

# LIVING CONDITIONS OF WOMEN 50+ IN FRANCE

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“It is the statistical duty of man to die before his wife.”  
Ingrid Noll

## *1. Objectives of the MERI<sup>1</sup> project*

This report is part of a body of research on the living conditions of older women conducted for the European Commission in 2003 and 2004 in twelve European Union member<sup>2</sup> states.

The aim is to seek out knowledge gaps concerning the situation of older women, which could prevent public and voluntary agencies from addressing their issues appropriately in the future. Indeed, certain actions, measures and policies should better target the specific needs of older women (or of older men, for that matter, but that is not the subject of the present research).

## *2. Methodological proceedings*

The present documentary research is confined in scope to studies or surveys and official statistics, the former covering the last five years and the latter, the latest publication only. Research was carried out in two stages, studies and surveys first, official statistics second. As

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1 Mapping existing research and identifying knowledge gaps concerning the situation of older women in Europe.

2 Germany – Austria – Belgium – Spain – Finland – France – Greece – Italy– The Netherlands – Portugal – The United Kingdom – Sweden.

the contract with the European Union stipulated, an intermediate report was sent to the Commission<sup>3</sup> at each stage.

As a guideline, a list of working criteria was drawn up by the MERI researchers at their first seminar. Criteria were listed under headings and sub-headings, which served as the basic structure for all the reports whether national or European.

References as well as abstracts of the studies and surveys were collected in the purpose-built MERI data bank. References for official statistics were included in the second intermediate report.

## 2.1 Definition of age

No a priori definition was retained, as age was defined by the data available on the “older woman” where definitions were ad hoc in line with aims and target groups. However, as a general definition, a lower age limit was set at 50.

For many decades now, there has been no clear definition of the expression “old age”. The widespread application of pre-retirement and other early retirement schemes has opened up a gap between the legal age of retirement and the definitive departure from the labour market. The older population is now even more heterogeneous. It includes two or even three generations and, under the influence of a number of different variables such as gender, social background and health, the most diversified behavioural groups. What does a single woman of 60 with a full pension and an “active retirement” outlook have in common with a 92-year-old married man (who could be her father) on a low pension who is caring for his blind or wheelchair-bound wife?

## 2.2 Bibliography Sources

We mainly used the following sources:

- A large number of databases on the Internet;
- three specialised libraries, namely:
  - INSEE<sup>4</sup> where one can also find documents published by other institutions (INSERM<sup>5</sup>, INED<sup>6</sup>, CNAV<sup>7</sup>, etc.). The INSEE librarians helped us greatly in our work by, among other things, letting us use the Institute’s internal data bank;
  - INED;
  - FNG<sup>8</sup>;
- our own archives<sup>9</sup>.

It must be pointed out that the publications we found were not representative of the information, which actually does exist concerning women of 50 and over. The main institutions (INED, INSEE, INSERM, CNAV, etc) publish a great many documents and, to find out, at least, whether women of 50+ were considered separately, we had to make a selection from

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3 Jani-Le Bris Hannelore, 2003: *Interim National Review. Studies and surveys – France*. Jani-Le Bris H., 2004: *Interim National Review. Statistics – France*.

4 Institut Nationale de la Statistique et des Études économiques (National institute for Statistics and Economic Studies).

5 Institut Nationale de la Santé et de la Recherche médicale (National Institute for Health and Medical Research).

6 Institut Nationale d’Études démographiques (National Institute for Demographic Studies).

7 Caisse Nationale de Vieillesse (National Old Age Pension Fund).

8 Fondation Nationale de Gérontologie (National Foundation of Gerontology).

9 which are not very extensive, though.

the huge number available for consultation. The INSEE periodical surveys on household equipment, consumption (durables, food and drink, clothing, pharmaceutical hygiene and beauty products, etc), culture, holidays and activities were left aside. So were periodical "time-budget" surveys, where no results with the age or gender variables were found. Our work can therefore only partially identify knowledge gaps.

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

As our report on equal opportunities between women and men of 50 and over (conducted in three countries<sup>10</sup>) showed<sup>11</sup>, few studies and surveys focus specifically on women of that age. Our present documentary research as well as an interview with the FNG library service proved this point once again<sup>12</sup>. To give just one example, is it significant that women over 60 were not included in the important national study on violence against women<sup>13</sup>? Over a certain age, their specific issues seem to be ignored and often unknown in France. Public bodies and women's associations alike seem only rarely to be concerned by them<sup>14</sup>. On the other hand, age and gender are usually included in published official statistics such as the 1999 census results – although not in the housing census, unlike previous years – and the HID national survey<sup>15</sup>. [Goillot and Mormiche, 2001, 2002, 2003]

This moderate interest in women of 50 and over can be partially explained by the following facts:

- Since its inception in the late 1950s, French social gerontology has systematically adopted an overall view of the older population, irrespective of gender.
- The glaring disparities between older men and women are, to a large extent, related not to gender but to social facts and in particular employment conditions which determine pensions so much.
- Although age and gender are generally included in surveys so that results can be crossed with such variables, this is not always carried out (because the sample is too small, for example) and when it is, findings are not always published. This is also true of official statistics (e.g. the 1999 housing census).
- Unlike other countries, there is no feminist research in France. Elsewhere, especially in the UK, this has produced social gerontology evidence.

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10 Germany, Austria, France.

11 Égalité des Chances pour les Femmes âgées – Information et Échange d'Expériences sur Internet. (Equal opportunities for Older Women-Information and exchange of experience on the Internet. Work co-financed by the European Commission and published on the Internet, [www.sophia-net.org](http://www.sophia-net.org), in 1999 and 2000).

12 There are however, many publications providing information, advice (on the menopause for example or on widowhood) and opinions-often of the militant variety-on older women and their situation but that kind of analysis was not included in MERI.

13 JASPARD Maryse, BROWN Elizabeth, CONDON Stéphanie et al., 2001: *Nommer et compter les violences envers les femmes: Une première enquête nationale en France (Naming and counting violence against women – a first national survey)*. Population & Sociétés, no. 364, January 2001, INED – Institut National d'Etudes Démographiques (National Institute for Demographic Studies).

14 Two notable exceptions among voluntary organisations:  
1. The association *Femmes pour Toujours*, (Women for ever) which aims to inform women about the menopause and other aspects of women's health (osteoporosis, breast cancer, cancer of the womb) 2. FAVEC – *Fédération des Associations de Conjoint(s) survivants* (Federation of surviving spouse organisations) set up to defend the rights of widows and widowers.

15 HID – Handicaps-Invalidités-Dépendance (Disabilities-Incapacity-Dependency).

Market research is actually conducted on older people or even on women only aged 50 and over. Since it is commissioned by private business, its findings are not generally available. We did, however, find results on a website<sup>16</sup>, but they were not gender specific.

### 3.1 Health, functional ability and services

Medical research did not come under the MERI remit. Only social medical evidence did.

#### General health aspects

There is quite a lot of information in this field, especially since the advent of the aforementioned HID survey. Evidence available covers a wide range of topics such as smoking behaviour, coping with the menopause, insomnia and its consequences, weight gain and obesity due to an inappropriate diet and a sedentary lifestyle and signs of a healthier lifestyle. It has been shown that women take more interest in their health than men but then, they do objectively have more health problems. They hold the record for visits to the doctor's (3.6 visits/woman/year) and they read more articles and follow more programmes on the subject.

The HID survey<sup>17</sup> [Goillot and Mormiche, 2001, 2002, 2003] was a comprehensive study of all physical and mental impairments. From 60 upwards, men and women are not equal in health: women are more prone to illnesses and disabilities and consequently to dependency. Paradoxically, they use fewer appliances and prostheses, etc. The explanation for this is that technical aids (glasses, hearing aids, crowns and dental implants etc) are often only barely covered (if at all) by health insurance, and, since men generally have higher incomes ...

The PAQUID<sup>18</sup> regional, longitudinal survey found that high dependency is not age-related in men but rises faster in women over 75 [ISPED]. Evidence from centenarians confirms this [Allard].

Numerous analyses have dealt with the consequences to the very old of higher life expectancy, on their health (are the very old in good health or not?), their social life and the quality of their everyday life, confirming that, though women live longer, they have more illnesses and disabilities. However, the more rapid increase in male life expectancy in many countries (France, Italy, England and the US) is changing the situation with long-term effects. As recent research (Meslé's for instance) into the causes of the fall in adult male excess mortality found, "Cardiovascular mortality is falling in both men and women, though at a more sustained pace in women. Cancer mortality, however, is not following the same pattern for men and women. It is stagnant or reducing slowly in women whereas it is steadily increasing in men." [Meslé, p. 2] Another reason is that "men (like women) have also gradually changed their behaviour and are taking greater care of their health" [ibid., p. 2]; they smoke less and drink less alcohol. Women are more careful about their health, the food they eat and their "figure". Because of contraception and childbirth, they are closer to and more accustomed to availing of medical services. [Meslé, p. 3].

Cohen, Madelenat and Levy-Toledano have made a complex compilation of statistics, surveys and observations on the health of adult women. Besides female medical needs and the medical infrastructure (GPs and gynaecologists top the list), their book contains chapters on the menopause and its treatment, ageing and female cancers (breast, womb). For methodological reasons, it does not deal with incontinence. [Cohen et al.]

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16 SeniorPlanet.

17 A national survey conducted by INSEE on 1. people in residential homes (1998) and 2. people living in their own homes (1999).

18 *PAQUID*: *Personnes Agées QUID? (QUID Older People?) (Wie steht's um die älteren Menschen?)*. A regional, medical, longitudinal, long-term survey; its results are supposed to be representative for whole Metropolitan France.

Osteoporosis causes 40,000 wrist fractures, 50,000 hip fractures and 100,000 fractures of the vertebrae. Women of 50-plus are not the only sufferers but they are twice as likely to suffer from it as men. [Allaire et al.]

Another point of note is that, although 9.5 million women are menopausal, the menopause is still largely a taboo subject in France. [Perraudin et al.] As a woman's life expectancy at 50 is about 30 years, the "menopausal" years represent about one third of her life. [Moyal] More in-depth studies are required, especially on how the onset of menopause affects women and their self-perception at that time, or on "menopausal life".

### Physical disorders and disabilities

A word about a European initiative first: In early May, "the European train against cancer" completed its journey through eleven German, Belgian and French cities. In just two days, 4,435 people visited its exhibition in Strasbourg. In one month, it had 39,915 visitors while a record 43,000 visited its website<sup>19</sup>.

The French *departments'* mass breast screening campaign, a government programme providing free screening, also keeps statistical data on numbers of women screened as well as on cancers detected, medical treatment and its results and patient follow-up. Different *departments* are now convinced that early screening will, in the long and even in the medium term, help to reduce the incidence of breast cancer up to and over 70.

The PAQUID survey found that loss of autonomy, or the physical inability to take care of oneself without assistance, mainly affects the age old. [ISPED] The HID survey found that motor impairment is the main dependency factor from 50 upwards in both males and females and that it rises considerably from 70 especially in women. The HID report also highlighted the high level of multiple disorders increasing with age, so well known in geriatrics. As they are more often to be found in people with motor impairment, multiple disorders affect women most, especially over 80. [Goillot and Mormiche, 2003] A survey of city dwellers aged 60 or over (Grenoble) has shown a very close link between the ability to get out alone and social autonomy, although behaviour is very diversified. [Pochet]

Mention should also be made here of hearing loss, because of its serious repercussions on social life and social inclusion. Up to the age of 60, only a small minority is affected but the numbers increase considerably thereafter. Whatever the age, hearing loss is (for once) more frequent in men<sup>20</sup>.

There is ample research on physical disabilities, thanks mainly to the HID survey, where the various physical impairments have been broken down into main types<sup>21</sup> and the findings published by age and gender. In addition, HID has given rise to other surveys, statistics and compilations as well as to many secondary analyses.

### Mental disorders and disabilities

According to the HID survey, the prevalence rate of the so-called "intellectual and mental deficiencies" ranges from 22% in women between 60 and 69 to 47% at  $\geq 90$  (figures for men are 14% and 40% respectively). Though these figures seem high, we do not know what this field actually encompasses. Added to that are language and speech impairments which, with a less than 2% prevalence rate in women, are insignificant up to the age of 70 and only reach

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19 [www.inserm.fr/servcom/servcom.nsf/\(Web+Startup+Page\)?ReadForm&diffusion](http://www.inserm.fr/servcom/servcom.nsf/(Web+Startup+Page)?ReadForm&diffusion).

20 At age 50-59: 13% of men, 8% of women; at 80-89: 53% of men, 44% of women, then almost equal at  $\geq 90$ : respectively 66% and 63%.

21 Motor, visual, auditory, visceral or metabolic deficiencies.

13% in the  $\geq 90$  age group<sup>22</sup>. [Goillot and Mormiche, 2003, p. 70] Once again, we are indebted to HID for the detailed data by age and gender.

There is no doubt whatsoever that care of older people with dementia is the most difficult and least well provided area of all, be it in the family, in a residential setting or through domiciliary care services. We believe that research should be initiated to find a maximum number of examples of “good practice” meeting well pre defined quality criteria. Publishing them might inspire and encourage professional carers and families to adopt some of these solutions of more adequate care and ensure a better quality of life for confused older people whose sufferings are often under-estimated.

### Medical treatment (cure) and health care

France is said to be top of the league for the use of psychotropic drugs and, sadly, the older woman is no exception to the rule. [Lecadet et al.]

Hormone replacement therapy (HRT) is taken by 48% of women at age 52 but only by 38% between 60 and 64. They generally continue treatment for three years. The proportion of women on HRT may increase in the future with better information provided to both women and doctors. The main prescriber is the gynaecologist (82%). [Cohen et al. p. 115] 24% of women consult their GP about the menopause. [ibid., p. 30]

The HID survey provides data on appliances and technical aids mainly used by the age old and women. Three examples [Goillot et al., 2003, p. 146]:

- Various technical aids for getting around: 40% of women between 80 and 89, 66% aged  $\geq 90$  (men 31% and 49% respectively). Walking sticks and crutches are the most frequent aids used; the wheelchair is seldom needed below the age of 90 but 20% of women over 90 use it (11% of men).
- Prostheses: 17% of women between 80 and 89, 12% aged  $\geq 90$  (men 13% and 11% respectively).
- Aids for bladder and bowel control (mainly incontinence pads): 24% of women between 80 and 89, 42% aged  $\geq 90$  (men 10% and 18% respectively).

Curiously enough, the HID survey did not take into account dental prostheses and implants. Moreover, the chapter on “technical aids to see, read and hear” does not appear to include glasses or hearing aids; figures seem to describe knowledge of Braille and sign language (10% of women aged  $\leq 90$ ).

Considering how important it is for communication with others and quality of life to be able to hear properly, we need to know more about what hinders early detection and aid wearing. Price is probably a factor here, especially for the modern, less visible and more effective aids, as they are costly and not well covered by health insurance.

### Care at home

Domiciliary care in France provides a broad range of services throughout the country ensuring that even dependant people needing care can continue to live at home. However, the spread and quality of services is uneven, coordination is not systematic and for financial reasons, all real needs are not met. Home help and personal care are the main services provided. Yet, it must be emphasised that the great majority of disabled older people live at home thanks mainly to family care: 85% [Zohor, Ravel]

Recipients of the services are mostly women of 70 and over living alone (the average age is 82). [Bressé]

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22 Men between 2% and 7% aged 50 to 89, 11% aged  $\geq 90$ .

There is quite a good deal of information on formal care. However, knowledge about informal care is bitty, especially when it comes to the main care provider, the family. We feel that there is an urgent need for research into caring for the carers with special emphasis on why they accept or refuse help, on care arrangements, relations between carers and the cared-for and the reasons why care is withdrawn.

### Care in Institutions

Contrary to general opinion, only a small minority of older people are, therefore, in institutional care; this holds true across age and gender. Proportions are similar for men and women [Goillot and Mormiche, 2003, p. 14]:

- 2% between 70 and 79;
- 15% (women) and 12% (men) between 80 and 89;
- 34% and 31% in the 90-plus age group.

People avail of such care late in life, often after the death of their spouse, with the result that the population in residential homes is mainly composed of very old widows.<sup>23</sup> [Goillot and Mormiche, 2001, p. 45]

In 2003, there were 650,000 residential care places in France, which can be broken down into different types of homes as follows:

- 6,500 in homes for older people (public, private non profit or private for profit); these homes may include a “medical cure” section<sup>24</sup>;
- 3,000 in sheltered housing;
- 1,100 in nursing homes (the majority of which are run by public hospitals). [Anguis et al.]

Dependency is not the only reason why people go into a home. Family isolation also plays a major role. For, though an average of 15% of dependent older people (60 and over) are in residential care, the figure varies to an extraordinary extent with family presence. It can fall as low as 2% among those whose spouse and child(ren) are alive and rise as high as 72% among those who have neither. Likewise, the probability of going into a home is equally low for married men and women but markedly higher for people living alone. [Désésquelles et al., p. 211-215]

The HID section on institutions provides a very rich harvest of facts published by age and gender. Other data also exist. In contrast, data on the quality of residential homes and on the residents’ quality of life are few and far between. It is worth noting here that, according to a recent IGAS report<sup>25</sup>, 15% of homes for older people in France need complete<sup>26</sup>, and 30% partial, renovation. This represents 200,000 places or a third of the total capacity.

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23 The statistical predominance of women holds true only for the over 70s: The female rate among those in residential care is only 34% in the 50-59 age group and 45% between 60 and 69. It rises to 63% among 70-year-olds, 79% among 80-year-olds and 5% among 90-year-olds.

24 The section “medical cure” is a special unit inside a traditional home for old persons, granted by the national health insurance. Its objectives are: accommodation and medical support for residents in need of help and support in daily life. That is to say that these homes have got the official agreement to employ nurses and nursing auxiliaries. Costs for accommodation are paid for by the resident (or the *Aide Sociale*). Costs for medical care are paid by the National health insurance via the “medical fixed daily rate/person” (*forfait soins*).

25 *Inspection générale des Affaires sociale (Inspectorate General for Social Affairs)*.

26 Wheelchair access, fire safety precautions, etc.

## Healthy lifestyles, self-care, prevention

As this chapter covers such a vast field, there is every likelihood that we have not seen all existing evidence. It is therefore hard to give an opinion on the gaps.

The 15,000 people who died from the August 2003 heat wave certainly missed out on the benefits of a healthy lifestyle. Only very recently, in April 2004, did the government officially acknowledge its responsibility and the extremely slow reactions of ministers in the tragic events. Likewise with the breakdown in communications between ministers and between them and the public services involved<sup>27</sup>.

These “extra” deaths were mostly of very old women: 64% were women and 36% were aged  $\geq 85$ .

Under the headline, *Warning, France is getting fat!* Anna Musso was referring to a longitudinal study the preliminary results of which had just been released<sup>28</sup>. In it we learn that women have been to the fore in improving their eating habits, although the consumption of saturated fats, cakes and sugary foods remains too high. It is abundantly clear that eating habits and lifestyles do not match and the growing obesity in adults round the age of 50 stems from, among other things, a lack of exercise. In the age group surveyed, obesity affects women less than men because the latter drink more soft drinks and alcohol or 2.5 times more wine than women. [Musso]

Several studies have examined smokers and ex-smokers, the benefits to health of not smoking, weight differences etc. In the older population, smoking is more a man’s habit. The number of female “daily smokers” is all the lower as the women are older.<sup>29</sup> [Allaga]

According to a DARES<sup>30</sup> follow-up<sup>31</sup> study (1990 and 1995), women and older workers are particularly prone to insomnia: It was reported by 56% of 57-year-old women (compared to only 38% of 42-year-olds). Often linked to working hours, insomnia can cause employment problems<sup>32</sup>. [Liaison Sociale, 1999]

Much work on the consequences of higher life expectancy has placed particular emphasis on the “cardinal,” because highly preoccupying, issue, namely, “Will the years “gained” bring dependency or more “real life”?”

The probability of reaching 100 is increasing in France. This has prompted Allard to ask two questions: “Is it a good thing?” and if so, “What should we do to achieve it?” To address these questions, the IPSEN foundation has, since 1990, conducted an epidemiological study among centenarians, hitherto neglected by research. Centenarians are mainly women (1 out of 7), unevenly spread over the country and very different from other older people. In spite of their age, they are more interested in the future than in the past, they are cheerful, optimistic and authoritarian. In every area examined, men perform better than women do at 100. So, to

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27 Funeral Undertakers and Emergency Medical Services, for example.

28 The SU.VI.MAX study was conducted by ISTNA – Institut Scientifique et Techniques de la Nutrition et de l’Alimentation (The technical and scientific Institute for Food and Nutrition) over 8 years. Data collection from over 13 000 adults, from women aged 35 to 60 and men 45 to 60, was completed in June 2003. Results are to be published in 2004 in the American Review, Archives of Internal Medicine.

29 40% between 25-34, <20% between 55-64, and about 5% aged  $\geq 75$ . 8 out of 10 have given up daily smoking by 50, most of whom no longer smoke at all.

30 DARES – Direction de l’Animation de la Recherche, des Études et des Statistiques, Ministère des Affaires sociales, du Travail et de la Solidarité (Direction for the Organisation of Research, Studies and Statistics, Ministry of Social affairs, Labour and Solidarity).

31 DARES, Premières Synthèses n° 23.2, June 1999, as mentioned in Liaison sociale (author anonymous), 1999.

32 A sizeable proportion of those who reported insomnia in 1990 were unemployed in 1995.

reach 100, it is better to be a woman because women have a higher life expectancy, but once there, it is better to be a man because men have a better quality of life. [Allard]

Cambois et al.'s conclusions are encouraging for those who hope to live long. Between 1981 and 1991, life expectancy at birth rose by 2.5 years for women and men while life expectancy without disability rose by 2.6 years for women and by 3 years for men. That means that statistically, the years "gained" are disability-free. Nonetheless, as women live longer, they have to cope with more illnesses and disabilities. [Cambois et al.]

Moreover, socio-professional background, education level and family environment strongly determine life expectancy in women over 45. Death rates are higher among women who have never lived in a couple or who have had no children<sup>33</sup>. [Mejer et al.]

## 3.2 Education

### Level of Education

Population census record level of education and findings are reported in the numerous publications on the subject. However, only three age brackets are used: 15-34; 35-54;  $\geq 55$ .

A more detailed breakdown of the  $\geq 55$  bracket into 10 year-intervals at least and up to 85 at least is required for women and men.

### Professional and vocational training

For a long time now, the policy of equal opportunity for men and women has been a feature of schooling, higher education and professional training in France; overall, levels of education and training are analogous for both. Of course, that has not always been true and today's older women do not enjoy the same levels as their male counterparts.

INSEE can provide data under age and gender.

### Life-long learning

Just as fewer women than men participate in the labour market, so fewer women enjoy continued professional training. This is particularly true of today's retired women.

INSEE can provide data under age and gender.

We do not know what data there is on the numbers of women who frequent life-long learning centres such as Third Age Universities.

## 3.3 Work

### Labour Market participation

As the labour market is one of the key elements of the National Economy, there are abundant, regularly up-dated, statistics, studies and analyses on the subject. However, they do not all systematically carry detailed age-bracket and gender data. The census, among others, records occupation including working areas, job type and level or certain aspects of working conditions (such as full-time or part-time work). These statistics have been published in age group quintiles for both men and women (15-19 years up to  $\geq 75$ ). [Champsaur, 2002]

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33 Compared with women overall, the death rate was 10% lower in women who gave birth to  $\geq 3$  children. However, women who gave birth to  $\geq 5$  children, had the same death rate as childless women.

One chapter focuses entirely on women (of 15 and over). Tables are numerous, showing type and field of occupation, crossed with many different variables such as marital status and husband or children living at home; Figures on women are all provided by age (15-24 up to 65 plus, or 15-34, 35-54, ≥55). [ibid., pp. 127-144]

INSEE also publishes monthly employment and unemployment rates<sup>34</sup> under gender and age but the over 50s are grouped together<sup>35</sup>. Zohor et al. present statistics on the occupation of the homeless by gender and age but, again, age groups are not detailed enough. (18-30, 30-45, 45-60) [Zohor et al.]

Although female employment has risen steadily since 1968, “Only 63% of working age women actually work. (...) Between the ages of 30 and 54 (...) one in five women does not work. In this age bracket, French women are, nonetheless, among those who go out to work the most in Europe.” [Bigot, p. 3] However, though some choose it and some do not, many women work part-time (19% in 1982, 32% in 1999) [Bourreau-Dubois et al.], particularly near the end of their working life; in 2002, 29% of women aged 50 to 59 were in part-time work compared with only 5% of men in the same age bracket [Bonnet et al.]

“Long-term unemployment is a reality of life for older workers: nearly 60% of the unemployed aged 50 and over have been job seeking for over a year and almost 40% for over 2 years.” [Bigot, p. 2] This is truer for men than for women because women give up looking for work more often and thus withdraw from the labour market. [ibid.]

#### Working areas, working conditions and attitudes towards older workers

Cf. supra.

#### Exit from the labour market

A cross-section study (1896-1996) showed a decrease within the space of one hundred years of 29.5 years in the average working life of men<sup>36</sup>, and an increase of one year in that of women<sup>37</sup>. When the combined growth in labour market participation and life expectancy are taken into account, the increase is higher for women with the number of years of working life rising from 20 to 32 and a half. The author’s conclusion is that “the generation of men and women born in 1970 will have to work a total of 44,000-46,000 hours if retirement age remains at its present level.” [DARES, 1999]

For several years now, the direct transition from work to retirement has become less common and the gap between the definitive departure from work and retirement has widened. For many employees, working life ends with a period of unemployment, pre-retirement or other forms of early departure from the labour market. A CNAV<sup>38</sup> study of the newly retired in 1995<sup>39</sup> showed that, during the three months prior to retirement, only 29% of women (39% of men) were in employment, 39% were inactive<sup>40</sup> (16% of men) and 20% unemployed (31% of men). Logically, then, the age of the definitive departure from the labour market can be said

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34 [www.indices.insee.fr/bsweb/servlet/bsweb?action=BS\\_SERIE&BS\\_IDBANK=045936671&BS\\_IDARBO=02020200000000](http://www.indices.insee.fr/bsweb/servlet/bsweb?action=BS_SERIE&BS_IDBANK=045936671&BS_IDARBO=02020200000000).

35 INSEE: Monthly statistic Bulletin.

36 56 years in 1896; 36.5 years in 1996.

37 29 years in 1896; 23.5 years in 1968; 30 years in 1996. Nota: At the time of the analysis, the 35-hour-week was not yet general and part-time work not as widespread as in 2004.

38 CNAV – Caisse Nationale d’Assurance Vieillesse (National Old Age Pension Fund).

39 48% of whom were women.

40 Women in the home mostly.

to have fallen. By law, retirement age has been set at 60 since 1983<sup>41</sup>, but two thirds of the 1995 newly retired had given up work a long time before. Only 18% actually retired at 60 and 16% later. [Coupé]

Findings on the older unemployed are contradictory, however. According to Chenu (2000), in the 50 plus age group, unemployment affects as many men as women as does the recent fall in unemployment rates, probably due to new early retirement schemes for the unemployed. [Chenu]

There is a severe dearth of qualitative studies on how people experience the definitive departure from work and the early years of retirement, and on whether leaving working life is really all just relief and happiness, as people make out.

#### Unpaid work in the family

We found no data on this topic.

#### Unpaid work in social networks

We found no reliable data on this topic with our two variables.

### 3.4 Material situation and its effects on living conditions

#### Sources and levels of income

No breakdown of the sources of income of women aged 50 and over was found, though the main income source of both men and women aged 65 and over is, of course, known to be the retirement pension.

As a general rule, retirement pensions have considerably improved for all over the last decades [Delbès, 2000]. They remain extremely varied according to gender, age, marital status, region, former occupation and pension scheme. The most disadvantaged are very old widows and former agriculture workers. [DRESS, 2003] One reason for inequality between men and women is that four out of ten women leave the labour market well before retirement age. Another is that their work was not declared. Having been registered as inactive, they have no pension entitlements in their own right, not to mention full pension rights. So, we have, on the one hand, a minority of women (29%) in work right up to retirement, 58% of whom qualify for a full pension, and, on the other, the great majority (72%) who actually stopped before retirement age, only 32% of whom qualify for a full pension. Such inequalities are not to be found among men. [Coupé]

In 2001, the average direct contributory pension was 606 €/month for women of 65 and over compared with 1,372 €/month for men, over double the amount. When we add derived rights, (widow/er's pension, for example) the difference is reduced to 44% (822 €/month and 1,455 €/month respectively). [Bonnet et al.]

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41 Conditional on number of contributions, or at age 65.

Table 1: Monthly amount of old age pension by gender and age, 2001, in €

	65-69	70-74	75-79	80-84	≥85	Total
Direct pension rights from own contributions, old age minimum included						
Men	1,319	1,374	1,373	1,392	1,187	1,372
Women	666	619	587	566	506	606
Ratio W/M	0.50	0.45	0.43	0.41	0.43	0.44
All old age pensions from own rights and from derived rights (as reversion benefits)						
Men	1,466	1,456	1,464	1,488	1,287	1,455
Women	805	808	833	864	835	822
Ratio W/M	0.55	0.55	0.57	0.58	0.65	0.56

Source: Échantillon interrégimes de retraités (EIR), 2001 [Bonnet et al., tableau 1]

These inequalities of such proportions are not directly either age or gender-related. They stem from labour market inequalities reflected in the pension systems: lower labour market participation, reduced access to higher-paid jobs, lower salaries, fewer full-time jobs, reduced number and amount of pension contributions resulting in fewer full pensions. The gap is at its widest between former male executives and female factory workers. [Delbès, 2000] The mean contributory period for those aged 65 and over is 42.25 years for men and 29.27 years for women. And yet, these aspects were not taken into account in the 2003 pension reform. Projections, however, forecast a sharp narrowing of the pension gap between men and women by 2020. [Bonnet et al.]

Today, poverty among older people affects mainly widows of 75 and over: They are the main beneficiaries of the “old age minimum” (*Minimum Vieillesse*) (Cf. infra) and they make up the main body of older people below the poverty line [Djider].

#### Social protection systems affecting older women

The French, gender-equal, pension schemes are extremely complex, varying with socio-professional level, branch or sector of activity and, since the reform, year of birth, and bearing in mind that the amount of pensions paid depends on salary and number of quarterly contributory payments made.

The French pension system also includes survivor pensions, widow/widower and orphans pensions to which the surviving spouse is entitled regardless of gender. Unlike Germany, it does not include the fifth pillar of Social protection, the dependency insurance.

Social protection comprises various allowances, the most important being the “minimum old age pension” and the APA<sup>42</sup>, both non-contributory.

#### Minimum Vieillesse

This is awarded to people who have not contributed or not contributed enough to a pension scheme. It is conditional on age (≥65 or 60 if incapacity to work), number of quarterly payments made<sup>43</sup>, income (on 01.01.2004: 7,223.45 €/year for a single person and 12,652.36 €/year for a couple) and place of residence (a person must be legally resident in France).

42 APA – Allocation personnalisée à l'autonomie (Personal Independence allowance).

43 A ceiling is set below which the claimant is not eligible for a retirement pension.

It is a combination of two allowances, the basic and the supplementary allowance. The annual total amount (on 01.01.2004) is 7,052.95 € for a single person and 12,652.36 € for a couple.

On 31.12.2002, 668,000 people were being paid the supplementary allowance. Numbers have been decreasing for several decades now, because of improvement in retirement pensions. "Beneficiaries are very old and essentially women. Most of them are unmarried (...) and nearly 17% worked in agriculture." [Chaput, 2004]

#### APA

The APA was introduced in 2001 to replace previous legislation to which access was too restrictive. Eligibility criteria are age ( $\geq 60$ ), dependency and place of residence (a person must be legally resident in France). It is not conditional on income but was conceived as a means-tested benefit where beneficiaries may have to partially finance the costs<sup>44</sup>. The APA may be claimed by people living in their own homes or in residential care. It can be used to pay for informal care<sup>45</sup>, except from spouses. It is financed by Welfare (*Aide Sociale*) but as, exceptionally, the family support obligation defined by French law does not apply, it is exempt from claims on the person's estate after death.

Right from its first year, the take-up greatly exceeded that of the previous allowance: 605,000 on 31.12.2004<sup>46</sup> [Secrétariat d'État aux Personnes âgées].

No data breakdown by age and gender was found but it is highly likely that very old women also predominate here. Here again there is a dearth of precise information about women of 50 and above.

#### Consumption of goods and services

Hardly any data breakdown under gender and age combined was found here. This was a particular feature of the big national and periodical INSEE consumer surveys.

#### Housing conditions and equipment

Data on this topic were gathered during the different housing census but, regrettably, the findings of the latest one (1999) are not broken down by gender and age combined. The previous census found that older widows were less well-off than married women and than men.

#### Financial support given to the family

It is a known fact that older people give their children or grandchildren financial support (in the case of unemployment, in particular) or transfer part of their inheritance to them during their lifetime. However, we did not find relevant data under age and gender. In the case of married couples, that would be difficult to pinpoint, anyhow, the donor not being the husband or the wife but both together.

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44 70% of beneficiaries were exempted from costs in 2002.

45 As declared salary.

46 143 mille beneficiaries of previous allowance.

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

#### Household structure and marital status

Official statistics provide excellent information on French demographics: population census results in particular are published by age and gender.

Men remain married until late in life (63% at 80 or over) and only 29% are widowers; the opposite is true of women: 16% are married and 73% widows at 80 and over. Widowhood becomes widespread from 60 on. The single and divorced are in the minority among both men and women, regardless of age (11%). Nonetheless, divorce is beginning to affect people in their 50s: in 1999, 14% of women and 11% of men in the 50-54 age group. [INSEE]

*Table 2: Population aged  $\geq 50$  of Metropolitan France, census 1999: marital status by gender and age; percentages*

Men					
Age group	Marital status				Total
	Single	Married	Widowed	Divorced	
50-54	10.4	77.0	1.3	11.3	100.0
55-59	8.5	79.7	2.1	9.7	100.0
60-64	8.8	80.7	3.3	7.1	100.0
65-69	8.8	80.5	5.3	5.3	100.0
70-74	8.4	79.3	8.4	3.9	100.0
75-79	7.6	76.6	12.9	2.9	100.0
$\geq 80$	6.9	62.6	28.5	2.0	100.0
Total $\geq 0$	38.5	53.3	2.7	5.5	100.0
Women					
Age group	Marital status				Total
	Single	Married	Widowed	Divorced	
50-54	8.4	72.5	5.3	13.8	100.0
55-59	7.0	72.4	9.1	11.5	100.0
60-64	6.5	69.8	15.4	8.4	100.0
65-69	6.8	62.8	24.1	6.3	100.0
70-74	7.5	52.1	35.5	4.9	100.0
75-79	7.7	39.3	48.9	4.0	100.0
$\geq 80$	8.2	15.7	72.9	3.3	100.0
Total $\geq 0$	31.3	48.8	13.0	7.0	100.0

Total					
Age group	Marital status				Total
	Single	Married	Widowed	Divorced	
50-54	9.4	74.7	3.3	12.6	100.0
55-59	7.7	76.1	5.6	10.6	100.0
60-64	7.6	75.0	9.6	7.8	100.0
65-69	7.8	71.0	15.4	5.8	100.0
70-74	7.9	64.0	23.7	4.4	100.0
75-79	7.7	54.4	34.3	3.6	100.0
≥80	7.7	30.4	58.9	2.9	100.0
Total ≥0	34.8	51.0	8.0	6.3	100.0

Source: INSEE, Recensement de la population métropolitaine de 1999

At the last census (1999), there were 4 million widows and widowers 87% of whom were at least 60, and 84% are women. Most of them lived alone. Contrary to the generally held notion, living alone is not synonymous with social isolation, even though family and friends cannot fill the void left by the death of a spouse. Quite often, women living alone are even more integrated into social networks than married women, many of whom may experience “two-some” loneliness and depression. [Delbès et al., 2000]

Desplanques analysed demographic data to find out whether loneliness is not the price the age old have to pay for a long life. In doing so, he highlighted de-cohabitation between adult children and aged parents. The proportion of unmarried women between the ages of 75 and 79 living with family did indeed fall from 32% to 14% between 1968 and 1990. In contrast, it rose in the over 85s. [Desplanques] Delbès et al. underlined the fact that living alone has now become the norm for older women. This independent living stems from other factors besides social isolation. These are better health, improved financial situation, better housing as well as the development of domiciliary social care services. Living with descendants, due to very old age and high levels of dependency, increased considerably between 1998 and 1999: figures for women aged 90+ rose from 30% to 40% approximately. [Delbès et al., 2003]

According to the last census (1999), almost all the over 60s married only once. Divorce and consensual unions are rare in that group and married life ends with the death of the spouse. Male excess mortality and age differences between spouses<sup>47</sup> mean that widowhood is the older woman's fate; however, it tends to occur later and later. The proportion of married women aged 70 to 74 went up from 43% to 51% between 1989 and 1999. Divorce will change things in the coming years; the divorce rate in women of ≥60 increased by +28% between 1989 and 1999 and more than doubled among women in their 50s. Consensual unions following the death of a spouse remain marginal among older women as is marrying to keep their pensions. Consensual unions after divorce increased among women over a period of 10 years (1989-1999) but only among those in their 50s. [Delbès et al.,2003]

#### Partnership relations

To the best of our knowledge, no work exists on older people's partnership relations. Better research evidence would be sociologically useful.

<sup>47</sup> Women are, on average, 3 years younger than their husbands.

## Intergenerational relations

Retirement has a profound effect on an individual's social network. In addition to the loss of work relations, people in one's circle die. This is also a time when family relations grow stronger and new friends are made, through social and leisure activities, for example. In their work, Blanpain et al. identified the different social contacts of the  $\geq 55$ . Their findings show that only when childless men and women are very old do they experience social isolation. Earlier on or when levels of dependency are low, they compensate for their lack of children through friendships, peer relations and contacts in voluntary, cultural, sports etc activities. [Blanpain et al.] Findings have been published with a gender and age breakdown.

As these studies all date back to 1999, a fresh survey to update them would be more than useful, as the new 50-year-olds and the new retirees are fast transforming the social and sociological picture.

## Sexuality

Societies have always found it hard to imagine sexuality beyond a certain age, at least where women are concerned as they can no longer have children. Yet the reality is somewhat different. On the evidence from two national surveys [Enquête Simon, 1970; Enquête ACS, 1992] Delbès et al. found that older women's sexual life can be both active and satisfying, even if their behaviour and expectations, different from younger women, are quite diversified under the influence of various interactive variables (age, gender, marital status, generation). The primary determining factor, naturally enough, is the presence of a partner. That is why the absence of sexual relations is the experience mainly of widows: 73% of 50-59 year old widows and 86% (no less) of 60 to 69 year olds had not had sexual relations for at least a month (25% and 58% for widowers). Comparison of the 1970 and 1992 findings highlighted a behavioural shift due to the legalisation of contraception and abortion and to a certain detachment from Christian moral concepts. However, in 1992<sup>48</sup>, moral liberation affected relatively few women of  $\geq 50$ ; it had come too late for them for most of their love lives had occurred in an era when female sexuality was expected to show restraint. [Delbès et al., 1997]

A 1998 survey of women of  $\geq 15$  on attitudes to the "blue miracle-pill"<sup>49</sup> found that women of  $\geq 55$  expressed more fears and worries – about a partner's too pressing sexual desires or unfaithfulness – than hopes and ideas of pleasure about the drug. Here again, it is pointed out that, before worrying about relations and sexual problems with a partner, one must have one. [Reynaud]

## Kinship networks

Family relations are known to take on renewed significance as people grow older. For a woman in her fifties, middle age is reputed to be a time of change (the menopause, visible signs of ageing, marital difficulties, the birth of the first grandchild, the departure of the last child from the family home, approaching retirement, the husband's retirement, etc.), and these changes are ongoing right into her sixties. This is when the first signs of a parent's declining health and incipient worries about future family care provision can make themselves felt. This is when a woman may have to experience the first deaths in the family, or widowhood and will begin to think about her own death. But it is also when "grandmotherhood" begins and closer family ties are sought especially with descendants. Villeneuve-Gokalp found that the simultaneous occurrence of such events makes women of this age feel that they are entering a new stage of the life course [Villeneuve-Gokalp).

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48 Year of second survey.

49 Viagra.

The co-existence within the same family of four or maybe even five generations is another consequence of rising life expectancy to a very old age and it is a new trend in demographic terms. As a rule, a woman becomes a grandmother younger than her husband becomes a grandfather and there is every chance she will see both her fourth grandchild and her first great-grandchild born. When she is aged 55-60, her own mother, aged 82-86, will still be alive and her daughter, aged 28-33, will be having her first child. Furthermore, the extraordinary fall in infant mortality means that “grandmotherhood” lasts much longer and ends with the death of the grandmother rather than that of the grandchild. 12.5 million grandparents were counted in 1999. [Cassan et al.; Bourdelais]

That the level of qualification and occupation has an influence on life expectancy is a well-known<sup>50</sup>, fact. But what about the influence of family environment? Women who have never lived with a man or who have remained childless do not live as long. Life expectancy increases with the number of children<sup>51</sup>: women who gave birth to three or four children can expect to live a particularly long life but having numerous children produces the same poor life expectancy as childlessness. [Mejer et al.]

Figures by Déséquelles et al.<sup>52</sup>, on descendants of the over 60s show that more people in residential care have no living children (40% compared with 14% for people living at home) Three out of five people living at home have both their spouse and children. Admittedly, family isolation in the 60+ age bracket (no family or no family contact) is marginal but twice as frequent in women (9% compared with 5% in men); the “living quarters” variable is once again a discriminatory factor as there is 27% of family isolation among people living in residential care compared to a mere 7% among those living at home. 93% of people aged ≥60 are in contact with close family (children, siblings); the number of occasions does not vary significantly with gender. [Déséquelles et al.]

As Blanpain et al. note, “the number of contacts with the father or mother remain stable between men and women throughout their lives”. [Blanpain et al.]

#### Friendship, neighbourhood and community networks

Data on women of 50 and over is quite sparse as far as this topic is concerned. From Blanpain et al., we learn that a woman’s weekly<sup>53</sup> number of social contacts is 9.3 and a man’s 8.6. Women have more contacts than men at almost all ages. Family members come first. Contacts with friends come next for women but, and this is also true of contacts with neighbours, they gradually dwindle with age under the twofold effect of death and loss of autonomy (theirs or their friends’). Contacts with former colleagues diminish fast after retirement, practically disappearing by the age of 60. As a general rule, “contacts (...) decline more from a dwindling network of relations than from age”. [Blanpain et al.]

No other work on the topic was found with gender and the 50+age bracket. The knowledge gaps would seem to be extensive here.

#### Mobility and accessibility

The HID survey provides data on motility and its effects on the tasks and gestures of everyday life. However, no research evidence seems to exist on its influence on social relations and activities. All we found was the aforementioned study by Pochet. The indications it provides, though important, are limited to those aged 60 and over in Grenoble. The author re-

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50 Life expectancy of unqualified women at 45 is 2.4 years lower than that of women with at least their baccalaureat [Mejer et al.].

51 Except for those who have had numerous pregnancies.

52 Based on HID survey data.

53 During the week before the interview.

ported the obviously close link between the ability to get out by oneself and social autonomy, with diversified behaviour, all of which is undoubtedly true of other city dwellers elsewhere. [Pochet]

### Leisure and cultural activities

One of the main problems encountered during the first months, or even years, of retirement is the need to structure one's spare time. Addressing it is a key-determining factor to organising this new stage in the life course. It is made all the more difficult as time for every human being is structured externally, from birth, by parents, school and other educational institutions and by work. At retirement, and for the first time, individuals have to structure their time themselves, without preparation or prior experience. Time freed from work is too often mistaken for perpetual holidays. The "work" value which dominates the long working life loses its meaning when professional occupation comes to an end. Time restructuring then, has to rely on other values which a person must call on personally and individually so that time, and life, are not empty and devoid of meaning. Yet, to our knowledge, that approach has never been studied.

Studies on the activities and leisure occupations of the population do exist but we found only a few results with the gender and age breakdown. Yet, since some of these studies were derived from the big INSEE periodical surveys, findings crossed with the variables are available on demand (against payment). The same is true for studies on holidays taken and other trips. From INSEE data<sup>54</sup> on newspaper reading and cultural outings, Djider et al. Found that the habit of not reading either a national or regional daily is well established in women by the age of 40 (almost one-third as opposed to one-fifth of men). By contrast, the frequency of such daily newspaper reading increases with age in both women and men<sup>55</sup>. But half of the women in the two age groups do not read a magazine or general news journal. [Djider et al., p. 108]

Cinema-going shows a sharp downswing with age, especially among women: 49% of those aged 40 to 59, 78% thereafter<sup>56</sup>. Non-attendance at the theatre, concerts, the museum or exhibitions etc, is identical in both men and women from 60 (almost two-thirds) and similar in the younger group (43% of women and 48% of men between 40 and 59). [Ibid., p. 109]

These data do, indeed, provide some information but the age groups are much too crude.

Given the extraordinary, soaring demographics among the 50+, it is abundantly clear that all the big INSEE survey findings should be published by age and gender, with quintile age brackets, up to 85 at least.

### Volunteering<sup>57</sup>

In 2002, France had 12 million volunteers aged  $\geq 15$ , of which 45% were women. The rate of voluntary activity was 29% in those aged 50 to 69 with a downward trend thereafter to 19%. [Febvre et al.] This INSEE analysis provides no breakdown by age and gender.

Given its importance for society, the individual and the national economy, the sector of voluntary activity deserves to be known and understood better. The issue is a serious one. Volunteering is seen as the panacea of social isolation and idleness in retirement. At a time of

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54 Permanent survey on Living Conditions 1999 in the  $\geq 15$  population.

55 Once a day or more: 33% of those aged 40-59 and 45% beyond that age – men 43% and 55% respectively.

56 Men, respectively 57% and 81%.

57 Unlike Germany, for instance, volunteering in France is, by definition, an unpaid activity; only real expenses may, in some cases, be refunded.

drastic cuts in public spending, volunteers help run different sectors (social, ecological and humanitarian etc.)<sup>58</sup>. As voluntary work lacks professionalism, knowledge of volunteer training needs would be extremely useful. In a broader sense, a better knowledge of the behaviour and attitude of non volunteers aged 50+ towards volunteering is required, as well as the motivations for the gradual withdrawal observed in retirees as they get older, if only to be of help to the numerous voluntary organisations looking for new recruits.

#### Ageism and other kinds of discrimination

Is it ageism when a spry man greying at the temples marrying or living as a couple with a much younger woman is criticized for destroying the chances of women of their age or older? Or is it ageism when all older workers in long-term unemployment and looking for work are offered are measures in favour of inactivity? Or when no young person or adult offers their seat to an older person in public transport? As with abuse, the contours are hard to define. No one seems to mind when a young person looks down on or scorns an older person because of their age, or when an older driver is told, "Move on, old woman", or when someone spits on her windscreen ...

No research was found on this kind of behaviour which, in France, would be classified under the heading "crime and abuse", examined separately in the MERI programme (cf. 3.6).

#### Socio-psychological aspects

The most highly diverse aspects are included under this sub-heading, such as images of ageing and old age, accepting that old age is irreversible, self-esteem, self-confidence, social skills, the ability to cope with problems, unhappiness, loss of social status, loss of loved ones, bereavement and mourning.

Evidence on only a few of these was found. There are a few studies on suicide and possible links with alcoholism, on the psychological shock of widowhood, on representations, on fears and anxieties, insomnia and feelings of loneliness. But hardly any of these were recent studies or representative of this huge field.

Although somewhat old now, the complex CIREV<sup>59</sup> analysis is worth mentioning here. Conducted in the early 90s, on the situation of Frenchwomen aged  $\geq 60$ , compared with men, it described shifts in society, attitudes, expectations and behaviour. The younger of the women surveyed saw themselves as independent, clearly differentiated between retirement and old age and identified their achievements in terms of professional activity rather than their status as married women. They were convinced that the societal shifts with the most bearing on their personal lives were contraception and technical progress which freed them from household chores for more enriching occupations. They were happy that virginity was no longer an issue, that women had the right to sexual pleasure and that the Church no longer carried much weight in people's private lives. Anyhow, they said, the Church never did work towards women's emancipation. [CIREV]

Another article of interest, not, however, based on survey findings, addressed the following question; Dressing up and the challenge of age-Appearance or disappearance? The, male, author wrote, "Is dressing up, like making-up one's face or doing one's hair, not a way of existing and of giving a desirable image of oneself to others? Disinterest in dressing is a sign of an inability to adapt, of withdrawal or of social and emotional mourning. Does active clothes consumption by the older person not signify the vital importance given to how they appear,

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58 What, for instance, would happen to elder care in the home if approximately three-quarters of it were not done by family? What would the disability sector do, for example?

59 CIREV – Centre International de Recherche et d'Etudes sur la Vie Sociale (International Centre for Research and Studies on social life).

sign of a healthy psychological outlook, of the desire to attract and enter a relationship, and not to disappear socially well before time?” It is certainly true that “those sad, dignified old widows forever dressed in black living out their years of mourning in poverty and loneliness (...) belong to the past.” [Cornet).

### 3.6 Crime and abuse

The first ever French survey on violence against women, conducted in 2000 [Jaspard et al.], left out the over 60s. It is as if older women were never victims of violence and abuse or as if it were still a taboo subject to be kept like a closely guarded family secret. Such an omission is all the more surprising – or significant – as the survey was commissioned by the Government Women’s Rights department.

The only figures found come from a statistical analysis of hotline phone calls, in an ALMA<sup>60</sup> activity report (1997-2002). These figures are only representative of the callers and we mention them only as an indication. 75% were women. Complaints centred mainly on physical, psychological and financial abuse (>20% in each case) and on medical ill treatment (<20%). Abuse was committed in the home (64%) but also in residential settings (28%). The principle abusers were family members (nearly half), namely sons and daughters (30% each approximately) and spouses (15% approx.). It was motivated mainly by work overload. Other abusers include friends and neighbours (20%) and professional carers (25%). [Busby]

The provision of high quality care for dependant people – which everyone lays claim to – can never be a reality while ill-treatment, neglect, abuse and violence continue to be unexceptional. Reliable and detailed data on the subject are urgently required, above all to draw the issue out into the open and take preventive and assistance measures.

We did not research statistics or surveys on crime.

### 3.7 Interest representation

No statistical data with a gender and age breakdown were found whether on political involvement or on involvement in decision-making or more or on the defence of the interests of women aged 50 and over. The big Women’s Liberation movements of the 70s have not given way, 25 years later, to a movement to improve the living conditions of older women. Yet, those women who identified with and actively engaged in the movements belong to this age group today and have first hand knowledge of the iniquities of the system. Curiously enough, the women’s associations still in existence and other services for women hardly take any interest in the older woman. There are only two, pressure-group-type, exceptions to this rule, which regularly champion their cause. These are FAVEC, the surviving spouse organisation and *Femmes pour Toujours* (Women forever), on the menopause.

## 4. Conclusions and recommendations

There is a great amount of data in France on women of 50 and over, especially in surveys and official statistics on the overall population or on the older population. Nonetheless, the concomitant breakdown of findings by age and gender is not always published or age groups

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60 ALMA France is a national NGO combating ill treatment and violence against older people. It operates a telephone listening service. All incoming calls, from older people, families and professional carers, are recorded and serve as a basis for periodical statistical analyses. ALMA counsels callers and, with the victim’s consent, investigates the facts, calls the police and, if necessary, sets legal action in train against the abuser. Alongside the helpline, ALMA runs other activities such as domiciliary and residential care staff training, public awareness-raising campaigns on ill treatment, violence and other abuse of older people and studies on how to prevent ill treatment in all its forms.

are at times crude. Demographics contain by far the most data. Some of the gaps found are not specific to the older woman but concern men quite as much. Moreover, where the gaps are specific to both women and men of 50 and over, research across several fields is required.

Internet access to official statistics and other results is becoming commonplace. This makes it much easier, at least for those who possess a computer.

Under the following subheadings are gathered the main gaps noted in the course of the present study.

#### 4.1 Research needs to cover gaps concerning the living conditions of older women 50+

Knowledge gaps on older women 50+ seem to be mostly sociological and socio-psychological and to concern more particularly:

- The specific needs of ageing and how these needs develop-
- The experience of ageing, of retirement and of the age old (mistaken, deeply rooted stereotypes abound).
- The experience of widowhood over its different stages.
- The experience of the menopause.
- Representations of older women and men.
- Mobility in the surrounding environment, factor and sign of social integration.
- Behaviour required to prevent and/or delay different kinds of dependency (social networks, food, smoking, drinking, medicine taking, physical exercise, keeping the mind alert etc.).
- Volunteering.
- The needs of informal carers and their acceptance of care.
- Submissive behaviour towards medical staff and formal and informal carers both in the home and in residential settings, and power plays.
- Ill-treatment and violence at home and in residential care.

Of course, these gaps exist as much for men and, to an even greater extent, for female and male specificities across all the different fields.

#### 4.2 Needs to improve the publication of official statistics

Given the growth of the huge 50+group in the population as a whole, official statistics, both French and European, should take greater account of social gerontology. As a result, the moment has now come to cast aside the over-crude age groups and publish more detailed age brackets, at least up to 85+. Much census and big survey data provide that already albeit not systematically yet. And where data do exist, it is to be regretted that they are not accessible straight away.

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