

# LIVING CONDITIONS OF WOMEN 50+ IN FINLAND

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## *1. Objectives of the MERI project*

The main objective of the MERI project is to increase knowledge about the specific living conditions and problems of older women in Europe.

## *2. Methodological proceedings*

Methodologically the project is based on a concept of action research. The analysis method used is the mapping exercise procedure. In the first analysis phase the work concentrated on gaining an overview of the state of research on the situation of older women in the following areas: health, education, work, material situation, social integration, violence and interest representation. Information on studies undertaken in the past 10 years as well as a short description of the contents and findings of the studies were collected into a national databank.

The second working step in the MERI-project plan was the collection and analysis of publicly available national statistics in the areas mentioned above.

### *2.1 Studies under analysis*

The work started with selection of appropriate electronic databases available through Stakes. The following data banks were used to collect the information:

- LINDA (union catalogue for the universities);
- Stakeslib (data bank of STAKES, the National Research and Development Centre for Welfare and Health);
- KULTU (the National Consumer Research Centre's data bank);

- ARTO and ALEKSI (Finnish journal data banks);
- CSA, Internet Database Service and EBSCO Host Research Database (International abstracts).

In the selection of the studies, national-level studies were preferred to municipal-level studies when the studies were on the same subject and had similar results. When studies were on the same subject and with similar results, the more recent study was included in our data bank.

We collected information from 48 publications or articles published in the years 1993-2002 in which the main focus was ageing women (middle aged or 50+). To be able to cover as many as possible of the MERI project themes and sub-themes we also looked carefully at studies on older people in general, to see if gender information was available. As a result we found an additional 27 studies with gender information. One problem is that most surveys on older people have been conducted without specifying the gender of subjects. At the age of 65, gender seems to disappear.

## 2.2 Official statistics under analysis

In Finland the producers of official statistics are Statistics Finland, the Ministries, Boards and Research Institutes. In general the availability of statistics is good. The main source for the statistical information in this report has been Statistics Finland's web site: [www.stat.fi](http://www.stat.fi) as well as published statistical reports. Statistics Finland's online service "statfin" offers statistical data about Finland available as tables by choice and "webstat" net statistics accessible via the Internet. A publication, *Women and Men in Finland*, which contains statistical data on the position of women and men and on gender equality is published every year by Statistics Finland.

Concerning health statistics the National Public Health Institute ([www.ktl.fi](http://www.ktl.fi)) has been the main source. Reports and statistics are available through the Internet. Stakes is the organisation which is responsible for the collection of social welfare and health care data. A Finnish Care Register is available on the Internet as well as an open-line statistical database for Social and Health Statistics in Finland ([info.stakes.fi](http://info.stakes.fi)).

## 3. *Overview of findings concerning the living conditions of older women in Finland*

### 3.1 Health, functional ability and services

#### Background

The population of Finland in 2002 was 5.2 million people, 15% of whom are over 65 years old. The average life expectancy in year 2002 is 81.5 years for women and 74.9 for men. (Gender Statistics 2003) Women are predominant in the age bracket of over 60 year olds, especially in the very oldest age brackets. According to the population forecasts, every fifth Finn will be at least 65 years of age in the year 2020. The number of those over 75 years old is expected to increase by almost 50% between 1999 and 2020. At the same time, the number of children and people of working age will fall. (Ministry of Social Affairs and Health, 1999)

#### Health and functional ability

Health and health behaviour among Finnish adult population (aged 15-64) are monitored every year by the National Public Health Institute. The primary purpose of the monitoring is to obtain information on health behaviour such as smoking and changes in them. Another important target for monitoring is dietary habits. The questionnaire also contains the following

topics: consumption of alcohol, physical exercise, dental hygiene, perceived general health and the use of health services.

The health behaviour among the Finnish older people have been monitored since 1985 by biennial postal surveys. The purpose of the study is to obtain information about living conditions, health status, lifestyle and coping with daily activities among 65-84-year-old citizens in Finland. The survey shows that many older men and women rate their own health as at least average, even though there is a fair prevalence of chronic diseases. In spite of diseases and symptoms older people are satisfied with their lives in general. (Sulander et al. 2004)

Gerontological and geriatric research is carried out in all Finnish universities and in several research institutes. Health science research was the sector where we found most of the studies on ageing women. One central research topic is menopause and the question of the benefits of hormone replacement therapy. The use of the treatment is quite common, and physicians have been very positive about short-term and long-term use even when there has been no clear evidence of the benefits. The results and conclusions of the different studies are contradictory, and some researchers have voiced concerns about lack of evidence on the benefits of hormone replacement therapy. (Topo 1997)

Hysterectomy is one of the most common operations that women undergo. In Finland, 10,000 hysterectomies are performed annually. In the late 1980s, the incidence of hysterectomy in Finland was higher than in other Nordic countries and one-fifth of Finnish women aged 45-64 had undergone a hysterectomy. (Luoto 1995)

Maintaining the functional capacity of older persons is a key issue in an ageing population. Several studies indicate that the functional capacity of older people, both men and women, has clearly improved during the past 20 years. Women, more often than men, have limitations in several activities, but the reverse is true in some activities. Persons with higher than basic education have fewer activity limitations than others. Married or cohabiting men report fewer difficulties than other men in a number of activities. Among women, however the differences due to marital status are small. (Martelin et al. 2002)

In general, symptoms of ill health are more commonly found in women than in men. The proportion of women using medicines prescribed by a doctor is higher than that of men, and this is especially marked at the age of 65 and above. (Rönnemaa et al. 1997) Coronary heart disease is still the principal cause of death among Finns. This is the case for women as much as men; in women, the incidence of coronary heart disease is, in fact, more than nearly ten times that of breast cancer. Men develop coronary heart disease about 20 years earlier than women. In women, coronary heart disease increases after menopause, and is more common in women aged 75+ than in men of same age. (Strandberg 2000)

Although women generally live longer than men, the quality of life can be less than satisfactory. According to various definitions of disability, the gender difference in life expectancy is smaller when the number of years lived with disability is taken into account. Women's greater longevity means a longer life with disability. (Sihvonen 1994)

It is also known that disability pension applications submitted by women are rejected more often than applications submitted by men. In fact approximately 1.4 times more. Most rejections are for women in the age group 40-54 (c. 25%) (Gould et al. 1993) Different categories of underlying reasons have been found and one reason for the difference in rejection rates is the difference in disease prevalence between women and men, as women are more likely than men to suffer from diseases that are difficult to diagnose and this may lead to rejected applications. (Hytti 1993)

Statistics show that moderate and serious work related burnout is most common among women aged 55-64 years. (Aromaa & Koskinen, 2002) Protection against depressiveness seems to be higher for those who are male, married, have a high level of education and a good financial situation. Morbidity and poor self-rated health also showed a clear correlation

with frequent depressive symptoms, as did loneliness variables describing the quality or lack of human relations. (Heikkinen et al. 1995)

Studies also show that there is a significant association between higher prevalence of depression and no regular physical exercise. Self-rated meaningfulness of life and better subjective health were also significantly related to regular and intensive physical exercise. (Ruuskanen & Ruoppila 1995)

### Healthy lifestyle

Going for walks is nowadays a very popular activity among older people. 66% of retired men and 63% of retired women reported that they walk for at least half an hour four or more times a week. Men more often than women report that they are able to climb stairs, walk outside their home and carry heavy things, particularly in older age groups. (Sulander et al. 2004) Sports and fitness activities have grown in popularity, especially among women. Nevertheless, women engage in demanding exercise less often than men (Hirvensalo et al. 2003). Another study (Karppi & Ollila 1997) found, that women allocated more time to various chores, while men engaged more often in aerobic physical activities. An eight-year follow-up study showed that widowed older women did more physical exercise than women of the same age living in a partner relationship. In doing exercise at home, widows were noticeably more active than women living in a partner relationship. (Kallionsivu 2002)

Food choices have taken a healthier direction in Finland during the last 20 years, but the overall alcohol consumption has increased. Smoking is less prevalent among older Finns than in the working population. Quitting smoking is especially common among older men. (Sulander et al. 2004) Alcohol consumption has increased among women and younger age cohorts in particular. Alcohol consumption is still at a lower level among older people than in the population aged 18-65, but the difference has narrowed. A clear increase in alcohol consumption among older women reflects the changing conditions of ageing, especially for women. Just as younger age groups have been adopting new drinking habits, so too have older people. The changes in drinking habits and the increasing use of alcohol among older people are an indication that age is losing its significance as an independent factor distinguishing between lifestyles and ways of life. (Tolvanen 1996)

### Care and services

In Finland, municipalities are responsible for providing their residents with social welfare and health services. About 90% of services for older people are provided by the public sector. The purpose of services for older people is to support older people in their daily life, to improve their preconditions for social integration and to ensure the necessary care. (Ministry of Social Affairs and Health 1999)

The majority of older people – 86% of those aged 75 or more – live in an ordinary home. A clear majority of the over 60s think that the best form of accommodation for older people in need of long-term care is their own home with the support of necessary services (Old Age Barometer 1998). Living alone is common for more than half of the women and nearly a quarter of the men in this age bracket live on their own. 4% of those over 75 years of age live in service homes. Fewer older people than before receive institutional care, and the age at which they are taken into an institution for long-term care is constantly on the rise. 10% of those aged 75 or more receive long-term care in an institution. (Ministry of Social Affairs and Health 1999)

One third of the over 60s receive some sort of assistance or help with daily tasks. The help is most often given by the spouse or own child. But the over 60s themselves look after their relatives in many ways. One sixth of the over 60s regularly care for or help a chronically ill, disabled older person (Old Age Barometer 1998). A study on how to combine working life

and family life showed that in addition to the welfare services, the mutual help networks of children, parents and grandparents are of vital importance. The grandparent generation, both those still in the labour market and those already retired, provide support to their adult children and take part in the care of their grandchildren. Adult children, both men and women, in turn, take care of their parents when they need help due to old age or sickness. (Lammi-Taskula & Suhonen 1999)

Women make up to three-fourths of clients in regular services for older people. This can be partly explained by the fact that women outnumber men in the older population. However, women also outnumber men in service use in relation to the population of the same age. Altogether 16.1% of women over 65 and 8.8% of the men over 65 receive such regular services as home help, home nursing, service housing for older people, care in residential homes or long-term care in health centres. The difference is especially clear in home care: 7.9% of women over 65 receive home-care services compared with 4.6% for men. In institutional care, however, differences between men and women are smaller, the proportion of women being clearly higher than that of men in the 85+ age group only. In more general terms, women use all services more than men, the proportion of women increasing the older the age group is. In the 65-74 age group, women and men use all services almost to the same extent, whereas the difference is notable in the 85+ age group. (Care and Services for Older People 2002, p. 78-79)

According to a survey of the needs of older people aged over 75, and voluntary work undertaken by younger pensioners (aged 45-75), old people are willing to accept help from volunteer pensioners when they find that the care they are currently receiving is inadequate, and they are ready to pay for the services of volunteers. According to the research retired men were more willing than women to engage in voluntary work. Different kinds of random jobs were most popular among the respondents. Many pensioners had already provided care for their family or others in the preceding year. This means that the provision of care is already so common that there is not much scope for increasing its volume. Older women most in need of care were likely to refuse care from older men. (Forss et al. 1995)

### 3.2 Education

In Finland women under 55 years of age are better educated than men. However, there is still a pay gap of around 20% between women's and men's wages. (Vartiainen 2002) One in ten older people study at an adult education institute or on a university course for older people. Most of the students are women. (Tikkanen 1998)

Adult Education surveys have been carried out by Statistics Finland every fifth year. In the year 2000 the data were collected by means of personal interviews. In all, 3,600 interviews were carried out. According to the survey the rate of participation in adult education and training by persons aged 18-64 years was 54%. Women were more active than men and their activity did not decline with age in the same way. The peak participation rate for women occurred in the age groups 35-54 years and that for men at 25-34 years. Participation was highest in the urban areas. The lowest participation rate for both genders was in the 55-64 year age group, about 40% for women and about 25% for men. (Adult Education Survey 2000 p. 11)

Participation in adult education and training was closely dependent on the level of educational attainment, in that the higher the level of education that a person possessed, the greater the likelihood of participation in adult education and training. Analysis in terms of socio-economic group similarly showed that those in higher positions at work participated in adult education and training the most. Participation in adult education and training was affected most by socio-economic group, secondly by level of education and thirdly by employment status. (Adult Education Survey 2000 p. 12)

Over half a million people aged 18-64 years, or 18% of that sector of the population, 24% of women and 12% of men, took part in adult education and training because of general interest or because of their hobbies or pastimes during the year in question. These proportions have remained more or less constant since 1980. The main subjects studied for such purposes were arts, physical education and foreign languages, and the main places of study were the local education centres or institutes.

Participation in adult education and training connected with one's work or occupation was nevertheless much more common, involving practically half of the labour force during the year 2000. The majority of those who had taken part in adult education and training for their work or occupation had received support from their employer, i.e. this could be regarded as employer-sponsored training. This involved 56% of the employees in the year in question, with participation again being affected by the person's socio-economic group and basic education. However, the size of the establishment at which he/she worked also had an effect on participation levels. The larger the company, the greater the proportion of its employees received employer-sponsored training. Age also affected participation by men more than by women. In the age group 55-64 years the participation rate for women was 43% but for men only 26%. (Adult Education Survey 2000, p. 28)

Information technology has become a part of everyday life and work for an increasing number of adults. The proportion of respondents who used a computer decreased with advancing age, so that distinctly less of those aged over 44 years did so than those in the younger age groups, 61% of those aged 45-54 years having used one in the last year and a third of those aged 55-64 years, as opposed to at least 80% among those under 45 years of age. Scarcely any difference were found between the men and women in the various age groups, more women than men being found among the users only at age 45-54 years. (Adult Education Survey 2000, p. 59)

About 12% of the population aged 65-79 years participated in adult education, with no difference between the men and women, 12% of women and 11% of men. The great majority had attended courses at adult education centres or institutes connected with their hobbies or interests, the most popular subjects being arts and physical education. The most serious barriers to participation in this age group were age and health problems (43%) and lack of interest (21%). The older women regarded tiredness and the fear of failure as obstacles to participation more often than did the men, tiredness being quoted by over half of the women but only just over a third of the men, fear of failure 18% of women and only 6% of men. (Adult Education Survey 2000, p.6, 89-90)

About one in five of the respondents aged 65-79 years, 18%, had used a computer at some point in their lives. Older respondents most frequently used a computer to text editing and for searching information and services on the web. About 8% used it for text editing at least a few times a month and 4% with the same frequency for searching for information and services. (Adult Education Survey 2000, p. 90, 92)

According to interviews conducted in November 2002, over 2.5 million people, or around 65% of the population aged 15 to 74, had used the Internet during the past three months. In the age group 50-59 women account for 48% of the users and men for 53%, in the age group 60-74 28% of the users were men and only 8% were women. (Telecommunications in Finland 2002)

### 3.3 Work

Finnish women have a very long and strong tradition of labour market participation and today most Finnish women work outside the home, and they prefer full-time work. However there is not enough full-time work, and they have to settle for part-time work. (Ilmarinen 1999) In year 2002 35% of women and 26% of men that worked part-time did so because full-time work was not available. (Statistics Finland 2003) Unemployment rates in Finland are still signifi-

cantly higher than in the other Nordic countries. Women account for 45% of all long-term unemployed and for the majority of long term unemployed aged 55+. (Savola 2000)

In the early 1990s, the economic recession in Finland was very deep and as a consequence unemployment rose to very high rates. Discussions about ageing and negative attitudes towards ageing employees also increased. These discussions were often connected with information technology skills and concerns about older employees' (women's) learning ability. Ageing as a positive factor was seldom mentioned. (Korvajärvi 1999)

Approximately 10% of wage earners have noticed age discrimination in their workplace. Persons under 55 have seldom had any experience of discrimination, but among those aged 55-64 as much as 8% say that they have experienced age discrimination. Age discrimination is more common in big enterprises than in small enterprises. Experiences of age discrimination are expressed as poorer career development and training opportunities, insufficient information and other worker's negative attitudes. Women have more often than men experienced age discrimination. Ageing women also have to suffer sex discrimination in addition to age discrimination. Attitudes of other workers seem to be a key element in age discrimination. (Kouvonen 1999)

In the late 1990s one of the major trends has been the intensification of work and the increase in the employees' time pressure experiences. A common interpretation has been that ageing workers are less able to cope with the demands and time pressure of work than younger workers and are therefore increasingly exiting work early. A study based on qualitative interviews, showed an alternative interpretation of the connection between ageing and time pressure at work. In the interviews younger, thirty-year-old employees saw the reason of fatigue and other related feeling to be effect of time pressure, while for the 40+ employees "ageing" began to appear as convenient and "natural" interpretation for the similar feelings, however, that this seemed to be a result of increased time pressure in work. The younger the individuals are socially and culturally defined as "aged" the earlier the changes in different spheres of life are interpreted as "marks of ageing". (Charpentier & Järnefelt 2002)

Unpaid work in the family and unpaid work in social networks are areas of which it is difficult to find information. According to the Time Use Survey of Statistics Finland, women do 61% of all domestic work, whereas a decade ago this proportion was 63%. The trend seems to be towards more equal division of domestic work between genders. (Time Use Change in Finland through the 1990s, p. 25)

According to the Time Use Survey participation in domestic work have increased most among men in the oldest age groups. A contribution factor to this could be that the proportion of unemployed and retired persons in the population aged 55+ is larger today than ten years ago. This means that more time has become available for domestic work. Women between 45-54 years have reduced most the amounts of domestic work they do. (Time Use Changes in Finland through the 1990s, p. 26)

In year 2000 24.9% of men and 31.2% of women did unpaid care work, cared for children or other persons. (statfin.stat.fi/statweb/tilastokeskus 1/28/2004)

### 3.4 Material situation

The average income in year 2002 was 19,471 € per income recipient, 23,197 for males and 15,982 for females. The mean pension benefit in 2002 was 1,020 € per month, 1,180 for males and 900 € for females. (www.tilastokeskus.fi: 15.3.2004)

Older women are seldom poor in Finland, but compared with other groups their incomes are smaller. Their dwellings are also more often inadequately equipped in comparison with the other Nordic countries, (Vannemaa 1993) but compared with older men a lower percentage of older women live in poorly or very poorly equipped dwellings. (Care and Services for Older People 2002, p. 51)

Half of women aged 65 years and one in four men are living alone. Most women living alone are found in bigger towns. ([www.tasa-arvotietopankki.fi/tulokset.html](http://www.tasa-arvotietopankki.fi/tulokset.html))

In Finland there is a basic pension system, which guarantees an independent pension income also for those women who have been out of the labour market due to, for example childbearing responsibilities. Occupational pension systems produce lower pensions for women than for men because of women's secondary position in the labour market. (Repo 1997)

According to the Old Age Barometer 1998 the majority (84%) of the over 60-year-olds consider that their financial situation is secure. This sense of security is created by income, pensions, having a home and other assets. Although the financial situation of the retired is good on the whole, older people are pessimistic about the future of their pensions. They fear that their pensions will be reduced.

There have been signs that differences in consumer behaviour between younger and older person are becoming narrower. In 1994, women aged 45+ spent more money on clothes, shoes, culture and hobbies than earlier. They also bought more newspapers and magazines than younger women. Although age differences in consumption styles seem to have narrowed down, consumption expenditure and items still vary by age group and stage of life. Consumption is at its largest and widest at middle age. This has partly to do with the cohort effect, i.e. ageing of large age groups. In the future, the ageing of large age groups is also expected to be visible as increasing consumption among ageing people. In addition to the age cohort effect, consumption among ageing people will also grow since consumption will be increasingly regarded as part of age identity and lifestyle even for those at advanced age. (Rantamaa 1999; Rantamaa & Hakamäki 1998)

According to the Old Age Barometer 1998 older people help their own adult children or grandchildren financially, but no detailed information about the financial help and support between generations is available.

### 3.5 Social integration, participation and other social issues

Finnish households are small one- and two-person households accounting for nearly 70% of all households, and only one-third consisting of three or more persons. In year 2000 every second of the 65+ households and nearly 60% of the 75+ households consisted of one person. (Care and Service for older people 2002, p. 49-50) When comparing to men, it is much more common that older women, aged 50+ are living alone. (Statistics Finland 2003, p. 11)

The Old Age Barometer investigates the opinions and living conditions of the over 60-year-olds and changes since 1994. The material for the 1998 barometer was collected by interviewing 1037 over 60-year olds in their own homes and in sheltered accommodation. This data shows that comparing the years 1994 and 1998 more time is spent on social relationships, and the popularity of pleasures outside the home, for instance going to cafés and restaurants, has grown. While social contacts with family and friends have increased among those in their 60s, contacts with young people have diminished since 1994. Older people enjoy the company of their peers the most, but their attitudes to young people have nonetheless remained favourable.

A study on the mobility of older people, covering the difficulties they experience, their routines and the distances to services, showed that older men mainly drove their own cars, while older women frequently travelled as passengers in cars or walked. Older women were also more dependent on other persons' help. (Siren & Hakamies 2001)

Older people have become more socially involved, as shown by the marked increase in their participation in the activities of interest groups, voluntary work and parish activities in the past four years. The over 60s look after and help their relatives in many ways. They also help their

own adult children or grandchildren financially, or by looking after grandchildren, and by lending a hand with household chores and house repairs. (Old Age Barometer 1998)

In a study investigating the potential of pensioners as caregivers, retired men were somewhat more willing than women to engage in voluntary work. Many pensioners had already provided care to their family or others in the preceding year. This means that the provision of care is already so common that there is little scope for increasing its volume. (Forss et al. 1995)

Successful child-raising has been a matter of pride for many older women living in the countryside. Grandmothers of today have an important task as caregivers, as well as being active participants in society and an important consumer group. (Taipale 2002) But grandmothers too have to change to meet the changing needs of their descendants. Grandmothers have to learn how to handle divorces, single parenting, and children and grandchildren living abroad and travelling around the world. In one study the relationship between grandmothers and grandchildren was reported as very meaningful, "the best relationship in their lives". (Eräsaari 2002)

It is to be noticed that grandfathers act as carers almost as often as grandmothers do. So in the context of intergenerational help, the traditional gendered division of labour seems to be breaking at two points: Working sons help their parents in need of special care as often as daughters do, and men are almost as active grandparents as women. (Salmi 2003)

A study on combining work and family showed that mental support is the most common form of help from parents to adult children as well as it is from working children to their parents. (Salmi 2003)

### Ageism

Age changes people's social status and their relation to other people and society. One's age is viewed differently in different social situations. The cultural and social meanings of gender also change according to the various social situations encountered during one's life. Are a 70-year-old dance teacher, or 86 year-old marathon runner or a 44 year-old first-time mother, signs that the concept of age is changing? According to interviews with 50-year-old women, individual experiences of ageing differ from the cultural constructions and stereotypes of ageing women. Women's ageing is nevertheless still generally viewed in biological terms and many stereotypes persist about older women and age. (Nikander 1999)

In a study of the media portrayal of older women, newspaper articles and television advertisements were analysed. They referred to old age as a problem, and as a complex social threat facing younger people. It was also found that television does not feature older women very often. In particular, announcers and experts are seldom older women, and a very small proportion of the advertising material recorded during 1999 and 2000 was aimed at older consumers. On the contrary, advertisers were very careful not to associate an advertised product with old age. The texts studied contained very little that revealed an appreciation of or respect for old people. (Vakimo 2001)

In television advertisements where an old woman plays a main role, she usually represents something else than herself, i.e. she is a surprise element which turns the plot around or she is a product or the comical aspect of the advertisement. "Grannyfying", which either under-rates or subjugates an old woman, and which may be considered amusing from some point of view, was frequently to be found in newspapers. (Vakimo 2001)

A study of jokes about old age and sex told, gathered and recorded mainly by men from the middle of the 19<sup>th</sup> to the middle of the 20<sup>th</sup> centuries reveal attitudes towards women and old age. The humorous aspects of sexual jokes is often constructed by mixing the themes of a woman's old age and her sexuality. (Vakimo 2001)

## Sexuality

Studies have found that older women who have a loving relationship with a significant partner enjoy better mental health than other women of the same age without such a partner. (Kontula 2003)

The first Finnish study of sexuality was completed in 1971. The study did not draw any conclusions about older people, however, because the oldest respondents to the questionnaire were aged 54. The next questionnaire survey was conducted in 1992 and its respondents were aged 18-74. The questionnaires were conducted in the form of home interviews. A third questionnaire on sexuality issues was carried out in 1999 in the form of a postal questionnaire. There were 1,496 respondents to this questionnaire and they were in the age range 18-81.

The surveys indicated that ageing affects the relationships and sex lives of men and women very differently, in that women are more often without a partner in later life. Sexual activity among older people is concentrated almost exclusively in permanent relationships, which are, for the most part, marriages. Other kinds of sexual experience are rare. Women become widowed at a younger age than men, and so many older women lack a sexual relationship with a partner, though they may desire one. (Kontula 2003)

## Socio-psychological aspects

This sub-theme of ageing is covered by 13 studies. There are individual life stories as well as information on a project supported by the European Commission, the Situation of Elderly Women (SEW), which describes and illustrates the situation of older women in four EU Member States: Finland, Greece, Ireland and Portugal. (Kangas 1997a)

Studies have focused on the role of wives as caregivers for their husbands with dementia, experiences of the insufficiency of personal care resources (Kirsi 2000), and wives of disabled war veterans. These wives coped because four important factors in their lives were fulfilled: they experienced solidarity and love, they were appreciated and they had a mission to complete. (Hännikäinen 1998)

The support that older widows give to each other is considered very important. Experiences of widowhood and a course "Suddenly alone" showed that widows learn to cope with their grief very well. 85% of the widows said that they were coping well or moderately well in their new life situation. (Hatela 2000)

In a culture where youth is highly admired, women feel an obligation to take care of their youthfulness. The body's signs of ageing are experienced very negatively. In the battle against ageing, some women even seek surgical help. Women that had undergone beauty surgery did not wish to tell anyone about it. Their justification for having the surgery was that it was necessary for their own well-being. (Karpainen 1999)

In a study in an average-sized Finnish town, all women aged 75 or over and living at home were interviewed. 50% of the women interviewed still felt that they were quite attractive, and about one fifth thought that they were attractive. Women with a minor illness did not feel that their attractiveness had changed significantly. (Laulaja & Halvorsen 2000) Studies also show that older women who feel mentally younger than their age have a more positive view about their functional capacity, memory and mental agility. They also offer their children different kinds of support, and their personal income is higher than that of other women of the same age. (Uotinen 2001)

### 3.6 Violence and abuse

A typical feature of violence against women is that it mostly takes place between family members or acquaintances and friends. Men, in contrast, often become victims of violence in public and semi-public places such as the street or in restaurants. However, this does not mean that women are not confronting violence in public places too. (Heiskanen & Piispa & 2001, p. 7)

According to victimisation surveys, partner violence and other violence against women are clearly underrepresented in statistics concerned with crimes reported to the police. Violence by a stranger is more likely to be reported to the authorities than other violence. (Heiskanen & Piispa 2001, p. 53)

A survey of male violence against women was carried out in the autumn of 1997. This was the first of its kind in Finland. The research data were collected by a postal survey. The Central Population Register provided a sample of 7,100 women between the ages of 18 and 74 years. The sample covered the whole country, by systematic sampling. The response rate was 70%. The response rate was above average among the youngest women, and a little below average for those in the age group 65-74. (Heiskanen & Piispa 1998, 60-61)

The frequency of male violence against women in Finland is high. Every year an average of 27 women die as victims of domestic violence. Of those women killed in domestic violence in the period 1987-1995, 18% were under 25 years old, 47% were aged 25-44 and 35% 45 years old or more. (Heiskanen & Piispa 1998, 4)

40% of adult women have been victims of male physical or sexual violence or threats after their 15<sup>th</sup> birthday. Above average victimisation prevalence are found among those with better education, higher incomes, and living in the region of the national capital. (Heiskanen & Piispa 1998, 10)

Partner violence in current relationship was most prevalent among young women. Of those in the age group 18-24 years, 18% had experienced violence in the course of the last twelve months. This rate decreases with age. One explanation of the low prevalence of violence among older women may be that they are particularly resentful about the intrusion of such questions although they do not refuse to participate in surveys. (Heiskanen & Piispa 1998, p. 15)

Seeking help in cases of violence varies by age. Young women seek help in the first instance via informal channels, while more adult women are more likely to resort to the authorities. Exceptions are the oldest women 65+, many of whom never tell anyone about the violence. Women in the age bracket 45-54 were found to resort more often to official channels when seeking help. (Heiskanen & Piispa 2001, 13)

#### Violence in public environments

Outsider violence against women is more likely to be sexual rather than physical. The most common form of violence was sexually threatening behaviour. Physical violence and direct threats were mostly directed at young women (18-24 years), and become less prevalent with age. Single, cohabiting and divorced women were subject to all forms of violence more frequently than others, except for the treats made on telephone. These were particularly frequent in the group of divorced women. (Heiskanen & Piispa 1998, 34)

In over a quarter of cases the perpetrator of outsider violence was a stranger to the victim. Other typical perpetrators were the present or former boyfriend (18%), acquaintance or neighbour (14%), and client or patient (7%). No response as to the perpetrator was given in 11% of the cases. (Heiskanen & Piispa 1998, 35)

52% of all women have been victims of sexual harassment or sexually offensive behaviour after their 15<sup>th</sup> birthday, 20% in the course of the past year. The most common forms of har-

assment were sexual advances and offensive indecent jokes. Sexual harassment had been experienced by women with higher education more frequently than by others (73% of those with university-level education). Sexual harassment becomes less prevalent with age. (Heiskanen & Piispa 1998, 3, 45)

Experiences of frightening stalking grow more frequent with increasing age, the prevalence of experiences being highest in the age group of 65-74. Also, an above-average proportion (13%) of those aged 55 or more had at least once in their lifetime been threatened with losing their jobs as a means of coercing them into sexual relations. (Heiskanen & Piispa 1998, 46)

Of all women who had been victims of sexual harassment, 62% said that the harassment had had some consequences for them. The most common consequences were emotional, such as fear, shame, feelings of guilt, hatred and depression. The victim always suffers from psychological symptoms. (Heiskanen & Piispa 1998, 47)

### Older women are invisible victims

Domestic violence affecting older people has received relatively little attention in Finland. Elsewhere, in the United States for instance, this phenomenon has been the subject of studies and surveys for some considerable time. (Perttu 1995)

Older victims of domestic violence may have suffered violence in the home for many decades. Their family life will have settled into a pattern and they may have adjusted to the situation. A strong mutual dependence has also been observed between the perpetrator and the victim of domestic violence. This is evident in, for example, the fact that older victims are often more concerned about the life of their partner than their own lives. (Perttu 1995)

Older women are often invisible victims. Men using violence against women typically have a drinking problem or mental health problems. Older women reported feelings of fear and helplessness in such a situation, and felt that they were responsible for the sick family member. But older women may be violent too, though men may be more reluctant than women to seek help in such situations. "Neglect of care" is a special form of violence that older women may use against a male partner who is dependent of care. The form of violence used by older men, on the other hand, is physical force. The nature of the physical and sexual violence used by older men is not very well known. (Perttu, 1998, 23-28)

In an elder-abuse intervention project run in years 1992-1993 the majority of callers and victims were women, who reported high barriers to seek help. Services provided for elder-abuse victims during the project included a nursing home shelter, telephone service and support group. It was found that by developing the functions of the nursing home, services could be designed to prevent domestic violence and help abused persons free themselves from abuse and their abusers. (Perttu, 1996)

### 3.7 Interest representation

Finnish older women are active in politics and in labour market organisations, and they hold high positions. The President of Finland is a women aged 50+, and so too was the former Minister of Defence. However, a paradox of gender equality prevails in Finland. In a study on power and choice targeted at the inhabitants of municipalities, a wide-ranging questionnaire was sent to 25,400 people aged 18-70. The results showed that traditions change slowly. The small proportion of women on some municipal councils seemed to be mainly the result of women continuing to cast their votes for male candidates. This seemed to be the case in small municipalities in particular. (Mäki-Lohiluoma 1998, 23, 31-55)

The results of the study also supported the previously observed tendency that only a small percentage of people participate actively in the decision-making processes in both small and large municipalities. (Sjöblom 1998, 25, 86-105)

Older people have become more socially involved as shown by the increase in participation in the activities of interest groups, voluntary work and parish activities. However, there is a gender difference in the participation, when men more often than women take part in interest group activities and women in voluntary and parish activities. (Old Age Barometer 1999, 20)

The characteristic that best explains both membership and level of activity in organisations is a certain affluence. The key variables in this respect are a high level of education and professional status. It is also noteworthy that a large number of women are entering fields that were previously considered male, women aged 60+ being members of war-veteran organisations, for example. Women aged 60+ are also very active members in pensioners' organisations. (Helander 1998, 26, 108-132)

#### *4. Conclusions and recommendations*

Finland is among the EU countries whose population is ageing fastest and in recent years special attention has been paid to the ageing workforce. An ageing population and the availability of labour have been identified as major future challenges. A National Programme on Ageing Workers was in operation from 1998 to 2002. The aim of the programme was to strengthen the status of ageing persons in the labour market. (Ministry of Social Affairs and Health 2002:3) A Finnish Research Programme on Ageing was also conducted in 2000-2002, with the aim of promoting basic and applied research on ageing and strengthening co-operation among the various disciplines active in this field. ([www.uta.fi/laitokset/tsph/itu/english.htm](http://www.uta.fi/laitokset/tsph/itu/english.htm))

According to the evaluation report of the Academy of Finland (8/2002) women's studies and gender research in Finland are of high quality, although areas that could be further developed include women and new technology, women and economic life, and women and politics. According to Finland's official policy on ageing (Ministry of Social Affairs and Health, 1999) a primary target of research is a home and daily environment that supports older people's independent living in their own home. The opportunities for care, information transfer and coping at home made available by modern technology are also key areas of research. Other key issues are the status of older people in the society, and solidarity between generations.

Our results show that our gender is guiding us throughout the life span. A gendered approach to general health has become more recognized. A publication "Gender and Health" (Sukupuoli ja Terveys) was published in 2003. Gender specific research in the field of ageing has also become far stronger. The most recent Research Programme on Ageing funded by the Academy of Finland includes several research projects focusing on women and ageing – and one in men and ageing. The new research topics in the Programme are design of clothing for women 50+, and older women as road users. It can be concluded though, that although gender specific analyses are becoming more common, the gender aspect is still widely used only as one background variable and not analysed further.

Our analyses did not cover all register data. In Finland, for example, health registers provide a rich data base for research but from the point of view of gender and ageing we can conclude that far more research is needed. The possibility to combine data in different registers makes it possible to analyse for example inequity in health or in wellbeing, gender and age.

Other issues which may not have been widely covered in our report are the longitudinal studies on ageing (for example TamELSA, Evergreen). These studies provide very good quality data on health related issues and ageing and further analyses on gender and ageing would benefit our understanding about ageing in Finland

#### 4.1 Research needs to cover knowledge gaps concerning the living conditions of older women in Finland

Most surveys on older people have been conducted without specifying the gender of the subjects. Problems have been viewed in gender-neutral terms, since many age-related problems are common to both older women and men. Important gender distinctions do exist, however, and thus the gender of the subjects should always be specified in research.

There are three processes that describe most Finnish women's old age: the transition from employment to retirement, transition from marriage to widowhood and the transition from caring to being cared for. (Vannemaa 1993, Kangas 1997a, 40)

Areas on which very little research has been done include the everyday lives of older women, the changing circumstances of everyday life for the women and men, intergenerational help and support (including economic support), friendship, neighbourhood and community networks as well as unpaid work in the family and in social networks and political participation.

Research on specific groups of older women, in particular the very old, disabled and immigrants should also be encouraged.

#### 4.2 Needs to improve the publication of official statistics concerning the living conditions of older women in Finland

In Finland gender information is produced, analysed and published every year. Online statistics are increasingly available through the Internet, which also means that anyone with access to the Internet can select their own parameters when examining the data.

In the future, the retirement age will be much more flexible than it is today. This means that labour market statistics will also have to take into account persons older than 64 year of age.

Health Behaviour and Health among the Finnish adult population (15-64 years) are monitored every year by the National Public Health Institute. The primary purpose of this is to obtain information on certain aspects of health behaviour, such as smoking and dietary habits, and changes in them. In future, this should also include persons above the age of 64. The biennial surveys on health among the 65+ year-olds are also considered very important.

The Old Age Barometer, published by the Ministry of Social Affairs and Health is based on data from year 1998 and investigates the opinions and living conditions of the over 60s and changes that have occurred since 1994. The material was collected by conducting interviews with 1,037 people aged 60+ in their homes and in their sheltered accommodation. The Old Age Barometer should be published on a regular basis and should also include more gender-specific data.

Inter-generational and intra-generational help and support networks are areas of which there seems to be very little information available. A follow-up-study on how inter-generational/ intra-generational help and support networks are being maintained and developed in an ageing society is needed.

The statistics produced in Finland appear to cover most of the issues mentioned in the MERI-project, but we should now be asking how this data is used in decision making. This is an area that requires further study.

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