

LIVING CONDITIONS OF WOMEN 50+ IN PORTUGAL

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1. Objectives of the MERI project

The MERI Project, a transnational project involving twelve countries – Germany, Austria, Belgium, Denmark, Spain, Finland, France, Greece, Italy, Portugal, United Kingdom and Sweden – was established following work and reviews already carried out in Germany, France and Austria, in which the problematic of older women emerged as a neglected area, both at the level of research and with respect to aging and old age policies.

Certainly in the Portuguese context, the interest of the scientific community in gender and aging is not a prominent one and the problematic has no place on the political agenda.

The situation is even more paradoxical when the markedly positive difference in women's life expectancy establishes them as the majority group, especially at older ages.

It is important to mention that the origin of this project was a proposal presented by scientists, representatives from associations and national governments participating in the European Conference on “Equal Opportunities for Older Women”, whose work revealed inequalities in the treatment of older men and women e.g. in Sweden the poorer quality of healthcare services provided to older women.

It is obvious that since deficiencies in knowledge negatively affect the implementation of policies and consequently the ability to take action at all levels, the objectives and methodology outlined for this project aimed at:

- Increasing knowledge concerning the differences in aging by gender, focusing on the problematic of women, and the relationship with their living conditions.
- Promoting an empirical basis to support work concerning older women, at the level of national and European associations, of government and social policy makers, and with respect to research projects on the living conditions of older women.
- Promoting the dissemination of information to the general public on the situation of older women.

In order to achieve this the project used the following methodological strategies:

- Identifying the types of deficiencies felt and expressed both by decision makers and policy makers in this area.
- A census of studies and research work on this issue.
- A review of available national statistical information of relevance to knowledge and assessment of the living conditions of older women, and its impact on the aging process, specifically in six areas regarded as structural: Health, Education and Qualifications; Work; Income; Social Insertion and Participation in the Community; Representation and Participation in Decision-taking.

Given this is a trans-national project oriented to the construction of knowledge as a foundation for national and European policies, the structure of the project had to facilitate comparative analyses in the living conditions of older women in the different Member States, based on available statistical information and on the integration of the results of studies and research projects in this field.

The final stage of the project consisted in a comparison of the results the research, and includes a set of global and agreed trans national proposals, as well as proposals of a national nature, in line with the situation in each country.

2. Methodological proceedings

The main purpose of the research was to identify both theoretical and statistical documents with data and analyses concerning aging and particularly female aging. This research revealed, generally, the shortage of information in this specific field, that relates to the fact that research on aging was introduced onto the political agenda and became politically interesting only in the late nineties.

For the first stage, the research consisted of the following actions:

- The sending of a written letter to all universities and higher education institutions in Portugal requesting any bibliography on female aging.
- Internet searches.
- Access to databases from national and university libraries.
- Reading documents from libraries and documentation centres: Social Security, INE (National Institute of Statistics), ISCTE (Superior Institute of Work and Business Sciences), ISSS (Institute of Solidarity and Social Security), National School of Public Health, CESIS (Centre of Studies for Social Intervention).

At this stage 22 documents were found referring to the Portuguese context.

The approach to the subjects was made according to two main variables: gender and age groups. Two conclusions were drawn from this initial research: on the one hand, existing studies predominantly focus on the age group of people aged 65 and over; and the majority are case studies. In the latter case, some of the selected subjects have been approached exclusively in a qualitative way, and there were no available indicators.

With respect to the subjects chosen for analysis, predominant were subjects relating to health, functional ability and services, as well as social integration, participation and other social issues. The importance given to these two themes is part of a national context in which the matter of quality of the services rendered (homes and domiciliary services), as well as the importance given to informal solidarity, is at the core of the political discourse.

In addition to the bibliographical research carried out, an inquiry (prepared based on a census form from MERI) was sent by mail to 107 organisations, with the purpose of conferring visibility to any actions developed by social organisations in Portugal who work within the problematic of female aging. From these a total of 15 replies were received, and we can therefore deduce we are working with a sample of 14%.

The inquiry aimed both at getting to know the organisations and also at finding out where to locate organisations promoting projects oriented to female aging in Portugal.

The second stage of the research work consisted in the listing of national statistics relevant to the analysis of the living conditions of older women. This research searched for statistical information divided by gender and age, produced either by the National Institute of Statistics or several other bodies. Data was identified from the following sources:

- Population Census – INE
- Demographic Statistics – INE, annual data
- Employment Statistics – INE, trimester data
- Health Statistics – INE in collaboration with the Ministry of Health, annual periodicity
- National Health Enquiry – National Health Institute (quinquennial data)
- Enquiry on Family Budgets – INE, quinquennial data
- Enquiry on Time Occupation – INE, no defined periodicity
- Enquiry on Family Budgets – INE, quinquennial data
- Social Protection Statistics – INE, annual data
- Social Security Statistics – Ministry of Employment and Social Security, semi-annual periodicity
- Studies promoted by INE (“Social Portugal”; “Women and Men in Portugal during the nineties”; “Aging in Portugal, the recent demographic and socio-economical situation of older people”)

With reference to the original objectives, information that matched the above-mentioned criteria was selected, even though in certain areas, and due to a shortage of published or available information, it was decided to include statistical information not divided by gender and age. Information resulting from the processing of non-published data from INE enquiries, included in studies and scientific texts available, was also used.

Each indicator has its own form, according to a model used in the MERI project.

It's important to point out that the analysis of each indicator is necessarily limited. In the majority of cases, it was decided to use commentaries regarding sets of indicators grouped in sub-themes or problems. It's also important to mention that there may be some error by default, both regarding the identification of information and in the selection of information to be included. This is because information divided by gender and age may not be published, and also because published information concerning certain themes is organized under various variables, some of which were not considered relevant to the analysis of the themes and sub-themes in which they are included.

It should also be mentioned that the information contained in some of the INE enquiries do not have regular periodicity, reducing their time validity; this is the case for the unique and relevant Enquiry on Time Occupation that involves many variables along a number of dimensions relating to living conditions. Another element arising in the statistical analysis refers to indicators selected in Portugal. Some indicators, namely those concerning the demographic characteristics of the population, due to their analytic complexity (intersection of three, four or five variables), result in an overlapping of data (employment, education, working conditions, income), making it more difficult to insert the information in the matrix of indicators used in the MERI project. This statistical option is obvious in the case of some of indicators though not in others, especially concerning social issues that are absent or non-existent.

3. Overview on findings concerning the living conditions of older women in Portugal

3.1 Health, functional ability and services

The health situation of a population, in the context of this project on women aged 50 years old or more, is a privileged indicator of their standard of life. National bibliographical re-

search, as well as available statistical information relevant in this field, shows a strong differentiation by gender that can be considered symptomatic of inequalities occurring throughout life, as well as of a bigger exposure to risks associated to gender and to a longer life.

Mortality and morbidity

In the pattern of mortality for women aged 50 or more, there is an overrepresentation of causes divided into four major groups: malign tumours, diseases of the circulatory system, undefined symptoms and diseases, and diseases of the endocrine and metabolic system (INE, Health Statistics, 2001). A further breakdown of this data into age subgroups reveals the importance of malign tumours among women in subgroup 50-69 years, as well as of cerebral-vascular diseases and diabetes in the subgroup of women aged 70 years and over.

This data, as well as that concerning morbidity (INS, National Health Enquiry, 1998/1999), allows us to question its relation to the occurrence of a number of chronic illnesses (associated with living conditions and lifestyle habits) such as high blood pressure and diabetes.

We should also point out the relevance of Alzheimer's disease as a cause of death among women aged 70 and over. In an analysis of the problems associated with this disease in scientific papers (Leitão, 2000), attention is drawn to its frequency in Portugal (over sixty thousand cases) and to its occurrence amongst women aged 65 and over, and pointing to attitudes towards risks and the importance of prevention measures concerning diagnosis as well as drug prescription from the early stages of the disease.

On the same subject, data from a study on support centres for dependant people at a national level, MSSS/IDS/DGS /PAII" (2002) show that dementia is the most frequent pathology amongst older women who use these centres, whereas cerebrovascular seizures are most frequent among men using such institutions. This clearly shows the level of occurrence of dementia in older women, a fact obviously associated to their higher life expectancy.

Disabilities

The link between women's longer life expectancy and a longer lifetime with disabilities is shown both by the data concerning life expectancy without functional disabilities (INS, 1995/1996), and by the data on the frequency levels of disability by gender (INS, 1998/1999), particularly frequent within the subgroup of women aged 85 and over. This data reveals a shorter life expectancy without disabilities, particularly of functional disabilities, both in the age group 65-69 as well as in group 85 or more, suggesting that, considering that life expectancy for women in this group is 4.65 years, only about 10% don't have disabilities. The data concerning short- and long-term disabilities (National Health Enquiry/INS) point in the same direction. The first, when associated to being bedridden, affects women more frequently than men in the age group 55 years old and over. Likewise, long-term disabilities – being confined to bed or chair, or remaining indoors – are more strongly present in women in the age group 85 years and over, with the main causes being diseases affecting the osteo-muscular system and the conjunctiva tissue, as well as those affecting the circulatory system. It is also relevant that these situations are often long-term disabilities associated with diseases that are strongly present in the age subgroup 45-54 years, and this requires special attention. "Being permanently confined to bed", a situation mostly found within subgroup 85 years and over, is referred to as having its origin at the age of 75 years, whereas confinement to the home is found strongly in the age group 75-84 years, and mostly starts at this age, corroborating the view that the age group 75-84 is at risk as a period for the "development" of problematic situations concerning mobility.

It should be mentioned that the level of occurrence of physical and mental disabilities presents values that increase with age, with a stronger presence in subgroup 70-79 years, with the overrepresentation of women, particularly those aged 75 or more. (INE, 2001).

Older women, especially the oldest, also express, in terms of self-appraisal, a clearly negative evaluation of their health condition. This is evident given the strong presence of responses “bad” or “very bad” (INSA/INS, 1998/1999) among women, particularly in the group of women aged 65 years or more.

Similarly the results of national qualitative studies focusing on aging and its relation to individual and communities' living conditions and based on interviews with older people in different contexts, (Perista et al., 1997), show the negative perception older people had of their health status, regarding this as the main factor in their “incapacity for work” and, consequently, to retirement.

Older women's health conditions referred to here also involves mental health problems. An INE study, “*Aging in Portugal*” (2002), refers to the high occurrence of depression among older women, based on data from the World Health Organisation and on studies by the scientific community in the field of psycho-gerontology. However, it should be noted that the analysis of suicide rates according to gender reveals the under-representation of women, as well as the decline of this indicator among older women since 1990.

The analysis of risk factors in the field of mental health emerges as a matter of interest to researchers. A study on the *Psychological well-being of older women* (Novo, 2000), within the context of personality, in a group of 69 women aged between 65 and 75, analyses the risks of depression in women in advanced ages.

Consumption of healthcare services

The analysis of the consumption of healthcare services by age and gender shows differentiation concerning types of problem, but also concerning health-related practices and the importance attributed to health. In general terms, the wider consumption of primary, acute and rehabilitation healthcare services by women, particularly older women (INE, Health Statistics 2001, INS/INSA, 1998/1999), reveals a differentiation.

Worth mentioning with respect to this data is the overrepresentation of women in all age groups for the number of appointments and discharges from residential treatment in health centres, particularly evident amongst women over 85 years old. Similarly national qualitative studies (Perista et al., 1997, 2000) reveal the high representation of women aged 75 and over in hospital residential treatment, in contrast to women aged 65-74. It also confirms the tendency by women to a more extensive use of the various healthcare subsystems (except the banking, public service and military sectors), showing the demand for healthcare services as a feminized practice (Perista et al., 1997).

The explanation for these differences in the use of healthcare services may occur as the result of other factors. The results of qualitative studies assessing specific projects on older people (MTSS/IDS/DGS/PAII, 1999) show a predominance in the consumption of medical, paramedical and rehabilitation services, independently of gender, where gender differentiation emerges according to the pathology, as is the case for rehabilitation: rehabilitation healthcare services are mainly used by men who suffered cerebrovascular seizures and by women who suffered femoral neck fractures.

Differentiation by gender is evident in the analysis of data on older people residing in social institutions – homes for older people. Older women, especially the oldest, are over-represented in these institutions, as reported in data from the Population Census (2001). The data reveal that people over 65 years old residing in these institutions represent 3.6% of the total numbers in this group of the population residing in Portugal, of which the percentage of women in this situation is 4.4% compared with 2.6% for men. This means that these institutions sheltered more older women than older men, and the percentage of people over 80 and under 90 years old represented about half of the total number of older people residing in homes, with a high representation of women.

In fact, the overrepresentation of women residing in homes, especially for women aged 85 or more, is corroborated in qualitative studies (Perista et al., 1997; 2000) that also reveal a differentiation regarding the causes for resorting to a home and/or domiciliary services. It is proposed there may be a certain masculinisation of formal support and a feminisation of domestic spaces, associated with the importance attributed to the use of the socio-family environment, which may explain women's preference for domiciliary support, where they are also over-represented.

The higher use by older women for all types of support, although associated with the predominance of women in these age groups, also points towards the feminisation of the situations creating the need for support, especially precariousness and frailty. Data on consumption habits (INSA/INS, 1998/1999) indicates some of these precarious situations, revealing that, despite the fact that women in older generations have healthier habits concerning the consumption of alcoholic beverages and cigarettes, they are over-represented among those people who only have two daily meals and among those with a lower consumption of milk, data that reveals their material situation, and this has a large impact on the quality of aging.

A consideration of this data, in association with data analyses concerning disabilities, self-appraisal of health and the consumption of healthcare services, leads to the hypothesis of the feminisation of "dependency", although "dependency" is undeniably linked to women's longer life expectancy. Studies on the frequency of occurrence of dependency among the users of homes for older people point in the same direction, showing the overrepresentation of women in the institutions used by people affected by major dependencies (UMP, Lemos et al., 2000).

In conclusion, it can be said that the analysis of the problematic of older women's health greatly surpasses the analysis of the available statistical indicators. Qualitative studies (Perista et al., 1997) point out that the greater homogeneity in the distribution of the causes of death among women, coupled with the heterogeneity of the subgroups of age and gender, reinforce the need for health policies that take into account longer female longevity and, consequently, the heterogeneity in age and gender subgroups, the impact of their life stories and conditions on the level and quality of their health and illness, and also in the different ways of investing in health and living with disease.

3.2 Education

An analysis of the educational level of older women, both active and inactive, reveals the low levels of education among this group of the Portuguese population, who are at a clear disadvantage when compared to older men.

The study carried out by the INE, *"Men and Women in Portugal in the nineties"* (2002), based on the socio-economical situation of women and men in the nineties, analyses the data on illiteracy rates in gender and age groups, showing that around half the women aged 65 or more in 1991, didn't know how to read or write. Data for the period between 1992 and 1999 reveals a positive and significant rise in women's education rates, at all levels of education, for women aged 54 or more. This tendency is also apparent with respect to professional qualifications, where the percentage of women has increased, especially in the late nineties, despite the fact that women aged 45 or less are in the minority.

The low educational level is confirmed in the latest Census 2001 where, out of the total number of older people (1,693,493), 34% had had no education. Among the population without education, the majority (76%) was over 70 years old. However, if we examine this older population without education by gender, the tendency is more pronounced in the group of women aged 75 or more.

Educational differences between men and women are wider as age increases, also with respect to higher levels of education (secondary and higher). In the group aged 55 to 59, the proportion of men with higher and specialized education (master's degree or Ph.D.) exceeds

that of women (INE, 2001). On the other hand, for education throughout life in the group aged 25 to 64, the rate is 3.5% amongst women, and men's is lower (2.9%). People with a higher level of education (secondary and higher) also have a higher percentage involved in continuous education (INE, 2002).

3.3 Work

The participation of older people, namely older women, in economic activity in general, and specifically in the labour market, has undergone significant changes in the past few decades. These changes are clearly differentiated by age subgroups, gender, level of education and professional qualification, social and family situation, and the evolution of conditions that provide access to the right for substitute payments in the place of work income.

Thus, coupled with a substantial rise in the rates of female activity, a significant rise in the rate of female activity among older women is noticeable, especially in the group of women aged 70 or more, even though unemployment rates remain higher among women than men in all age groups.

In this context, the analysis of activity rates and unemployment rates regarding the group aged 45 years old and over (INE, Employment Statistics, 1998-2003), shows a constant positive evolution of women's activity rates between 1998 and 2002, while unemployment rates, after a marked decrease between 1998 and 1999, resumed an ascending curve, particularly between 2002 and 2003, accompanying the rise of unemployment in general, and without any increase in the differences between men and women in this age group.

With respect to the group of people aged 65 or more, the active older population was 19%, corresponding to 291,300 active individuals, according to data from the INE, Employment Statistics, of which 43.2% were women and 56.8% were men. However, the collation of these data with those of the INE (2001), concerning the main way of living, shows that 86% of the population aged 65 and over is retired, and only 5.3% is classified as active. This means we are observing the presence of a clear situation of a combination of retirement with economic activity, perfectly compatible in Portuguese law; it's worth mentioning that, according to data from the INE (2002), self-employment was the economic activity mainly found among active individuals aged 65 and over (83.6%), with the primary sector most represented: 70.2% of the men and 75.5% of the women.

It is important to point out that the rise of female activity rates among older women is in great part due to the emergence of women's statistical visibility in the primary sector, resulting from their introduction into the social security system.

Professional qualification and professional activity

The relation between professional qualification and professional activity reveals gender inequalities in opportunities. Data on unemployment by level of education (INE, 1999), and by main occupation by gender (INE, 1999) show a negative differentiation for women i.e. the percentage of unemployed women with high levels of education was higher than that of men in the same situation. At the same time, the distribution according to occupation was clearly more favourable to men working as "high executives in public administration and companies" and "intermediate technicians and employees", whereas women had a better positioning regarding "experts in scientific and medical careers", and an overrepresentation among administrative professions and workers without qualifications. These data, even though not broken down into age groups, are relevant to the analysis of the impact of the professional situation on income, and consequently on the material situation during retirement, and are also revealing of the discrepancies between improvement in qualification and work opportunities.

In this context, the analysis of work income by gender and activity sector confirms that the situation is less favourable to women (INE, 2002), who are over-represented among workers

being paid the minimum wage. Overall it is possible to observe that there are less discrepancies between average monthly remunerations than between average monthly incomes of men and women, influenced by the fact that average monthly remunerations include other elements beyond salary (bonuses, overtime work, and other additional types of remunerations).

Exit from the labour market

According to a study from INE (2002), the process of exit from the labour market for women begins between 45 and 49 years old, ten years earlier than men. This early exit is associated with health problems, unemployment and family duties, a situation also confirmed in a national qualitative study (Perista et al., 1997). In the latter, the valuation of assistance within the family is pointed out as a factor in the early exit from professional activity, also corroborated by the strong representation of women aged 55 and over who provide assistance to other relatives (INE, Enquiry on Time Occupation, 1999; Panel on Domestic Aggregates of the European Union, 1997).

This being the case, it can be stated that older women leave paid employment between 45 to 49 years, in parallel with the tendency towards an increase in feminine activity rates, especially since the 90s, including women aged 65 or more. However, given the fact that the primary sector is the most represented within this last age group, the social and cultural specificities of the rural world have to be taken into account, for they contribute favourably to ways of transition from active life to retirement, and are adapted to the specificities of the aging process.

That is to say that, in the present context, the available data do not indicate, for other economic sectors, a significant extension of women's active life, which in a way is also revealed by the fact that the educational level of inactive women was slightly higher than that of women who had an occupation (INE, Employment Statistics, 2001), located mainly in the primary sector, and including mostly older women who've had no education, or women with low levels of education.

3.4 Material situation

The analysis of objective living conditions involves a set of indicators analysing income, consumption patterns and housing conditions.

With respect to income, and specifically in the case of older women, an adequate analysis must necessarily examine access to social protection, namely differences by gender and age subgroups within the several social security regimes. It's important to mention that the Portuguese social security system was implemented late as a universal system, compared to those in the majority of EU Member States which is the basis for the construction of the social European model. It constitutes a major factor in the income level of older people in general, and of older women in particular. This reference is relevant in order to put into context work carried out in the last decade on the problem of poverty in Portugal, which singled out older people (over 65 years old) as a risk group with respects to poverty, and older women in particular. Whether in the case of poverty according to income level, or in the case of multiple dimensions of poverty, a significant percentage of older people is affected by this phenomenon, with an overrepresentation of older women in both cases (INE, 2002).

Data referring to the distribution of pensioners in the several social security regimes are revealing (MTTS, Social Security Statistics. 2003), with analysis showing the overrepresentation of women in the more unfavourable situations, even though this is a declining.

Several factors contribute to this situation, such as occupational history and the history of occupational contributions over the working life for social security, the level of remuneration during active working life, and the life history itself, often with a past history of economic de-

pendency on someone else, as shown in a national qualitative study (Perista et al., 1997), which reveals the precariousness and irregularity of women's occupational histories, frequent in the life stories of current older women, especially the oldest. It should be noted that women's activity rates have increased during the past two decades, as mentioned above, which only has repercussion for the group of "young" retired women.

Likewise, the analysis of data regarding disability pensions reveals the same tendency in the distribution in social security regimes, (MTTS, Social Security Statistics, 2003), important if we take into account that at age 65, disability pensions are automatically converted into old age pensions.

The phenomena of precariousness, particularly regarding women, in association with retirement, are identified in national qualitative studies (Perista et al., 1997). Among the women interviewed in this study, only 11% stated being in a good situation, and at the same time, negative self-appraisal concerning the evolution of living conditions during the past 20 years gains importance within this universe.

This analytical summary demonstrates the relevance of a combined analysis of activity rates, of the distribution of occupational activities and of the evolution of social security beneficiaries, particularly disability and old age pensioners (but also, at a deeper level of analysis, of beneficiaries of unemployment benefit, illness allowance and guaranteed minimum income, in search of a better understanding of situations of precariousness and frailties in life stories), by age and gender, fundamental to both a current and prospective view on women's living conditions in the context of advancing age.

However, since it is currently not feasible to provide an accurate analysis using this perspective, and given the fact it's not available, we can only refer to some research data, with a reduced time horizon that does not allow sustained interpretation in terms of interrelated tendencies, although revealing of phenomena that should be analysed in a more detailed way.

We refer to the rise in the activity rates of people aged 65 or more, coupled with the negative evolution of the number of pensioners in subgroup 65-69, regarding 2001-2002 (MTTS, Social Security Statistics, 2003), concomitant with a strong growth in the number of pensioners in the group of those aged under 65 years (especially men) and in the group 80-84 years, in both genders, accompanied by moderate growth in the rest of the groups. These inconclusive data are, however, revealing of the importance of the access to retirement before 65 years old, as well as of the effects of longer life expectancy in the highest age groups.

On the other hand, and taking into account the risk of poverty in older people, the data referring to the beneficiaries of the Guaranteed Minimum Income¹, aged 50 or more, reveal that women aged 50 and over who benefited from this payment represented 8% of the female beneficiaries, whereas the male beneficiaries in the same age subgroup represented 14% of the total male beneficiaries. This reveals the risk of poverty to which people in this age group are exposed to, with consequent repercussions on retirement and on their living conditions in that stage of life.

Housing and housing conditions

The level of housing quality and comfort, an essential component of living conditions, are strongly conditioned by income levels.

Data from work carried out by INE (2002), point towards the fact that deficiencies in housing conditions, including furnishings, are particularly serious in older people living on their own, the ones most vulnerable to poverty. This means there is a strong level of occurrence of these types of situations among older people, since, according¹ to the same source, women represent over three quarters of poor older population living on their own. The situation is

1 Presently, this allowance has been replaced by the Social Integration Income.

twice as serious when the exposure to risk of domestic accidents (which cause many dependency situations) is 4.5 times higher for people living in risky housing (Leonardo, cited in Perista et al., 1997).

In this context, it's important to refer to differentiation by gender concerning the self-appraisal of housing quality. Data from the afore-mentioned national qualitative study (Perista et al., 2000) point towards the fact that it is women who more often express a more negative appraisal of housing conditions, although the appraisal is globally positive, considering the relation to the location.

3.5 Social integration

Household structure and marital status

Social integration firstly indicates the role of family networks, in the context of the composition of domestic households, where three major tendencies can be outlined:

- *The continuing increase in the number of single person households, composed mostly of older women*, associated with the high rate of female widowhood, a consequence of life expectancy and male over-mortality. Widowhood is mostly feminine, and there is an increase in values as age increases (INE, 2001). Female widowhood occurs especially in the age group from age 75 to 79. On the contrary, married women are found in the younger groups and under 69 years old (INE, 2001). With respect to single people, despite the predominance of women, the difference is most evident in the age group over 75 years old. With respect to the number of divorcees, it is higher among women, especially in the group aged between 55 and 59, since second marriages are more frequent among the male population. Married men significantly exceed women, especially in the age group 50 to 59 (INE, 2001).
- *The decrease in the number of families containing older people and others, compared with data from the 1991 Census*. In 1991, single person households composed only of older people constituted 14.9% of all households, while families with older persons 15.8% and families without older persons 69.2%. In 2001, the percentage of single person households composed only of older people had increased (17.4%) and a slight decrease of families with older persons had occurred (14.9%). Between 1991 and 2001 there was also a decrease in the percentage of families without older persons amongst all households, representing 67.7% in 2001. According to the 1991 and 2001 Census data, there was an increase in households composed only by older people that, as referred to earlier, embodies an increase of single person households composed by older women. Such households were constituted 10% of older men and 25% of older women, relative to the total older population. In 2001, we can also register an increase of older families composed of two older persons compared to the 90s. In 1995, more than a half of the older population still lived with their spouse/partner (66.6%), with this percentage being higher in the case of older men (INE, 1995). The ratio of families composed of older people still living with spouses/partners in 2001 remains higher for older men, because of male excess mortality and permanent celibacy, more common amongst women (INE, 2004).
- *The rise in the divorce rate*. There is a higher proportion of divorced women, compared to men, for all age groups, with a higher occurrence in the age group between 55 and 59 years old, since men tend to remarry. In that sense, the marriage rate among individuals aged 65 years old and over is lower among women, meaning there is a bigger inclination on the part of men (divorced or widowed) to marry for the second time. In contrast marriage among older single women is higher than among single men (41.8% of the older women who married in 1998 were single) (INE, 1999).

Kinship networks

In this new framework, it's important to consider *family networks and their role in intergenerational relations*, namely the fact that older women constitute an important resource in assisting children and other relatives with special needs, as shown by the data from the Enquiry on Time Occupation/INE (1999) and other qualitative studies on family networks of support and assistance (Perista et al., 2000).

According to the Panel on Domestic Aggregates of the European Union (1997), older people's time occupation shows that 11.5% of women aged 65 years old and over included in their daily activities taking care of children or of other people with special needs. In this case, the majority of them spend over 28 weekly hours in that activity, and in the case of taking care of children, the time spent was mainly between 14 and 28 hours a week. Likewise, according to data from a conference (Perista, 2002) resulting from the processing of non-published information of the Enquiry on Time Occupation, 48% of the women surveyed aged 65 years old and over regularly provided assistance to other dependant adults.

One other case study on solidarity networks towards older people in different contexts analyses family networks and their participants, showing that the influence of the gender variable in the orientation of the objects of support has repercussion in the fact that women provide support mostly to their children and grandchildren, also privileging ways of "remote intimacy" (Perista et al., 1997).

Family networks providing support to the older population, with and without formal support, are composed of immediate relatives, particularly daughters of active age confirming, on the one hand, the strong *verticality of family networks*, and, on the other hand, the fact that the help provided and received (instrumental and emotional) are highly *lateral*, in the sense that the support occurs mostly in the feminine line (Gil, 1999). The *feminisation of support* is corroborated by several existing studies that point towards the fact that family support providers to older people are mostly women aged 55 years old or more, of which 30% were over 70 years old (Quaresma, 1996). Another common element in the several existing studies on family solidarity points towards the *invisible work* done by family networks, where the female members (daughters and spouses) are fundamental pieces in providing instrumental assistance and care to older people. On the other hand, along the same line with the conclusions from the studies on solidarity between generations, there is a predominance of the descending link in terms of affection and material assets, with a logic in which gender reproduces differences concerning the nature of gift, where financial help is the only type of support in which sons exceed the value of daughters (Gil, 1999).

Family cohabitation appears as the preferred modality for older women in need of support, whereas living alone appears as the privileged situation among other older women, since they value "remote intimacy". A case study whose aim was to identify the social needs of older people in four local authority areas in the district of Beja (Alentejo) analyses forms of social contact and family cohabitation, pointing to the higher frequency among women of living with a son/daughter or grandson/granddaughter, and the lower frequency of living "with a spouse". On the other hand, the higher frequency of living alone also appears associated with women being alone during the night and unable to count on any kind of support in case of an emergency. In this context, and although remote cohabitation is mostly the preferred situation, very old women have stated their preference for living with their families. The study also shows that in the older age groups there is a strong occurrence of feelings of loneliness among women in this age group (Perista et al., 2000).

Friendship, neighbourhood and community networks

Living alone often means isolation, strongly expressed amongst older women without any kind of formal support. In this frame of stronger social vulnerability, there often emerges the presence of networks of neighbours, which constitute a form of self-protection in occasional

circumstances that require short and geographically close actions (Gil, 1999). This tendency agrees with the study of Perista et al. (2000) in pointing out that older women mention neighbours as one of the three most important categories of people they usually spend a greater amount of time with. As for the analyses of the intensity of social contact with other people, the study shows their relationship with the universe of the kin, having also shown that in one district with a larger number of older women, there were lower frequencies of social contact, which, for the authors, is associated with conditions in their culture and lifestyle. With respect to community sociability, the most frequent were religious practices among women, also influenced by the fact that the region of Alentejo is very rural. On the other hand, the authors analysed the fact that the feeling of loneliness emerges as a mostly feminine experience, strongly expressed among older women without formal support, and a higher vulnerability of the older female population with respect to isolation (Perista et al., 1997). However, in the same study, the authors mention that women can profit from their higher interpersonal competences in order to accumulate and deepen relationship networks throughout life that, in case of widowhood, can function as alternative support.

With respect to *the role of the extended family*, Gil's study (1999) concludes that immediate and extended family, being part of a *solidarity network* of specific configuration, operates with an underlying *model of partial specialisation of support* (Gil, 1999). This study, which aims at the analysis of the role of social networks (informal and formal), points towards the fact that participation in the extended family is occasional and is available when the main source of support – the children – is absent. The *self-protection network* has several elements: children represent² the *solidarity network by affinity*, extended family represents the *solidarity network* resorted to only in case of need (for occasional support), and friends and neighbours are resorted to because they live near. This hierarchy of social relations leads to the existence of a *model of partial specialisation of support*. Thus, the results point to the fact that immediate family gets more directly involved in long-term and intimate tasks, whereas friends are strong sources of emotional support, and neighbours get involved in shorter and geographically closer tasks (help with transportation or shopping and emergency health situations). The support made available by the extended family to older people appears at moments of crisis and for specific problems, e.g. in case of illness or of financial emergency, and this support is occasional and non-systematic.

Mobility, leisure and cultural activities

With regard to mobility and cultural participation, several factors condition older women's situations and appear in the results of analyses. Thus, the higher frequency of negative self-appraisal concerning aptitude levels, namely the capability for locomotion/mobility and functional ability, are mentioned in some qualitative studies as being associated with situations of difficult or bad adaptations to retirement (Perista et al., 2000).

On the other hand, the analysis of data concerning daily activities requiring effort reveals that most older women show reduced levels of physical effort and cultural participation. With respect to leisure activities performed by retired people, the conclusion is that women are underrepresented in outdoor activities, except for religious activities and domestic consumption. This situation relates to the importance of social status, level of education and the local context concerning retired people's activities in general, and by gender (Rosa et al., 1999).

If we focus our analysis based on some indicators concerning the participation of older women in cultural activities, and in what regards reading habits, for example, it's possible to see that, in 1999, women over 65 years old had weaker reading habits than the younger population (apart from the age group between 35 and 54 years old) (INE, 2002: 231). It's important to point out that this fact is possibly related to the educational history of older genera-

2 Kellerhals Typology, 1994.

tions, as well as to fewer opportunities in accessing cultural goods and events throughout life.

Globally, the data referring to leisure activities confirm some generational differences. The most frequent activities among women aged 55 years old and over are those of social contact with relatives and friends, followed by visits to museums and traditional festivities and dances. Reading habits, especially of books, have little expression, whereas “watching TV” is the most frequent activity. Likewise, the sports are very weakly represented among women in this age group (INE, 1999: 145-159).

Finally, the histories and insertion processes associated with representations of the self show the importance of local roots in positive appraisal, despite the acknowledgement of a lack of concern by the community in their quality of life. Self-image emerges in a more positive way for women, although problems of debility and physical decay are important, strongly influencing positive/negative appraisals in the social representation of the older person (Perista et al., 1997; 2000).

Likewise, reference can be made to the results of a study on the psychological well-being of older women (Novo, 2000), which shows that signs of emotional suffering and of unsatisfactory experiences in interpersonal relationships are associated with a negative appraisal in different areas of the *idea of self*. In contrast, with respect to understanding what type of images of the “older person” are transmitted within society, it’s interesting to point out that local individuals interviewed in the study (Perista et al., 1997) expressed mainly positive views when referring to older people in the future and to the importance of emotional and relational dimensions in current generations, but pessimistic views concerning the evolution of situations of isolation.

3.6 Violence

The data on domestic violence refer to the years 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002 and 2003, and originate from the Portuguese Association of Support to Victims (APAV – *Associação Portuguesa de Apoio à Vítima*). The data included in this report do not indicate a strong occurrence of situations of domestic violence and abuse towards older women, compared to women of a younger age. However it’s important to point out that, from the total number of victims of violence and abuse in age groups from 55 to 64, and 65 and over, 87% are women, which means there are specific risk factors regarding older women. There was a gradual increase in the number of complaints since 1990, with the increase more evident after 1995, and the number of cases continuing to rise every year, reaching 7,871 cases in 2003.

In 2000, physical and psychological abuse represented 54.4% of total domestic violence, although in 2001 there was a slight decrease of this kind of violence, whereas, on the contrary, threats/coercion increased significantly. In 2002, physical (29.3%) and psychological (28.1%) abuse, and threats/coercion (18.2%), were the crimes of domestic violence most frequent amongst the total number of crimes. In 2003, in comparison with 2002, there was a slight increase in the numbers concerning physical (31.5%) and psychological (31.2%) abuse and threats/coercion (21.6%).

According to data from the APAV, women abused by a husband or partner are in general aged between 35 and 45 years old, with an increase in younger age groups (women aged between 26 and 45 years old) in 2003. Generally, they’re employed women with a basic level of education. Abuse usually occurs in nuclear families. It’s generally continuous physical and psychological abuse, lasting over two years, practised by husbands or partners, followed in order of importance by frequency, by threats/coercion and defamation and insult.

New data presented by the APAV in 2002 and 2003 shows that victims reveal some types of dependency, namely of pharmacological drugs (60.3%), alcohol (17.2%) and narcotic drugs (11.4%).

Older crime victims appear in data presented by the APAV for the first time in 2003. From a total of 449 cases, 51.4% were women aged between 65 and 74, and these suffered mainly physical abuse (14.8%). Victimization takes place within the family sphere, and the spouses (18.3%) aged between 65 and 74 (10.9%) are the main perpetrators of physical abuse (14.8%). Children are also one of the main causers of abuse (17.1%) towards this age group.

4. Conclusions and recommendations

4.1 Conclusions

The first conclusion of the research work for the MERI project is that the issue of aging in a gender perspective is virtually absent from the Portuguese research agenda, as well as from those institutions and organisations responsible in the sphere of decision processes, namely political decisions.

It should be noted that in the initial stage of the project, there were no replies from any of the 11 trades union and political party associations contacted, which can well be interpreted as revealing that female aging is not a political priority to organisations involved in decision making processes.

On the other hand, the results obtained from those institutions responding, mainly organisations within the social sphere of action, where the target group is chiefly composed of women aged over 65 years old, reveals the deficiencies and lack of knowledge in field. The areas considered useful for their future work are those relating to health, life long education, volunteering, work and preparation for retirement, living conditions and poverty and, finally, matters relating to age discrimination and a larger participation in decision-taking. These fundamental areas would sustain any proposed interventions to help extend and improve adult life, and confirmed by their explicit interest in the development of studies, new policies and projects for social intervention.

The scarcity of studies and research projects in this field in Portugal, confirmed in bibliographical research, contributes to the aforementioned deficiencies which is also associated with the general deficit in studies on aging, even though in the last decade there has been some increase in interest with respect to some areas of knowledge on the subject.

Within this context, research on the statistical information relevant to the analyses of older women's living conditions revealed some central deficiencies in statistical information for Portugal. It can be states that, apart from demographic studies, available published statistical information in the several chosen areas shows many inadequacies, such that an adequate in depth understanding of older women's condition is not possible. This also relates to a deficit overall in studies and research, the source of a non-virtuous spiral between research deficit and statistical information deficit.

Specifically one can confirm the absence of information concerning certain themes – sexuality, macro-intergenerational relations, psycho-sociological aspects, ageism and types of discrimination, institutional violence, representation and participation in decision taking. Added to these “absences” are deficits in published statistical information, broken down by age and gender, all of which contribute to inadequate knowledge on what ageing in Portugal is like and how aging is experienced by women.

Recent work from the INE indicates a very positive tendency, particularly evident since the International Year of Older People. However, there is still a need for a coherent statistical plan to integrate issues relating to aging, based on available knowledge concerning the most influential factors that impact on the quality of aging and by gender. This relates to the need for investment in research in this field, a prioritisation of this field in the research agenda of research centres, as well as the development of an interdisciplinary environment fundamental to the construction of knowledge. The construction of a rational basis for political decision

making and intervention is directly linked to investment in research and statistical production that will lead to a knowledge base that permits better and more effective action.

4.2 Recommendations

With reference to the above-mentioned conclusions, the resulting recommendations are targeted at three different levels: research, statistical production, and information/sensitisation of the decision makers, practitioners and the general public, within a present, or near future or longer term perspective.

In the research field, we recommend the integration of this issue within Research & Development programmes, with the idea that the matter of aging can be framed within the perspective of sustainable development, affecting all aspects of social and economical development. In this context, the support of research/action projects that favour greater dynamism in the construction of integrated knowledge regarding specific territorial project interventions, would be desirable as providing true laboratories for knowledge and learning.

In specific areas, such as health, the development of longitudinal studies and epidemiological studies would contribute fundamentally to an understanding of the relative importance of different factors – social, cultural, economical and environmental – as the source of differentiation gender aging, This would stop the use of chronological age as the exclusive main factor in ageing since other factors external to the individual are also critical, and this would allow increased effectiveness in preventive actions.

An assessment of the impact of social policies on aging by gender also assumes great importance, since not only is the increase in population aging accompanied by a higher consumption of goods and services in several areas of social policy, but also some policies affect individual's life histories, as is the case for employment policies, education, income and housing.

The close relation between research and statistical production, as mentioned above, and the necessity to develop both, underlines the need for a statistical plan integrating coherently all matters concerning aging, and this necessitates the collection and processing of information in age and gender sub groups, corresponding to the extension in life expectancy especially for women.

Taking into consideration present statistical series, some having been initiated but with no guaranteed regularity, as is the case for the Enquiry on Time Occupation, it would be desirable to ensure their regular publication, as well as regular updating of other recently produced reports, for example, *“Women and Men in Portugal in the nineties”*, and *“Aging in Portugal, recent demographical and socio-economical situation of older people”*. Greater availability of information by age and gender groups is also a fundamental necessity in improving knowledge and incentives to undertake research in this field. In this respect it is important to point out the recent initiative taken by the INE in association with the Commission for Equality in Work and Employment (CITME) and the Commission for the Equality of Women's Rights (CIDM) that has launched a database on gender.

Finally, the sensitisation and informing of decision makers, providers and the general public constitutes an area of extreme importance. In this sense, promoting and providing incentives for various forms of participation amongst associations representing older people and women in general, as well as of all organisations working in the field of aging and social development, is an important political decision.

One other recommendation relates to the necessity to promote the dissemination of knowledge to the general public, promoting access to information appropriate to the management of aging in life, contradicting stereotypes and prejudice associated with aging, especially female aging.

In short, the promotion of modes of participation, as well as ways of dissemination and information, are strategic aspects in view of the need to contradict exclusion and self-exclusion, namely age and gender discrimination, in its many forms, and demand a solid base and monitoring of information, supported by consistent processes of communication.

5. References

- Associação Portuguesa de Apoio à Vítima (2002) in www.apav.pt
- GIL, Paula Martins (1999), “Redes de solidariedade intergeracionais na velhice” in *Cadernos de Política social – Redes e políticas de solidariedade*, Lisboa, Associação Portuguesa de Segurança Social.
- INE – Instituto Nacional de Estatística – Departamento de Estudos (1999), “As gerações mais idosas”, Lisboa, INE.
- INE – Instituto Nacional de Estatística – Censos da população – Serviço de Estudos populacionais (2002), “Mulheres e Homens em Portugal na década de 90”, Lisboa, INE.
- INE – Instituto Nacional de Estatística – Censos da população – Serviço de Estudos Populacionais (2002), “Envelhecer em Portugal – Situação demográfica, social e económica da população idosa”, Lisboa, INE.
- LEITÃO, Olívia Robusto (2000), “Envelhecer – o que é?” in *GERIATRIA – Revista Portuguesa de Medicina Geriátrica*, XIII, 122, Lisboa, Sociedade Portuguesa de Geriatria e Gerontologia, p. 5-9.
- LEMONS, Manuel; AMARAJAS, Cláudia; MELO, José Guilherme (2000), “Os idosos dependentes – o caso das Misericórdias das Regiões Norte e Centro”, Lisboa, União das Misericórdias Portuguesas.
- MACHADO, Paulo (1993), “A velhice urbana no feminino – justificação de uma escolha”, Lisboa, Câmara Municipal de Lisboa.
- MINISTÉRIO DA SOLIDARIEDADE E DA SEGURANÇA SOCIAL – Secretaria de Estado da Segurança Social (1996), “Segurança social – evolução recente de 1992 a 1995”, Lisboa, Ministério da Solidariedade e da Segurança Social.
- NOVO, Rosa Ferreira (2000), “Para além da Eudaímania – O bem estar psicológico em mulheres na idade adulta avançada”, Lisboa, Universidade de Educação.
- PAII – Ministério da Solidariedade e da Segurança Social; Instituto para o Desenvolvimento Social; Direcção Geral da Saúde (1999) “Programa de Apoio Integrado a Idosos – Relatório de actividades 1997/98”, Lisboa, IDS – Instituto para o Desenvolvimento Social.
- PAII – Ministério da Solidariedade e da Segurança Social; Instituto para o Desenvolvimento Social; Direcção Geral da Saúde (2000) “Programa de Apoio Integrado a Idosos – Relatório de actividades 1999”, Lisboa, IDS – Instituto para o Desenvolvimento Social.
- PAII – Ministério da Solidariedade e da Segurança Social; Instituto para o Desenvolvimento Social; Direcção Geral da Saúde (2002), “Relatório de avaliação do CAD – Centro de apoio a dependentes”, Lisboa, IDS – Instituto para o Desenvolvimento Social.
- PAII – Ministério da Solidariedade e da Segurança Social; Instituto para o Desenvolvimento Social; Direcção Geral da Saúde (2002), “Programa de Apoio Integrado a Idosos – Relatório de Actividades / 2000”, Lisboa, IDS – Instituto para o Desenvolvimento Social.
- PERISTA, Heloísa; BATISTA, Isabel, FREITAS, Fátima; PERISTA, Pedro; CANÇO, Line (1997), “(Re)inventar solidariedades – o local como eixo dinamizador do apoio social às pessoas idosas. Que inovação possível?”, Lisboa, CESIS.
- PERISTA, Heloísa; FREITAS Fátima; MAXIMINIANO Sandra; CATÓ, Elsa, (2000), “Identificação das necessidades das pessoas idosas no distrito de Beja”, Lisboa, CESIS.
- PERISTA, Heloísa (2002), “Women, life cycle stages and the experience of time. Selected findings from the Portuguese Time Use Survey 1999”, IATUR Conference 2002

- PIMENTAL, Luísa (2001), "O lugar do idoso na família – contextos e trajetórias", Lisboa, Quarteto.
- QUARESMA, Maria de Lourdes (1996), "Cuidados familiares aos idosos", Lisboa, DGAS.
- REIS, J. (1996), "O envelhecimento" in GERIATRIA – A revista portuguesa de Medicina Geriátrica IX, 83, Lisboa, Sociedade Portuguesa de Geriatria e de Gerontologia, p. 14-28.
- SALDANHA, M. H. (1996), "Envelhecimento da mulher: perspectiva sociológica" in GERIATRIA – A Revista Portuguesa de Medicina Geriátrica IX, N.º 87, p. 5-9, Lisboa, Sociedade Portuguesa de Geriatria e Gerontologia.
- SALGUEIRO, Gabriela Guedes (1997), "As mulheres e o envelhecimento – A imagem das mulheres idosas", Lisboa, Universidade Aberta.
- VALENTE, ROSA, M. J. (1999), "Reformados e Tempos livres", Lisboa, Edições Colibri.

Statistics

- MSST (2003), Social Security Statistics
- NSI (1998/1999), Health Statistics
- NSI, Inquiry on Family Budgets, quinquennial periodicity
- NSI (1999), "Time Occupation Survey"
- NSI (1999), "Old generations"
- NSI (2000), "Life Expectancy without long term physical incapacity", NSI and NHI, 1995-1996
- NSI, Census Population, 2001
- NSI (2001), Health Statistics
- NSI (2002), "Women and men in Portugal in the nineties"
- NSI (2002), "Aging in Portugal, demographical and socio-economical situation of older people"
- NSI (2003), "Portugal Social"
- NSI, Employment Statistics – INE, (trimestral survey), 4th quarter of 2003
- www.apav-gov-porto.nets.pt, 1994, 1995, 1996, 1997, 1998, 1999 and 2000