



*The health of the elderly through the Algerian survey on family health-  
2002 "PAPFAM"*

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**Abstract:**

The health and the care for the elderly can be considered as an issue that attracts attention since the number of elderly is increasing in the countries of the world. This is due to the decrease in death rates among them, and the decline in the risks diseases, injuries and social changes that they might suffer from, as well as the shift in the family pattern from the extended to the nuclear family structure. Therefore, in this paper, we will present the diseases that accompany individuals as they age, based on the National Survey of Family Health of 2002, which was carried out by Algeria within the framework of the Arab project aimed at examining family health.

**Keywords:** *aging, the elderly, health, health of the elderly, diseases.*

## **I. Introduction:**

A human being goes through several stages in life, beginning with childhood, through youth, up to middle age, and then ending with old age, and in this research paper we will focus on the stage of old age, which has received great attention on the social, family and even legal level through international decrees and treaties, and it can be clearly noted that this category is continuously increasing, both in developing and developed countries alike. This may be the result of the high life expectancy (E0) and the longevity of a number of elderly people, in addition to the low fertility rates compared to what they used to be. Therefore, the number of the elderly is constantly growing compared to the rates of increase in any other age category, "as those who are 60 and above have reached in 2012 nearly 810 million individual compared to 1950 when their number was only about 205 million. Their number is expected to reach 1.2 billion individual by 2025 what represents 15% of the total world population and it could jump to nearly 2 billion people aged (60) or over by 2050 which would equal 22% of the world's total population" (WHO, 2015). As concerns the Arab region, the rate of aging population reached 5.6% in 1999 and is expected to reach 6.8% in 2025, and to double to 12.5% in 2050 (WHO, 2015).

Algeria is classified among the developing countries. It is an Arab country that witnessed a noticeable augmentation in the number of its elderly population, especially after the independence, as this period was characterized by a rapid demographic increase between 1962 and 1992, which was the consequence of a large expansion in the number of the population. "According to the 2008 census, the number of the elderly whose age is 60 and above reached 8.5% compared to 6.70%, in the first census of 1966" (Salah Al-Din, 2015-2016, p. 3). Provisions indicate that the proportion of the elderly will reach 14.2% in the year 2030, according to the estimates of the National Bureau of Statistics, and their numbers is to increase from 2.56 million in 2008 to reach 6.37 million individual in 2030" (Salah al-Din, 2015-2016). According to demographic projections, the percentage of the elderly among the females is higher than their number among the males. This noteworthy increase in our country is the result of the availability of certain health conditions, the development in the medical field, the decline in general death rates, and also of the interest in health care for the elderly, the quality of which we wonder about here, so the question is: do older people really benefit from good health care in Algeria?

This research paper aims to present the development of the number of the elderly population in Algeria, and to learn about the most important diseases, including the chronic ones, which they are subject to, as well as the components of the health care they receive, by analyzing and inducing the data of the household survey of 2002, which was carried out in Algeria.

The statistical method has been relied upon in exposing the results. Besides, we will present in this research paper the definition of the National Survey of Family Health, then we will introduce some concepts related to aging and to the health care for the elderly. After that, we will try to identify international conferences and global conventions that dealt with the phenomenon of aging, and the health of the elderly population, and we will conclude this research paper with the statistical aspect of the study, by presenting some of the results obtained in the National Survey of Family Health that are specific to the health of the elderly, through some statistical tables that were issued by the National Survey of Family Health.

### **1. Introducing the National Survey on Family Health (2002):**

The League of Arab Nations has implemented the Arab Family Health Project, and the goal of this enterprise is to enable the Ministries of Health, Social Affairs, Education, Youth, Sports, Women, and other national and international entities, as it is possible to obtain information of high credibility that is comprehensive and integrated, and it also aims to identify the extent of the spreading of chronic diseases, disabilities, the level of disease prevalence among children and mothers, and the quality of health care services. All of these data allows

access to a health map of the Arab world. This survey was conducted using a main sample of about 70358 households, which were selected according to a special sampling methodology, as they were representative of the strata of society. This project was implemented by Tunisia, Syria, Algeria, Djibouti, Yemen, Lebanon and Morocco, and in Algeria this survey was conducted in partnership with the National Bureau of Statistics and the Ministry of Health, Population and Hospital Reform on a sample of 19233 households and five forms were used in order to carry it out: the reproductive health questionnaire, the household health questionnaire, a questionnaire on women of childbearing age, a questionnaire on the young population (age 15 to 29), and a questionnaire on the elderly population (60 and above) (Juwaida, 2018, p. 153).

The sampling base for this survey consisted of all the households that were counted in the census of 1998, and the multistage sample was used.

In the first level, the primary units were drawn, and it included 510 districts. In the second level, the secondary units were drawn, and their number reached 10,200 families in relation to the main sample of 20,400. As for the expanded sample, that had a number of 19,233 answers, it continued at the national level, at an average of 93.5% (Hospitals, 2004, pp. 10-11)

It should also be noted that the National Survey on Family Health is a unique and distinguished Arab survey, due to the fact that it included a questionnaire for the elderly. This questionnaire was useful in showing and highlighting the demographic and social characteristics of the elderly population on the one hand, and on the other their economic activities, social status, and recreational activities.

## **2. Defining concepts:**

Perhaps the best definition that we can offer about the elderly is what came in the noble verse in the holy Quran, In the Name of God, the Compassionate: God Almighty said: {It is He who created you from dust, then from a sperm, then from a clot, then He brings you forth as a child, then that you may become the most powerful of you, then that you may be old, and some of you die before, and that you may reach an appointed term, and that you may understand} Surah Ghafir verse (67).

### **2.1. Definition of old age:**

Some believe that personal and family predispositions play a role in people aging at an early stage of their lives, which leads to the emergence of old age diseases, whether Physical, psychological or mental. Thus, many agree on defining old age as the stage in which physical and mental functions start to deteriorate in a clear manner compared to previous age periods. So, old age is the age at which human maturity ends, and growth turns into disintegration and a gradual decline in the capabilities of the body's organs to carry out their functions on the one hand, and on the other hand, old age, from a social point of view, is a state of abandonment of social relations and roles that correspond to the later years of adulthood (Abbas, 2014, p. 54).

The stage of old age extends from the age of sixty until the end of life, and it can be divided into early aging that extends from the age of 60 until the age of 75, and the stage of advanced aging, which comes after 75 and lasts until the end of life (Thuraya Abdel Raouf Jibril and others, 1997).

The historical studies on the aging process show that the concept of aging appeared in 1928 when the retirement system was used by France, and then it came to be generalized in 1945 to all professions on the one hand, and on the other hand it established the policy of aging in 1962 (Essani, 20015). p. 62).

Scholars may use the concept of old age for the elderly, and sometimes the concept of advanced age, interchangeably as referring to the same meaning, and both have been used in different ways. Old age represents "the accumulation of harmful effects of damage, disease, or processes of deterioration, resulting from the aging of cells and tissues or from the accumulation of traces of deficiencies in the chemical and biological functions, and it is possible that the

cause is the consequence of a number these factors. Old age, in this sense, is a state of general biological deficiency that leads to human death as a result of the collapse of vital organic processes, and it also increases the odds of death due to the increased exposure of the elderly to types of infections or complications that follow exposure to accidents” (Salama, 1997, p. 9).

The International Labor Organization (Recommendation No. 162 of 1980) defines elderly workers as all workers who are likely to face difficulties in employment and occupation due to advanced age. In most ILO’s statistical publications, the age group between 15 and 64 is considered as the working age population. This is mentioned again for the purpose of comparison only, and does not take into account the difference in the retirement age in different countries (Al-Dawli, 2013, p. 5).

## **2.2. The procedural definition of the elderly:**

Old age is one of the age stages that a person goes through in their life, and it is an inevitable stage, and the age agreed upon is 60 or more.

## **2.3. Definition of health:**

Health is defined by the World Health Organization as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Salwa, 2005).

## **2.4. The concept of health care :**

It has a broader meaning, as it includes disease prevention by various means (education, vaccination...), as well as treatment, care, and rehabilitation. It also requires concerted efforts, starting with individuals (as they are primarily responsible for their health) and the efforts of other sectors and medical specialties. (Bawana, 2004, p. 30)

## **2.5. Defining the health of the elderly:**

It is the extent to which health care and services are provided to the elderly, who are 60 or older, and this is what international conventions indicate, as well as the World Health Organization. Also, the age of retirement is considered as equivalent to the beginning of old age in most countries of the world.

## **3. Demographic rates for estimating old age:**

We will present some of the rates that we find useful to the subject of this research paper as follows:

### **3. 1. The demographic dependency ratio:**

The demographic dependency ratio is the ratio of the population outside of the working age group (individuals who are under 15 and over 65) to the population of working age, which is the age group between 15 and 64, within a specific country or geographical borders at a specific point in time ( Amira, 2018).

Calculation method: demographic dependency ratio = (population under the age of 15 + population over the age of 65) ÷ (population between the ages of 15 and 65) x 100

### **3.2. Crude death rate:**

It is the product of dividing the annual corrected total deaths by the average population for the same year multiplied by 1000.

### **3.3. Composition of the population according to age and gender groups:**

Gender ratio: (number of males ÷ number of females) x 100

Can also be calculated:

(the number of females ÷ the number of males) x 100.

### 3.4. By Categories:

It represents the percentage of the population in an age group out of the total population.

Percentage of the population in a particular age group = (the number of individuals in this group x 100 ÷ the total population)<sup>1</sup>.

### 3.5. Calculation of life expectancy at birth E0:

According to the table of deaths, the life span at birth represents the median number of years that can be lived starting from the year of birth, i.e. the year 0 in the following way (Ghoul, 2012-2013)

$$E0=1\div 2+S1+S2+S3+\dots\div S0$$

## 4. Global interest in aging issues:

The United Nations General Assembly adopted the United Nations' Principles Concerning Older Persons (46/91) on December 16, 1991, and encouraged governments to include them in their national plans whenever possible. Here are some examples of these principles:

**4.1. Independence:** The elderly should be allowed access to what they need of food, water, shelter, clothing, and health care, they should be provided with a source of income, family and community support, and means of self-help. The elderly should have the opportunity to work or to have other income-generating opportunities, and they should be enabled to participate in deciding the time and format of their withdrawal from the workforce.

Older adults should have access to education, training and appropriate programs.

Older people should be able to live in safe and adaptable environments, to suit their personal preferences and changing abilities.

The elderly should be enabled to continue residing in their homes as long as possible (Salah al-Din Amrawi, 20015-2016)

**4.2. Participation:** Older people should remain integrated into society; they should participate in any project concerned with the formulating and implementing policies that directly affect their well-being, and they should be given the chance to provide young adults with their knowledge and skills.

The elderly should be enabled to seek and create opportunities to serve the local community, and to work as volunteers in tasks that suit their interests and abilities.

Older people should be able to form their own movements or associations.

**4.3. Care:** Older people should benefit from physical, mental and emotional health care in order to prevent or delay some illnesses. Older people should also have access to social and legal services to promote their independence, protection, and care. They should be able to benefit from appropriate levels of institutional care that provide them with protection, rehabilitation, and social and mental stimulation in a humane and safe environment. The elderly should be enabled to enjoy human rights and fundamental freedoms when they reside in any shelter or facility for care and treatment, including full respect for their dignity, beliefs, needs, and privacy, and their right to make decisions related to their care and quality of life.

**4.4. Self-realization:** Older people should be enabled to seek the opportunity to fully develop their potential.

The elderly should be able to benefit from the educational, cultural, spiritual and recreational resources of societies.

**4.5. Dignity:** The elderly should be able to live in dignity and security, without being subjected to any forms of exploitation or abuse, whether physical or psychological.

Older people, regardless of their age, gender, ethnic or human background, disability or otherwise, should be treated fairly and valued regardless of the extent of their economic contribution. The United Nations adopted 1999 as the International Year for the Elderly, and its motto was "A Society for All Ages".

### 5. International Summit of Madrid:

The Second World Assembly on Aging was held in Madrid in 2002, from the 8<sup>th</sup> to the 12<sup>th</sup> of April. There, the political declaration and the Madrid Plan of Action for Aging were made, based on the reports of the Second World Assembly on Ageing issued by the United Nations.

### 6. Political declaration:

This political declaration contained 19 articles, we present some of these articles in what follows:

- The commitment of government representatives gathered at the Second World Assembly on Aging to take actions at different levels, including the international and national levels, in three priority directions (older people and development, promoting well-being in advanced age, ensuring an enabling and supportive environment).

- Commitment to eliminate all forms of discrimination on the basis of age, to recognize the dignity of the elderly, and to eliminate all forms of neglect, abuse and violence.

- The importance of including aging people in development plans, as well as in poverty eradication strategies.

- Inviting all people in all countries from all sectors of society to collective participation in order to achieve a common vision of equality for people of all ages (United Nations, 2002)

### 7. Results of the study:

#### 7.1. The health of the elderly through the Algerian Health Survey of 2002:

##### 7.1.1. The prevalence of chronic diseases, as presented by PAPFAM2002:

**Table 1:** The elderly with chronic diseases, by gender and place of residence

Variables	Blood pressure	Diabetes	Ulcer	Heart Diseases	Arthritis	Migraine	Cataract	Back pains
<b>Gender</b>								
Men	24.4	10.9	12.0	7.2	20.4	5.9	8.7	10.2
Women	28.4	9.3	10.8	6.4	23.7	7.5	5.2	8.5
<b>Place of residence</b>								
Urban	25.5	9	15.5	6.5	25.8	8.3	8.2	12.1
Rural	31.1	12.8	11	9	23.3	7.1	7.4	8.1
Total	28.9	11.3	12.8	8	24.3	7.6	7.7	9.7

**Source:** (ministry of health and population and hospital reform principal report of family health 2002 papfam july , 2004 , p. 131)

From the table above, we can see that the survey focused on the chronic diseases of the elderly, and the extent of their prevalence among this group. This serves to shed light on their health status. The chart shows that 66.8% of them suffer from at least one disease, and this percentage reaches 66.1% in urban areas and 68.8% the countryside.

The elderly stated, through the questionnaires that they filled, that the most prevalent diseases among this group are distributed as displayed in Table 01, and that the number of those who suffer from high blood pressure reached 28.9%, and most of them reside in the urban area, while in the rural areas it was estimated at 31.1 %, while we find that those who suffer from diabetes, 11.3%, are distributed between urban, 12.8%, and rural areas, 9%. As mentioned previously, these diseases are quite prevalent among the elderly compared to other diseases, such as heart disease, the percentage of which was estimated at 8%, and it should be specified that, according to the survey, that most chronic diseases were diagnosed by a doctor.

The female category of the elderly is considered as the most vulnerable to health problems with 74.7% of the cases. It also increases with age, as is shown in the following table, Table 2.

**Table 2:** Percentage of the elderly who suffer from diseases or health problems

Age category	Female	Male	Total
64-60	67.3	46.0	57.3
69-65	75.7	56.8	66.6
74-70	74.7	63.6	96.3
79-75	88.7	70.9	77.6
80 or more	83.5	74.8	79.1
Total	74.7	59.0	66.9

**7.1.2. Health problems that impede the daily activity of the elderly according to the National Family Survey of 2002**

**Table 03:** The most important problems and disorders suffered from by the elderly.

Health issue	Urban	Rural	Total
Incapacity to move	9.1	10.7	9.7
Speaking difficulties	2.9	2.7	2.8
Memory weakness	9.1	10.9	9.8
Hearing loss	10.6	12.4	11.3
Vision problems	16	17.9	16.8
Other	1.8	1.7	1.8

**Source:** A personal treatment of Figure 4-16, according to the Algerian Survey of Family Health 2002, p. 187.

The table clearly presents the various problems that the elderly suffer from and which hinder their daily activities; it shows that 26.5% suffer from at least one problem or disorder, with a percentage of 28.5% residing in the countryside, and 25.1% residing in urban areas. As for those who suffer from difficulty in speaking, their number was estimated at 5.6%, distributed between urban areas with 2.9% and rural areas with 2.7%, and it varies between males and females. As for those with hearing impairment, their percentage was estimated at

10.6% in urban areas, and 12.4%), in rural areas. Through the survey we find that 73.1% of the elderly do not need any assistance from others, whether partial or complete, to carry out various daily activities, and it decreases with age progress, and this percentage is higher for women compared to men.

### 7.1.2 .The elderly who had a serious accident, according to the Algerian Family Survey 2002:

**Table 04:** Percentage of the elderly who have been exposed to a serious accident and their distribution according to age group and gender.

Age category	Men	Women	Total
60-64	42,9	34,9	77,8
65-69	44,1	36,1	80,2
70-74	43,4	35,4	78,8
75-79	48,4	40,4	88,8
80 and above	50,3	42,3	92,6
<b>Total</b>	229,1	189,1	418,2

**Source:** Personal treatment according to the data of the Algerian Survey on Family Health (2002).

The results obtained through the table show that the elderly who were exposed to a serious accident were estimated to be among men in the age group 60-74, as this percentage varied between 42.9% and 44.1%, and these percentages increased with age, 75 and above, as it reached 50.3%, while we find that the percentage of exposure to accidents among women decreases in the age group 60-74; the percentages vary between 34.9% and 36.1%, and the number also increases with advancement in age, 75 or more, to reach 42.3%. The percentage of injury or exposure to a serious accident increases among men compared to women.

**Table 05:** The relative distribution of the elderly who have been exposed to a serious accident, according to the place of its occurrence

Gender	Inside the house	Outside the house	Total
Men	10,9	87,6	98,5
Women	45,5	53,5	99
Place of residence	Inside the house	Outside the house	Total
Urban	26	72,4	98,4
Rural	23,2	75,8	99
<b>Total</b>	105,6	289,3	394,9

**Source:** Personal processing of the data of the Algerian Family Health Survey 2002.



According to the location where accidents happen, we find that the percentage of the elderly who have been exposed to a serious accident in their lives inside their homes is 56.4% from the population group men-women, while we find that 141.1 individuals have been exposed to a serious accident outside the home distributed among men with 87.6% and women with 53.5%, and it also varies according to the center of residence, as we find that those who live in urban areas are more likely to have accidents with 26% than those in rural areas with 23,2% of those who were exposed to an accident outside the home, and in many cases, 63%, left effects on the elderly.

**7.1.3. The relationship of the elderly with their family (the relationship with children) through what the survey presented:**

**Table 06:** Percentage distribution of the elderly who have children that visit them.

Age category	Visited by children	Live all together	Daily Visits	Total
60-64	58,7	38,7	21,1	118,5
65-69	67,3	29,8	22,9	120
70-74	72,8	25,1	22,1	120
75-79	74,2	20,7	24,1	119
80 and above	75,9	17,7	20,7	114,3
<b>Total</b>	348,9	132	110,9	591,8

**Source:** Personal processing of the data of the National Family Survey 2002.

Children’s interactions with their parents can be considered as a form of family solidarity, as the results obtained through the table above show that parents aged 60 or more do not reside with their children; 22.9% of them receive daily visits, and the number differs between men And women, men with 20.6% and for women with 23.5%, and for those who all live together with adults of 70 and above with 21.9%, and this percentage differs between men and women.

**7.1.4. The elderly who benefit from the care services provided by associations, according to the National Survey of Family Health:**

**Table 7:** Percentage distribution of the elderly who benefit from care services from associations.

Gender	Benefits	Does not benefit	Total
Men	7,5	92,5	100
Women	9,2	90,8	100
<b>Total</b>	16,7	183,3	200

**Source:** Personal preparation of the data of the Algerian Family Health Survey of 2002.

It is clear from the table that 8.35% of old people benefit from the services of associations for the care of the elderly, while we find that 91.6% of them stated that they do not

benefit from this type of care, and this percentage increases with age. It varies among men, reaching 28%, and among women, at a percentage of 13.5%, out of all adult women of 60 and above.

## **8. Discussion of the results:**

We will, in this section, review the most important results that we discussed in our study "Health of the Elderly through the Algerian Survey on Family Health-PAPFAM-2002," in order to know some of the social, family, and health characteristics of this social category, and they can be summarized as follows:

-The demographic structure of the age category 60 and above is constantly increasing, and in 2015 it moved from 8.5% to 8.7%.

-The marital status of the elderly directly affects the place of residence, as the widowhood rate for women was estimated at 84.2% and they live with their children.

-As for divorce cases, we found different percentages in terms of their place of residence: 16.5% of them live alone, while 65.5% live with their children.

-Another result is that the elderly live in urban areas with at a percentage of 62.2% for women, while for men it is 58.8% and it was found that they live alone.

-Dependency may constitute an obstacle for people, as well as for the state itself, but through our analysis of the available results from the survey on dependency, we found that people in the age category 60-74 are dependent with a rate of 39.4%, compared to those who can provide for themselves, and the number of the rest is estimated at 49.1%. It also differs between men and women.

-The result we reached about the prevalence of chronic diseases is that the older individuals become, the weaker their immune system becomes and they are more susceptible to diseases, as it is estimated at 95.2% of the total diseases in old age.

-Through the health coverage data for this category, we found that 54% of them benefit from health insurance services.

- At this age stage, the elderly are exposed to several health problems that prevent them from performing their daily activities, and the result reached is that 26.5% of them suffer from at least one problem, and the most prevalent health issue among this group is "impaired vision" with 17%, as referred to earlier in the health problems suffered from by the elderly.

-The conclusion reached is that the probability of being exposed to a serious accident is higher as the individual advances in age from 80 and above, and they are more likely to be injured at a percentage of 46%. Also, most of those who are exposed to a serious accident are outside the home when it happens, and it is higher for men by a greater percentage than for women.

-As for the Sheikh's relationship with his family, especially the relationship with the children, where we found that the numbers vary in relation to the place of residence. For the category 60-74, there are 66.2% who receive visits from their children.

-The percentages of the elderly who benefit from care services from associations vary, to reach 8.3%, while the largest number of them do not benefit from this type of services.

## **II. Conclusion:**

In the end, it can be said that the interest in the phenomenon of aging populations is a global concern, and this was summarized in the principles of the United Nations, the Madrid Plan and other international entities that we did not have the time or space to mention, this is on the one hand, and on the other hand, interest in the health of the elderly at the national level

should not be concerned with this category is in terms of health care only, it should go beyond by caring for the psychological and mental health of this group, and by providing them with special places after referring them to retirement so that the elderly can spend their free time, and it is necessary to integrate elderly people into the family atmosphere in order to avoid psychological problems, and the problem of idleness after retirement. By raising family solidarity, it is also possible to benefit from this group, and from its experiences, and strive to subtract the monthly income of this group in order to ensure a decent living through their salary, especially in the absence of financial support.

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