said many young women choose to finish high school yet forgo college so they may enter the work force and begin saving for marriage, which typically occurs by age 21 (or even younger for women in rural areas). Men, she noted, are not under the same age constraints (the median age of marriage for Egyptian men is 27), so there is not the same pressure to enter the work force prior to the pursuit of higher education. For women, marriage often marks the end of their work outside the home.

With her continuing focus on economic sociology, Salem's look at marriage costs in Egypt will be published later this year with Oxford University Press, and her qualitative work on marriage costs in Jordan was recently published by the Economic Research Forum in Cairo. In another project which is not yet published but has been presented, in part, at various conferences, Salem collaborated on research in rural Egypt that investigates interactions between women's work and their experiences of intimate partner violence.

"One might think that domestic violence would compromise a woman's work performance, or that her income could be threatening to her husband's masculinity," said Salem, who will be leaving HCPDS this summer to begin a tenure-track position at the University of Toronto, "so one of the questions we want to answer is does domestic violence affect women's work or vice versa? We have fielded a survey of 600 women in Egypt and also collected 30 case studies and that is helping us to get to the bottom of these questions." It is her hope that her research will lead to policy changes in the nations she studies. ■

# Investing in Imperatives: Population, Development and the Emergence of Health

**M**y earliest investments in population and development are on my bookshelf. I discovered the montage “World Enough: Rethinking the Future” by Margaret Mead and Ken Heyman as a teen in Santa Fe, New Mexico. Published in 1975, it reveals a world in flux. The industrialized world’s vigorous creation of new qualities of life was colliding with sharply accelerating population growth in countries few described as ‘developing.’ The chapter titles were haunting: “The Dream of Technological Salvation” and “The Waiting World.”

“World Population and Human Values: A New Reality” by Jonas and Jonathan Salk also has minimal text. Pages of simple graphs march through abrupt changes in demography: long flat lines and then, the ascending cliff. In 1981 when it was published, there were an estimated 4 billion people on earth, and the most dramatic doubling of population occurred only in the prior decades. Leveling of fertility was more hopeful than evident, and trajectories petered out into variations of possibility. I never winnowed the books through many life transitions; they still remain open in my mind’s eye, like question marks.

When I was invited to join the Partners Council of the Harvard Center for Population and Development Studies, it afforded the extraordinary opportunity to be at the epicenter of these questions, with a Center synonymous with *global health leadership*. It also allowed me to learn whether our individual and intellectual investments might meaningfully influence the human course. It is too early to describe a ‘post-boom’ world, but I have great optimism that ambitious investments in public health science can dramatically improve growth, reproduction and aging across populations, and generations.

## Why so optimistic?

United Nations Under-Secretary-General Babatunde Osotimehin’s recent Pop Center lecture underscored the challenges of a future with more than 7 billion people, but echoed contentious past efforts. We might conclude that the best scientists, entrepreneurs, and tireless humanitarians are no match against

human nature. Is it possible to make a difference on the scale required? Did we escape Darwin to fall to Malthus’ wheel of overpopulation and resource depletion?

We have escaped neither. The comforts of food and safety that high-income countries enjoy have not changed the math behind molecules or ecosystems. It is not in escape, but in our ability to understand the cascade of interactions between genes and environments, development and reproduction, and lifespan and health, that will expose opportunities for new adaptations to a high-density world. One significant opportunity lies in the long flat line before the imposing curve.



**“...ambitious investments in public health science can dramatically improve growth, reproduction and aging across populations, and generations.”**

Hunter and gatherer ecology, biology and behavior represent some 99 percent of human history. Our evolved life history is one of extended, highly dependent development, allowing acquisition of cognitive, physical and social skills needed for cooperative and intensive resource demands. Others subsidize this expensive reproductive strategy with care and other resources to mothers and offspring in a variable, but universal, pattern of *cooperative reproduction*. Surplus and sedentism have relaxed some constraints, but our biology from development to aging remains *a map of all others who have cared for us*.

The Pop Center’s work identifies components of this interdependence across the lifecourse in complex social environments. The emerging picture is nuanced: not all interactions are equal. When people provide care for others, but receive little themselves; or when roles or hierarchies limit escape from detrimental conditions, health and wellbeing suffer. It is becoming difficult

to circumscribe where individual health ends and population health begins.

Innovative work at the Pop Center shows the opportunity that intensive social and developmental investments provide. Discovery of neural and biological plasticity across the lifespan means that development and reproduction are intimately and continuously responsive to environmental cues. Parents have long known this: we spend decades preparing children for anticipated environments precisely because the effort makes a difference. Today, escalating costs of rearing young downshift the quantity of children that families’ desire. But families and societies experience reverberating positive effects on economic capacity when they enhance those *qualities* of development that prepare bodies and minds for a world where new skills are increasingly required. An investment in child quality tilts this tradeoff toward more sustainable, healthier, and educationally prepared populations.

It may not be required for us to escape all evolutionary processes, just historical ones. Public health science moves fluidly between the complex explanatory levels and processes needed to impact the development of populations. Its interdisciplinary research affords rare flexibility to adopt the best tools for the job, and analyze human variability with a focus, comprehensiveness, and speed unique in the social sciences. The Pop Center developed from this synergy, and its ambitious scope of work argues for reinforcements to match.

Progress and perspective free us from the demand of selfless altruism in our philanthropic and scientific work. If humans are so intimately responsive to their environments, and adapted for social investment throughout the lifespan, it is in our interests to create the sustained conditions needed to generate *health* from development and reproduction. Our unprecedented interdependence now demands it.

—Paula Ivey Henry, PhD, SM  
Research Associate, Harvard School of Public Health  
Partners Council Member, Harvard Center for  
Population and Development Studies

# Social Support Linked to Health Satisfaction Worldwide

*Findings highlight risks of isolation in rich and poor countries alike*

Strong social ties are associated with self-rated health worldwide, according to a new study based on Gallup data in 139 countries. Even after accounting for various factors that may also affect health outcomes—including age, gender, education, and marital status—individuals who say they have family and friends they can count on to help them in times of trouble are consistently more likely to be satisfied with their personal health.

## Residents with Social Support are More Likely to be Satisfied with Their Personal Health

Results adjusted for the effects of gender, age, education, marital status, and religiosity

Country	Odds that residents with social support are satisfied with their health, relative to those without social support
Nigeria	4.14 to 1
Egypt	3.94 to 1
United States	2.83 to 1
Spain	2.11 to 1
Mexico	2.09 to 1
India	2.05 to 1
Vietnam	1.96 to 1
Sweden	1.75 to 1
Russia	1.58 to 1
France	1.39 to 1

GALLUP 2005-2009

A research team including former Pop Center fellow Santosh Kumar, Ph.D., of the University of Washington, and Lisa Berkman, Ph.D., director of the Pop Center, recently published these and other findings based on Gallup data in the peer-reviewed journal *Social Science & Medicine*. While other studies have demonstrated the connection between social support and health outcomes in specific regions—most notably high-income Western nations—this is the first to provide evidence that the relationship extends to countries at all income levels and in all geographic regions.

The final study includes more than 270,000 individuals interviewed from 2005 to 2009, covering residents in 34 developing countries in sub-Saharan Africa, 22 countries in Latin America and the Caribbean, and 14 countries in South and Southeast Asia. Using separate statistical models for each country, the authors calculated odds ratios describing residents' greater likelihood to be satisfied with their health if they have social support than if they do not.

Berkman noted that the lack of a supportive social network could affect individuals' health in several ways: "People who are socially isolated tend to have more physiological stress, poorer immune function, and a host of biological risk factors," she said. "They also often have riskier health behaviors like heavy alcohol and tobacco consumption. And they can have worse access to healthcare."

In addition to social support, the authors also examined differences in health satisfaction between respondents who had volunteered with an organization in the past month and those who had not—another indicator of individuals' connectedness to others in their communities. Though relationships were typically weaker in this case, they did find a connection between volunteering and health in many countries, after accounting for age, gender, marital status, and religiosity.

## Implications

The study's finding that the pattern of positive association between social support and health is nearly universal sets the stage for more detailed analysis of how it plays out in specific countries and regions. The authors note that ongoing research in this area carries important implications for policymakers and nongovernmental organizations seeking to promote public health in poorer regions. "There's a clear correlation between social support and self-rated health in many developing countries," Kumar said. "These associations suggest policies to promote community involvement could go a long way in improving population health."

## Survey Methods

Results are based on telephone and face-to-face interviews conducted between 2005 and 2009 with 271,642 adults between the ages of 15 and 75 in 139 countries. In most countries, about 1,000 respondents were interviewed each year. ■

—Steve Crabtree, *Gallup*  
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