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Gender, Health and Ageing

Alter(n) und Gesellschaft

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Gender, Health and Ageing

European Perspectives on
Life Course, Health Issues
and Social Challenges



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The focus of the workshops has been on gender-specific conditions and possible strategies for managing resources and strains, and their effects on health and life-situations in old age. Thus the emphasis has been on strategies promoting “successful” coping with the changes brought on by old age, but also the roles of gender, gender-relations and social environments in old age. The objectives of the workshops have been the cross-border exchange of information on models, best practice and conducive conditions, and the question of how to possibly implement such models and strategies. Two volumes¹ now emerge as a result of the workshops, which examine in several articles different aspects of the topic from various national contexts. A main point of interest has particularly been to strengthen the East-West dialogue as well as the co-operation with researcher from the new EU member states.

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1 The 2nd one is: Lasch, Vera; Freitag, Walburga;, Sonntag, Ute (Ed.): Gender, Health, and Cultures. Networking for a better Future for Women within an enlarged Europe. Kassel university press, 2006.

Table of Content

<i>Pasqualina Perrig-Chiello</i> Foreword.....	9
<i>Vera Lasch, Katja Reimann & Gertrud M. Backes</i> Gender, Health, and Ageing: An Introduction	11
I. Gender Impacts on the Life Course and Old-age Health	
<i>Gertrud M. Backes, Ludwig Amrhein, Vera Lasch & Katja Reimann</i> Gendered Life Course and Ageing – Implications on „Lebenslagen“ of Ageing Women and Men	29
<i>Katja Reimann & Gertrud M. Backes</i> Men in Later Life: Perspectives on Gender, Health, and Embodiment	57
<i>Birgitta Lindencrona & Barbro Westerholm</i> Mapping Existing Research and Identifying Knowledge Gaps Concerning the Situation of Older Women in Europe (MERI). From the Swedish National Report	71
II. Issues of Health Research in the Context of Gender and Old-age	
<i>Friederike Kendel & Monika Sieverding</i> The Impact of Gender and Age on Cardiovascular Health in Germany	105
<i>Csilla T. Csoboth</i> Health of Ageing Women in Hungary.....	125
<i>Beata Tobiasz-Adamczyk</i> Social Resources and Health Status in Older Polish Women	139
<i>Majda Pahor, Barbara Domajnko & Valentina Hlebec</i> Double Vulnerability: Older Women and Health in Slovenia.....	157

Mónika Erika Kovács

Quality of Life and Health of Ageing Women in Hungary:
Characteristics and Bio-Psycho-social Background Factors 175

Bridget Penhale

Elder Abuse, Older Women and Considerations of Mental Health 203

III. Challenges of Care – Gender and Health Perspectives

Vera Lasch & Katja Reimann

Ageing and Demographic Change: European Research Resources 227

Hildegard Theobald

Care Resources and Social Exclusion: A European Comparison 241

Gabriele Doblhammer & Uta Ziegler

Future Elderly Living Conditions In Europe: Demographic Insights 267

Gabriele Kreuzner

Care for Old People Between Gender Relations, Gender Roles,
and Gender Constructs 293

Notes on Contributors 317

Foreword

Pasqualina Perrig-Chiello

Certain books are eagerly anticipated and long overdue. „Gender, health, and ageing“ is such a book. Its topic is relevant in many different ways. The demographic and societal changes of the past decades, such as longevity and improvement of public health, have definitely created new and often very distinct realities for men and women. However, these diversities have only marginally and fragmentally been the topic of research endeavours. There is, for example, a general growing awareness for the societal phenomenon of „feminization of old age“, yet the topic and its psychosocial and health-related consequences haven't attracted the scientific interest they would have deserved. It is noteworthy, that still until a few decades ago, the majority of geriatric and gerontological studies were oriented towards male standards without considering gender effects. Even though subsequent studies increasingly began to focus on differences between women and men, they referred mainly to the biological sex of a person and not to their gender belonging. Due to these scientific neglects and limitations, the state of the art in the field of gender, health and ageing is sketchy and often enough contradictory (Perrig-Chiello & Höpflinger, 2004). Do older women really have more physical and mental health problems than older men, or are these findings influenced by a gender bias, due to a different awareness and understanding of health and illness? Is there truly a higher incidence for Alzheimer's dementia for women than for men, or is the apparently higher incidence simply the consequence of women's higher life expectancy? What are the physical and mental health costs of being the main caregiver of spouses, in-laws and partners, considering that this is a role many women have to fill from middle-age on? It's impossible to find satisfactory answers to all these questions without considering the cultural and social living context of the subjects studied, and without adopting a life course perspective (Perrig-Chiello & Höpflinger, 2003). The inclusion of gender as a social reality in the broadest sense is therefore an absolute prerequisite for gaining valid information.

Gender is not only a neglected, but also a highly complex construct, which cannot be allotted to one single discipline and thus demands a multi- or even an interdisciplinary approach. In view of the complexity of the issue it is furthermore frustrating to see that a large majority of scientific work done so far was not only mono-disciplinary but also to a large extent purely descriptive and the-

ory-poor. As a consequence, we are faced with the impossibility to grasp the underlying complex causes and mechanisms of gender, health, and ageing. However, in order to enable optimal age- and gender-appropriate assessment, prevention, and intervention in-depth, multi-causal, and innovative approaches are needed.

Based on what has been stated so far, the book „Gender, health, and ageing“ is of particular significance. Its editors, Gertrud Backes, Vera Lasch, and Katja Reimann, did not balk at tackling such a complex and demanding issue. They have compiled a reader that identifies the research gaps already mentioned and proposes a multidisciplinary view of the topic. In addition, the international lineup of authors permits a comparative, European perspective of the issue. The authors manage to reveal in an impressive manner the necessity of a gender perspective in aging and health research, as well as the necessity of an age and health-related perspective in gender research. Various contributions adopt a life course approach and include further aspects of body, physicalness and identity, which have previously been neglected by the social sciences. In a society in which „anti-ageing“ has become a buzzword, scientific analyses of ageism – which is not infrequently paired with sexism – form a crucial basis for a differentiated understanding of the constituents of illness and health in old age (Perrig-Chiello, 2005).

All things considered, this book contains a wealth of data integrated in a coherent theoretical framework, thus yielding vital elements for a gender and age-appropriate health practice.

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Gender, Health, and Ageing: An Introduction

Vera Lasch, Katja Reimann & Gertrud M. Backes

1 Introduction

The worldwide increase of life expectancy, coupled with a decreasing birth rate, has led to populations with increased numbers of more-than-60 year-olds, in terms of percentage as well as in absolute numbers. The longer lifespan necessarily also lengthens the phase of life termed ‘old age’, so that today we differentiate between a third and a fourth age (Laslett 1995). The consequences of this development are manifold. More and more people may expect a late active phase of life, after employment. The positive aspects for those affected notwithstanding, this development also creates a whole set of challenges. The European societies need to adapt to these changes, particularly in reference to topics such as the political and the societal integration of the elderly; to changing needs, particularly in the field of institutional care, but also for the development of concepts for the reconciliation of care-giving and employment. The topic of health – the health-issues of the elderly, preventive strategies in the life course as well as in old age, and their effects on the quality of life –, plays a vital role within this framework, particularly in the later stages of old age. According to the WHO, health of older women is an increasingly important field, as due to the higher life expectancy of women the majority of the old, and particularly the oldest old, will be women. Ageing, knowledge of resources and coping strategies, and experience in the implementation of this knowledge will turn into decisive factors, societally, politically and economically.

In this context, the societal base of knowledge (in research and theory) on the phenomenon of ageing is increasingly important. The question of what we actually know, and which questions still need to be answered, is also relevant to the policies of research. The European research programmes, most markedly the 5. Research Framework, have created knowledge on the central issues of demographic change, and have built up networks (see Lasch, Reimann in this volume). However, Malcolm Johnson’s statement in the “Cambridge Handbook of Age and Ageing” is still true:

“Theoretical work remains a remarkably neglected area of gerontological work. So the oft-repeated observation that gerontology is ‘data rich and theory poor’ is demonstrably still the case” (Johnson 2005: XXIII).

In this volume we dedicated our attention to the important intersections of three topics – „Gender, Health, and Ageing“. Gender and health are both factors decisively shaping ageing, thereby impacting quality of life in old age, and which are relevant in recognizing societal developments as well as in formulating adequate strategies for facing the challenges of ageing.

2 Gender, Health, and Ageing – Research Strategies, Missing Links and Integrated Views

There are at least three missing links and some promising ideas for a discussion in future research. The first one is the discussion about gender impact on ageing, as well as on health in old age; the second is the formulation of research approaches, which develop insights out of developmental, biographical and life-course perspectives (cf. Backes et al. in this volume). The third link encompasses the development of perspectives focussing on the cultural images of ageing bodies and identities, their effect on health and their gender impact. On a global perspective, it is a matter of improving research strategies, which describe ageing in a more differentiated way, and which integrate the vital impact of societal developments. Also still missing is a broader concept for an interdisciplinary compilation of the socio-political developments, connecting them with the issue of ageing. The following comments are just a few examples of the complexity of this field of research. The topic of care for the elderly may no longer be discussed without including the context of reconciliation of gainful employment and care-giving. While health is an essential component of successful care, it is the economic situation in old age (poverty and financial resources), which is expressive of historical and biographical life courses and „Lebenslagen“ (see Backes et al. in this volume), and is equally relevant to a satisfactory situation in old age. The discourse on societal participation in old age, be it politically or in volunteer settings, requires a re-orientation on social and societal co-responsibility; that is, it requires attention to the cultural connotations of age and of gender; positive strategies for the integration of the elderly and those in need of support may only be formulated as a cross-generational effort.

The following three chapters emphasize the relevance of integrating three different research perspectives: gender, life course perspective and new approaches towards health, ageing, body and identity. Particular attention is given

to the complex interconnectedness of many issues, pointing out the lack of cross-disciplinary references, and identifying those intersections, where a change of perspective, – from gender-research to age-research, focussing sociology, or health research, may serve to connect research approaches.

2.1 *The Need for Gender Perspectives*

Since the 70ties in feminist research *Gender* has been understood as the social classification into male and female, as a social construct of a dual gender system and as a matter of culture (Gildemeister 2004; Hirschauer 1989, 1994; Meuser 2005; Pasero, Braun 1995; Schaufler 2002; Villa 2001). Gender and age(ing) are social constructions interwoven with each other as well as with identity and social structure. Both are structural principles impacting social conditions, personal strategies of life, identities and concepts of creating and adapting. It is therefore not only a question of „doing gender“ and „doing age“, but also of „a gender lens on aging“ und „an aging lens on gender“ (Calasanti, Slevin 2001; also cp. Arber, Davidson, Ginn 2003; Arber, Ginn 1991, 1995; Backes 2002, 2004, 2005b, 2006; Bury 1995; Cruikshank 2003; Hatch 2000; McMullin 1995). The interaction of both of these factors with a multitude of societal sub-areas is currently one of the most important research paradigms. What is needed is an integrated analytical perspective, opening the view for the central relevance of „gender“ in gerontological research.

Particularly in the German-language gerontology, the word „Geschlecht“ is used primarily as an empirical factor for differentiating between two groups in society, between “men” and “women”. The discussion focuses on gender-specific differences and inequalities of “Lebenslagen” within the life courses and in old age, as well as on the differences in life expectancy and the affectedness by health problems. The considerations primarily remain on a descriptive level; basic theoretical perspectives opening a view on gender as a societal principle of order and in its generation processes are largely missing. A term used in this context is the feminization of old age (Tews 1993; Kohli 1990), addressing the purely quantitative predominance of women in the 60+ population (Tews 1993) as well as the approximation of the gender roles in old age (Kohli 1990), which is mainly effected by men’s post-retirement entrance to the “female” sphere of the household. In the English-language sphere, this approximation of gender roles in old age is also discussed under the key term „androgyny“; however, this discussion is based on relatively static and universal statements on male and female gender roles (cp. Hatch 2000: 71ff). Contrary to the thesis of a structural „feminization“ of old men is the thesis of a continuation of gender-specific so-

ciations over the entire life course, all the way into old age; a process which under certain social constellations could also be associated with a superficial approximation of gender roles (cp. Backes 1997, 1999, 2002).

A gender-perspective in gerontology would entail a research approach taking both the differences as well as the shared traits of men and of women into account. It would also include the specific social problems, different „Lebenslagen“ and resources of men and of women (for the German-language area, cp. Backes 1999, 2002, 2004, 2005b; Fooker 1986, 1999; Höpflinger 1997, 2002; Perrig-Chiello, Höpflinger 2000), interpreting gender as a dynamic and relational category. The research process needs to clear of unreflected, inapplicable stereotypes, as well as creating gender-specific blind spots in the generation of data, and the analysis of differentiated facts (for the research field of health, see Fuchs, Babitsch 2006: 85-96).

Above all, what is missing in gerontology is a reception of the concepts and the theories of gender research, with a view on the societal construction processes and *Doing Gender* in social interactions (cp. Calasanti 2004). This conceptualization of gender as a social construction would scrutinize a variety of aspects, such as educational and employment opportunities, life courses, value orientations, problematic health situations, life-expectancy and ageing, leaving behind the level of simply describing differences.

In the same way that gerontology rarely integrates the theories and approaches of gender research, gender research in turn neglects the topic of age(ing) and gerontological approaches. The examination of gender constructions within the process of ageing, respectively within the life course (particularly at a later age) is still largely missing. What is most frequently thematized is developments in adolescents and in middle-age adults. Nevertheless, the theories of gender-research contain important approaches, the application of which to developments in old age, respectively with a perspective on the life course, could be extremely useful.

The theoretical discourse on the category of gender requires perspectives on the connections between gender and other factors of social inequality, which cumulate during the life course, and which are connected to the differentiation of “Lebenslagen” and social inequality in old-age (Clemens, Naegele 2004; Moen 1996, 2001; O’Rand 1995, 1996; Sørensen 1990).

Class, Race, and Ethnicity or being part of a minority are together with gender, factors that we know shape social situation and influence ageing, and even health in old age (Markides 1989: 14f).

Only the synopsis of diverse structural categories such as gender, age, but also class and ethnicity can result in more differentiated analyses and theoretically sound perspectives on life-situations, resources and strains, and their consequences for health in old age. The hitherto existing results show that women, by their greater reported levels of disability than older men therefore may experience more difficulties in social life, everyday mobility and social integration (Arber, Cooper 1999). It is also women who struggle more with economic problems and poverty in old age (Arber, Ginn 1991; Backes 2002; Sørensen 1990). Old age, multiple disabilities have been identified as predispositions for entry into institutional care (Oldman, Quilgars 1999 according to Arber 2003: 3).

Questions and controversies of gender research, gerontology, life course research and social policy therefore need to be connected and broadened by a focus on life-quality and health. Debates are necessary on the consequences of the societal construction of gender, on the theses of the feminization of age, and the acumination of gender differences in old age; actually the old issues of levelling, continuity, cumulation and diversity of genders (specifically in old old age), of hierarchization, complementarity and power distribution among the genders in old age, and on the effects of ageism, sexism and racism. What is needed, in addition to analyses of equal opportunities in the various societal segments and in the life course, is a more accurate description of the effects of gender assignments, of stereotyping or of gender ignorance, e.g. in research on ageing and health.

2.2 *Ageing within a Life Course Perspective*

It is important to understand ageing phenomena as a result of structural developments within the life course, as resources (such as finances) and potentials (such as education) are accumulated over a lifetime. In old age, these resources serve as a basis for coping with the process of ageing. This does not imply that ageing and personal development are mutually exclusive, it does however mean that (socio-political as well as individual) strategies for coping with ageing need to be established at a much earlier point in life. This also has consequences for gendered differences in the area of health, and for strategies for coping with ageing: in addition to gender-related differences in morbidity and mortality, old-age-health is influenced by resources and strains of the previous stages of life, which are difficult to influence *ex post*. Gender-related inequalities in lifetime work experience, social network and health status developed over the life course, cumulate in old age and determine differences of „Lebenslagen“, socio-economical status, health status, health behaviour and well-being. Gender norms and roles determine ways of handling the ensuing strains and resources in the life

course, therefore also influencing the development of strategies for coping with day-to-day challenges. For example, as women are the main bearers of care-burdens in case a family-member is afflicted, they are also the ones affected by the necessity of reconciling employment and family. The cultural and social gender norms are generated in complex connections with other social structural categories; in addition to the already-mentioned categories such as strata and class, cultural and ethnic group, categories such as education play an important role. Particularly education has turned out to be an important resource for successful reorientation in old age; it is closely tied to old age health and is a resource for coping strategies in old age. Due to the interplay of these different categories, different and socially unequal „Lebenslagen“ cumulate over the life course, and together determine life conditions and health in old age (Clemens, Naegele 2004; Moen 1996, 2001; O’Rand 1995, 1996).

Furthermore it is necessary to take into consideration the political and structural changes and upheavals, such as changes in family structures, labor-market developments, political reforms, European as well as global migratory movements, the growing influence of transnational players on national policy makers, the resulting effects on the development dynamics in the individual countries and therefore also the respective „Lebenslagen“ of the elderly.

Particularly the establishment of a life-course-oriented approach, including biological as well as social factors, offers interesting possibilities for the integration of biological-medical with social-scientific perspectives within one theoretical approach. Health situations, social lifestyles as well as societal health cultures could thereby be integrated and evaluated to improve health prevention, health services, and rehabilitation.

Certain research approaches have already been established, such as the WHO Life Course Approach, providing indications of life course risks and attempting to quantify the resulting risk burdens. This raises several questions, such as to the type of coping strategies (political and private) appropriate for offering support from high risks in a life-course. An investigation into the differences generated by gender and by socio-political frameworks could serve to foster understanding of cultural barriers. Correspondingly it would be possible to identify stages for the creation of resources, coping-competence and social capital.

2.3 *Health, Ageing, Body and Identity*

The topic of ageing and health shows a vital gender-specific component, just as it is inextricably linked with body and identity. There are certain, gender-specific

differences in old age health, such as the generally longer life-expectancy of women, as well as the differing rates of leading chronic conditions. Men and women develop different patterns of chronic conditions, with women exhibiting higher rates of nonfatal chronic diseases, and higher rates of fatal diseases for men (Verbrugge 1989). To these differences may be added numerous disease-specific differences in morbidity and mortality in old age, all of which are known from health research. In the field of Public Health gender factors are well known: poverty, unequal access to resources, discrimination and violence lead to gender disparities in communicable disease, occupational health, mental health and reproductive health (Sen, George, Östlin 2002). Gender analysis of health sector reform programs stress the importance of understanding women's roles as both providers and consumers of health care, of identifying inequalities in health resources and health needs between women and men, and of ways in which institutional reforms can have gender implications (Standing 2002).

The body is particularly relevant within the context of ageing and the connected increase of complaints and decrease of capabilities. On the one hand the body is affixed with societal constructions such as gender, age, ethnicity, and their naturalization (Bourdieu 2005, Foucault 1977), while at the same time being shaped and designed by societal and individual physical practice such as sports (Sobiech 1994), beauty activities (Degele 2004), nutrition (Setzwein 2003), and sleep (Hislop, Arber 2003). Similar to institutional body-work, such as in care, these individual body-practices are closely tied to societal norms and cultural images. However, particularly within the contexts of caring for the ageing body, complex concepts of physicalness are largely neglected. (Backes 2005a, Twigg 2004). Just as is medical care, care for the elderly is oriented by a bio-medical body-model, ignoring any social dimensions of physicalness. (Ushok 2005).

The relevance of body-images is illustrated by the increasing willingness to use surgical means for designing the body, accompanied by efforts to medically/surgically restrain the ageing body; by the proliferation of anti-ageing medicine and the modern trend to wellness and fitness activities. All of these may be seen as indicators of an ideological transition from a „given“ body to an „influenceable“ body, which is therefore totally within individual responsibility. The body is turned into an instrument of self-expression and design, and as a social basis of life and – similar to gender – a social construct is increasingly relevant.

The long-standing absence of social sciences from the realm of the body is rooted in the Western philosophical traditions with their dualistic pair of opposites „body and soul“, analogue to nature and culture. For the past couple of years however, the body has become a much-discussed topic in sociology. In

gender studies, body and body practices are seen within a social constructive perspective. They are highly influenced by gender and other social categories, and the body is a crucial location, where gender is identified, constructed and validated and naturalized (see Duden 1987, Laqueur 1992, Butler 1997, Lindeman 1993, 1999, Villa 2001, Bourdieu 2005). In other disciplines such as identity research (e.g. Gugutzer 2002) and sports sciences (e.g. Sobiech 1994) the theme of ‘body’ is also present. In medicine and care sciences the bio-medical notion of the body have so far dominated; social dimensions of the physical body are thematized within the context of daily activities, if at all. In German gerontology, the discussion on body and ageing has been very limited, while in the English-language sphere much more has been published. (Among others Twigg 2004, Kontos 1999, Öberg et al. 1999, Biggs 1997). Here, the topic “Body and ageing” is discussed in the context of changing identities and the impact of physical ageing on self-images in old age (cp. the discussion on the „mask of ageing“, the „masquerade of ageing“ and on the „ageless self“ by Biggs 1997).

A much stronger interdisciplinary gain in knowledge could be generated by perceptions aiming at researching the body and questioning the relevance of body, body practices, health practices on or with the body, in connection with an understanding of the body in the ageing process, and the way both genders handle physical ageing. It would be particularly valuable to connect medical, geronto-psychological, socio-scientific, care-scientific and feminist insights and questions, most notably in view of the development of application-oriented concepts in ageing and care sciences (see Reimann, Backes in this volume).

The analyses of the phenomenon of ageism, which may be interpreted as a negative connotation of age and ageing woven into the socio-cultural pattern, need critical examination, particularly in respect to the fields dealing with body-related ageing-phenomena. To which degree are existing connotations of ageing responsible for the precarious medical care in old age? The existence of such phenomena is well-known, but to which degree do they influence old-age quality of life? Which changes are necessary in the medical image of humanity? The links between gender-specific strategies of ageing, the health opportunities in age and the role of identity-development and presentation in old age have not yet been explored and compiled to a sufficient degree.

3 Outlook

For research in the field of ageing it is important to compile the already-existing results in the various disciplines, and to expand the body of knowledge on the complex interconnections between ageing, gender and health. This includes

knowledge on the interplay of individual behaviour, social economy, cultural conditions and social environment, and their effects on old-age health and „Lebenslagen“. Attention needs to be given to gender as a social construct in the already-mentioned realms, with a focus on its effects on the identities and needs of elderly women and men.

Also requiring exploration are the impacts of concepts of health and of ageing developed over a life course, the individual strategies for coping with changes and losses, lifestyles, and gender-allocated resources and strains. Particularly cultural i.e. country-specific differences could serve to demonstrate the influence of societal frameworks, and could open up new venues for the discussion of causes and consequences. Another very interesting question is how the various societies react to the challenges created by demographic change (e.g. the raised need for care) and the changing societal structures; which developments are relevant in individual countries and which strategies are implemented politically. One example here could be the gendered organization of care-giving and country-specific strategies for the improvement of the support for private care-givers. Here, too, it would be possible to learn more about the country-, i.e. culture-specific differences via the reception of sociopolitical differences, making it easier to formulate the right questions on strategies for change. International research and cross-border cooperation account for the fact that in spite of very different health, pension and social systems, employment-market characteristics and family traditions, all of these countries face similar challenges. They need to address the problems and demands brought on by demographic changes, an ageing population and rising costs for their health and pension systems. At the same time, globalization and the increasing coalescence of the European economic area necessitate cross-border descriptions of problems and strategies for their solution. However, it is necessary that the research focus should remain on the change pressure on the day-to-day lives of older and of younger cohorts. Not only financial feasibility of social systems, but also life quality and equal opportunity as relevant socio-political factors.

Research should focus on the question as to which knowledge is actually needed in order to meet the upcoming challenges, and which promising strategies or models are already existent in individual countries or as cross-national models. In doing so, it is particularly important to elicit the framework conditions of the respective strategies and models of good practice, in order to examine their transferability onto other contexts.

In Brief: Combining research knowledge, needed questions and debates

Multidisciplinary views on:
<ul style="list-style-type: none"> ▪ Intersections between ageing, health and gender with a focus on gender ▪ Integration of Gender Theories in Ageing and Health Studies ▪ Research on health in old age based on the life course approach ▪ Gender focus on older men's health ▪ Intersections between gender, body, identity, health and ageing in the life course
Questions for Research on Healthy Ageing
<ul style="list-style-type: none"> ▪ Which resources and strains are responsible for health inequality and diversity over the life course? ▪ Which specific strategies do different groups have to balance resources and strains? ▪ Which strategies exist in different countries to support health in old age? ▪ Are there gender differences in these issues? ▪ Which life-long strategies for balancing strains and resources are developed over the life course? Are there models of good practice in order to societally promote these strategies, and to implement successful ones? How does this impact health and quality of life in old age?
Questions for Research on Gender Issues in Healthy Ageing
<ul style="list-style-type: none"> ▪ Which cultural gender constructions affect health and ageing issues? ▪ How are they currently changing? ▪ Which challenges will be brought on by future developments such as the increasing number of ageing men?

4 About the Articles in this Volume

In the present volume, different aspects of the topic „Gender, Health and Ageing“ will be presented.

In the first chapter „*Gender Impacts on the Life Course and Old-age Health*“, gender is the central perspective for developing insights into the topics of “life course” and “health”. Gertrud M. Backes, Ludwig Amrhein, Vera Lasch and Katja Reimann provide a detailed account of the dynamics and changes in

the living conditions of ageing men and women over the life course, their resources and strains, and their impact on the living conditions in old age in Germany. They thereby introduce the German „Lebenslagen“-concept and link it with a life course approach in order to show the future challenges of gender equity in ageing. The contribution on men in later life, by Katja Reimann and Gertrud M. Backes, introduces a gender perspective on ageing men and health. It offers insights into different research concepts, results and theoretical approaches towards masculinities, men’s health as well as on embodiment, broadening the perspective on old age health of men. Brigitta Lindencrona and Barbro Westerholm report on the results of the MERI research project in their contribution: “Mapping Existing Research and Identifying Knowledge Gaps Concerning the Situation of Older Women in Europe (MERI)”. The overview of accessible data in twelve European countries allows identification of general and country-specific research gaps and necessary emphases of future research.

In the second chapter “Issues of Health Research in the Context of Gender and Old Age” are at the focus. There are also contributions showing the complex meanings of health, gender and ageing in different European cultural contexts. Friederike Kendel and Monika Sieverding point out how important it is to differentiate patients according to gender and age in cardiovascular medicine. As risk factors work gender-specifically (like smoking) and gender specific factors influence manifestation, course and prognosis of diseases (for example of cardiovascular diseases) health care and health research need to integrate both factors more carefully. Csilla T. Csoboth provides insight into the health status of Hungarian women and the process of ageing in Hungary. Beata Tobias-Adameczyk writes on the complexity of social resources and their influence on health status and gender differences in Poland. Majda Pahor, Barbara Domajnko and Valentina Hlebec offer an overview of quality of life of older women in Slovenia and discuss the importance of social networks for health issues. Mónika Erika Kovács discusses quality-of-life factors and their impact on health, gender and ageing, supplying a wealth of data on the intersections of these factors in Hungary. Bridget Penhale focuses on the dynamics of mental health and elder abuse and describes causation and management of elder abuse.

The last chapter on *Challenges of Care – Gender and Health Perspectives* focuses on discussions on demographic change and challenges for European societies. Vera Lasch and Katja Reimann discuss an overview of European comparative research, explaining the need for reviewing different results from the 5th European Research Framework Program into national and future research strategies, as well as the need for a debate on theoretical models and an overall interpretation on heterogeneous single project results. Hildegard Theobald presents results from a European research project “Care for the aged at risk of marginali-

zation" (CARMA). Gabriele Doblhammer-Reiter and Uta Ziegler focus on demographic changes and debate results from the European Research project on "Future Elderly Living Conditions in Europe: Who will Care?" (FELICIE). Gabriele Kreutzner provides a more theoretical and philosophical insight into dementia care, gender roles and gender relations, focusing on societal challenges in "thinking" care and organizing care structures.

We hope the aspects and insights this volume presents gives occasion to further discussions and new questions within the field of Gender, Health, and Ageing.

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I. Gender Impacts on the Life Course and Old-age Health

Gendered Life Course and Ageing – Implications on „Lebenslagen“ of Ageing Women and Men

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For Ingrid and Heinz between Tradition and Modernity of Gender Relations.

1 Introduction: Gender and Ageing – a Well Known Field of Social Inequalities and its Research Perspectives

For the longest time, the societal and individual relevance of the interaction of gender and ageing had been missing from the list of topics appropriately represented and treated in German-language sociology of ageing, or in research on women and on gender. Only slowly and sporadically have these topics been accepted into the realms of gerontology and sociology of ageing (cp. Fooker 1987, 1994; Backes 1993a, 1993b, 1999a, 1999b, 2002, 2005, 2006; Höpflinger 1994; Perrig-Chiello, Höpflinger 2000, 2001), and in part also into the feminist critique of the social systems (cp. Kickbusch, Riedmüller 1984). First continuative approaches may for instance be found in the discussion of the “Effects of Female Longevity on Ways of Life and Generational Relations“ (Höpflinger 2000, 2002a) and the transition of women from a working life to retirement. (Cp. Clemens 1993, 1997), as well as most recently in the considerations on the “different” ageing of men (cp. Fooker 1986, 1999, Höpflinger 2002b). Meanwhile, gender has been accepted as an essential differentiating criterion also in terms of age. The necessity of this differentiation as much as the subsequent analysis has repeatedly been proven by pertinent data and facts (cp. Backes 2001, 2003). Studies on life-course, ageing and life-circumstances now commonly differentiate according to gender, or at least emphasize the particularities of the female process of ageing as opposed to male ageing; in doing so, they serve to expose substantial differences and inequalities between the genders (Sørensen 1990).

But still there is a gap between the outstanding societal and individual relevance of a gendered life course and its implications on „Lebenslagen“¹ up into a very high age on the one hand and the somewhat scant attention this has so far received in scientific research, at least as far as the German-speaking cultural sphere is concerned (for the Anglo-American area cp. Arber, Davidson, Ginn

2003; Arber, Ginn 1995; Moen 1996, 2001; O'Rand 1995, 1996). Therefore gender-specific differentiation happens primarily on a descriptive level, such as in the description of disparate lifespans (what draws most interest here, again and again, is the question as to why women generally live longer than men) and the unequal effects these social problems have on women in old age, particularly very old age. Other studies concentrate on "feminine" age(ing) in the sense of the ageing of women and the social problems they encounter. The term used is the "feminization of age" (Tews 1993, Kohli 1990), which is justified not only quantitatively, by the much higher proportion of women, but also qualitatively, as female forms of sociation (in the meaning of the German term "Vergesellschaftung") seem to dominate life at a high age. Old men are even ascribed an approximation to female forms of sociation, as their gender-typical social integration via employment comes to an end after retirement. A more in-depth analysis of gender-relations onto the life course and their effects on "Lebenslagen" of both genders still needs to be done.

Furthermore, the public and political discussions on the social problems faced by old and oldest old women are dominated by the societal and financial burdens (such as caused by care-services) accompanying old age. The high proportion of women in the group of the oldest old characterized by increasing polymorbidity, dementia and need for care, has caused them to be compared to the shorter lifespan of men, and has caused them to be perceived as a greater burden to their social environment and society in general. Usually this equation includes only publicly noticeable burdens and resources, while neglecting privately performed services (such as caring) by women, which often complement or even replace public services. In contrast, post-professional activities of men are frequently emphasized (compare Kohli/Künemund 2000). This biased assignation, which is also supported by corresponding scientific studies, presents women as a burden to society, while at the same time featuring men as resources.

For research on the topic(s) of women, gender and age(ing) the field of gender-relationships and relations, and the correlation of gender and age(ing) raises a number of questions, particularly relevant for the future. The theoretical foundation certainly needs to draw on considerations already formulated regarding social structure, social inequality and "Lebenslagen", on the division of labor between genders, and on constructions on gender and on age(ing).

Correspondingly, the key to an appropriate analysis of the complex individual and societal relevance and the consequences of gender and ageing, - this at least is our thesis- is an analysis of the forms of sociation of both genders and their collusion over the course of one's life, as well as their connection to „Lebenslagen“. In modern societies, these generally consist of hierarchically complementary structured gender relations, correlating with social inequality up until

high age. In reference to a well-founded empirical analysis it would be useful to implement a survey on the “Lebenslagen” of the genders in the life-course, in addition to conducting the appropriate theoretically based studies. What deserves particular attention in the light of the prognosis and prevention of individual, social and societal problems caused by age(ing), are the changing living and working conditions of men and of women.

In the following, a few important aspects of gendered life course and ageing and its implications on „Lebenslagen“¹ will be exemplarily highlighted. The rather descriptive chapters 2 and 3 will set forth the empirical basis for the analysis of the changing gender-relationships and relations over the life course, with the consequences for “Lebenslagen” up into an advanced age. The empirical dimensions of „Lebenslagen“ (material situation, employment, social network and health) serve as the conceptual framework. Chapter 2 will deal with social inequality in a gendered life course and „Lebenslagen“, and the potentially cumulative social risks for elderly women. Chapter 3 will treat the social processes of change and their effects on female and male conditions of life and work in a gendered life course. The issues at question are the new risks, opportunities and contradictions in the gendered life courses as well as their implications on future ageing. Finally, in chapter 4, the thesis of the (hierarchical) complementariness of the gender relations up into a high age will be analytically founded. The concept of a „gendered life course“ i.e. of „ageing as a gendered process“ on the one hand and „Lebenslagen“ on the other hand will serve as the conceptual cornerstones. As a conclusion, chapter 5 will provide a summary and a short preview on research questions and developments to be expected.

2 Empirical Perspectives on Social Inequality in Gendered Life Course and “Lebenslagen” – Cumulation of Risks for Women?

„Lebenslagen“ here (chapter 2 and 3) primarily serves as the empirical-descriptive concept of social inequality, in order to systematically present the individual situation in a social context, exemplarily illustrated by central dimensions such as material situation (income, residence), social integration by employment (work) and social network, health situation and provision of related services (including care). For further use of this concept of “Lebenslagen” it is necessary to integrate objective as well as subjective dimensions (such as diagnosed disorders and subjective state of health). It is also necessary to include

1 The German concept of “Lebenslagen” contains several dimensions to describe socially unequal life situations. The characteristic of the concept is the integration of objective conditions of action and subjective scope of action.

historical time (cohorts) and individual lifetime (personal data and biography) in order to appropriately recognize the variations of “Lebenslagen” in the societal as well as the individual developmental process (social change, individual changes). Socially unequal „Lebenslagen“ in a gendered life course are therefore directly related to other dimensions of social differentiation, such as class, stratum, region, ethnicity or religion. (see chapter 4; on the concept of „Lebenslage“ cp. Hradil 1987, Clemens 1994, Backes 1997b).

Geared to this concept of interwoven dimensions of social inequality, ageing and to be old as a woman under the current historical and biographical conditions means to bear a double risk for the „Lebenslage“: the threats of facing social problems structurally tied to age(ing) (concerning financial security and residence, employment and social integration, social network, health/care and dependency on others) are felt to a much higher degree by old women today, than by men. Accompanied by other characteristics of social differentiation, ageing women experience a much greater degree of socially problematic „Lebenslagen“ (such as poverty, unemployment, dependency on non family members for support in old age).

Gendered division of labor to the majority of the currently old women meant that, at least for large periods of their lives, they took on the roles of housewives and homemakers (in spite of different experiences made during and directly after the war), and that employment had not been normative, or at least, served only temporary purposes. The ‘old’, respectively ‘traditional’ risks consisted of a primarily familial orientation and the resulting dependency for material survival and purpose in life. Studies on elderly women univocally show that women are not only more satisfied, but also healthier, more secure, and socially more integrated, if they enjoyed and enjoy a variety of contacts and activities outside their homes. It seems as if a concentration onto family creates not only a higher risk of poverty in old age, but also interferes with social and psychological health, and that, to put it bluntly, qualified and continuous employment is the best „geroprophylaxis“ (promotion of health in old age) (cp. Lehr 1977, 1982; Szinovacz 1982; Clemens 1992, 1993, 1997).

All in all it seems as if currently female age(ing) in our society is more contradictory, ambivalent and socially more problematic than male age(ing). This includes other and principally more impairments, but also different and frequently greatly varied subjective forms of coping. A short review on the “Lebenslage” of today’s old women in comparison to today’s old men will exemplify this view (cp. Lehr 1978; Fooker 1994, 1999; Backes 1983, 1999b; 2001; Krüger 1983; Gather et al. 1991; Höpflinger 1994; Stuckelberger, Höpflinger 1996):

Due to their gender-specific, prevalently discontinuous working lives, their generally lower professional status and their primary orientation towards mar-