

# LIVING CONDITIONS OF WOMEN 50+ IN SPAIN

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## *1. Objectives of the MERI project*

European demographic trends point to an increasingly aging population, especially of women with their greater life expectancies, a number that will continue to increase during this century. While this is certainly true for many European countries, it is also the case, as has been acknowledged, that there is a paucity of scientific knowledge about the living conditions of older women which, for a number of reasons, often differ from those of older men. Additionally there are specific problems faced by older women, many of them based on current social organisation, where ideologies and institutions preserve and reproduce gender inequalities, and these need to be highlighted.

In face of these facts, a small research project, *Mapping existing research and identifying knowledge gaps concerning the situation of older women in Europe* (MERI) was undertaken with the overall objective of promoting research work on older women. The European Commission (EC) funded this project as part of its research programme “Quality of Life and Management of Living Resources. Key Action 6: The ageing population and disabilities”; it involves twelve European countries: Austria, Belgium, Finland, France, Germany, Greece, Italy, Netherlands, Portugal, Spain, Sweden and United Kingdom. More specific objectives, as set out in the initial report to the EC,<sup>1</sup> included:

- Increasing knowledge about the living conditions of older women;
- improving the empirical basis for the work of NGOs, governments and researchers;
- stimulating and setting an agenda that will bring up to date data and future research on women and ageing;

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1 MERI Working papers (2002).

- raising public awareness concerning the living conditions of older women”.

MERI is an action-research project and as the title intimates, mapping was the method of analysis used to locate studies as well as to identify unfilled areas of knowledge in this subject. The mapping exercises provides the basis for necessary future research as well as proposals as to practical measures to be taken, while also reaching a comparative European overview of the current research situation.

In order to obtain an overview of the state of research on the situation of older women the research had two phases: the first one consisted of an analysis of existing studies in each country while the second one reviewed official statistics. Existing gaps in the various fields were identified. For each phase, all research partners prepared national reports, which were followed, by consolidated reports based on these. The project was scheduled to begin in January 2002 ending in December 2004.

The project encompasses research about older women published between 1992 to 2002, and includes the latest available statistics. In the preliminary phase, the framework for the analysis of the different studies and official data was prepared including a list of themes and sub-themes to be covered. The areas or themes studied are listed below:

1. Health, functional ability and services.
2. Education.
3. Work.
4. Material situation.
5. Social integration.
6. Violence and abuse.
7. Interest representation.

One of the important issues was to decide which age categories would be researched and age 50 was decided upon. The reason for choosing this age cut off point is related to the differences between men and women’s life course experiences. This difference is related to biographical and life-course perspectives that add additional elements in an understanding of women’s ageing (Bernard et al., 2000), and allows us to question the identification of age 65 as the beginning of women’s ageing, since this is usually linked with men’s retirement age.

Preliminary work in the MERI project involved an enquiry amongst NGOs working with or for older women, to find out their research interests and to ensure that their perspective would be included, since this was one of the aims of the project.

The project results are to be discussed in a European Seminar and by the end of 2004 placed on the Internet site at [www.sophia-net.org](http://www.sophia-net.org) enabling their public consultation.

This article aims at providing a summary of the research done in Spain concerning the living conditions of older women, including an analysis of studies and statistics collected. Throughout the article we point out some gaps in current knowledge, and these are summarized at the end. We also suggest specific themes within these gaps that could be filled in future research. Moreover, we also stress some relevant aspects that are linked with the poor research available currently on older women in Spain, in order to sensitise responsible people of the need to change this situation and obtain better knowledge concerning heterogeneous group of older women.

## *2. Methodological proceedings*

### *2.1 Studies under analysis*

Each section of the research involved different strategies devoted both to locating research studies and statistics. Initially different methods were used to try and locate studies, starting

with an online search using key words such as “older women”, “women 50 and over”, “women and ageing”, “gender and ageing”.

The databases used are the following:

- CIRD (Women’s Information and resources Centre);
- Women’s net;
- Woman’s National Institute;
- Diputació de Barcelona;
- ICD (Women’s Catalan Institute);
- SENIOR (Data bank of Index and abstracts about older people from the Ministry of Labour and Social Affairs);
- TESEO (data bank of Doctoral thesis from Spanish Universities);
- TDX (data bank of Doctoral thesis from Catalan Universities);
- SEGG (The Geriatric and Gerontological Society of Spain);
- CIDE (Education Research and documentation Centre. Ministry of Education).

In the case of the SENIOR data bank, the large number of references found were medical articles published in specialised magazines. We did a first collection of 69 abstracts of potentially relevant articles; many were discarded because they did not contain adequate information. A search for articles in all major libraries would have taken more time than we could afford, though some public libraries were visited later in order to look for relevant information.

As the initial search results were so few, in a second phase we visited 3 university libraries, where we looked for books and scanned 67 available journals. We also went to a library in a Nursing School to undertake searches in specialised medical and nursing journals. We visited two specialised women’s bookshops and one specialised library in Barcelona and finally, the specialised library on older people from the Ministry of Social Affairs in Madrid.

We also used some informal channels, interviewing experts on women and research colleagues working on women’s issues, finding out if they were aware of studies or sources of studies. We also took the opportunity to attend the European Congress of Gerontology held in Barcelona in July 2003, where we could identify recently completed unpublished research.

Initially all identified references that directly or indirectly deal with the subject of older woman were collected and examined. Subsequently those articles that only expressed the author’s opinions about older women were discarded, leaving just 15 studies. After this, we examined these studies, however most of the existing research is about ageing with no differences made between men and women. We found 8 additional studies with gender information. Finally we also looked at women’s general studies and found 2 more research results related to older women.

In total we found 25 studies distributed as per the list below, with information on the themes and sub-themes originally agreed on as of interest.

1. Health, functional ability and services (7).
2. Education (1).
3. Work (3).
4. Material situation (2).
5. Social integration (11).
6. Interest representation (1).

The information about each study was collected in a data basis provided by the project coordinator, with the description of bibliographical details from each study, a very short description of contents with lead questions, the methodology used in the covered areas of the research and indicators and key results.

Initially we wanted to restrict the search to national studies, but ultimately, as we have so few studies about older women we decided to include regional studies. For the same reason, we made no distinction between different types of studies, since this may be useful in guiding

future research. Thus the materials chosen do not ensure that only studies of high quality are included in this research. The methodologies used are very varied: from a national survey among women, to life stories collected from 3 grandmothers. One significant finding is that the analyses in many of the studies originates from the same data surveys and not from primary data collection. Almost certainly this relates to poor research funding, evident in examining who published the 13 books found.

*Table 1: Number of books by publishers*

Ministry of Labour and Social Affairs: (Institute for Migration and Social Services IMSERSO, 5; Institute for Women, 1)	6
Sociological Research Centre (Centro Investigaciones sociológicas CIS) (Dependent on the Ministry of the Presidency)	1
The Murcia Institute for Women	1
Caritas Española	1
Fundacio La Caixa (savings bank)	2
Tirant lo Blanc (publishing company)	1
DIADA (publishing company)	1

The published books found are related to research on older people, 6, women, 4 and older women, 3. The main subjects of the articles available were 3 concerning older people and 9 on older women.

An analysis of authors' chosen themes provides a good indication of the situation of research on older women.

- Family care. Importance, problems and future (5).
- Women's Activity (3).
- Older women living in nursing homes (3).
- Older women and poverty (2).
- Loneliness (2).
- Healthy life styles (2).
- Ageing and attitudes (2).
- The importance of adult education for women with low educational levels (1).
- Spanish housewives, their expectations and desires (1).
- Sexuality (1).
- Gender inequalities in ageing (1).
- Older women at the Third Age University (1).
- The adaptation to widowhood (1).
- The benefits of exercise for physical health (1).

These meagre results do not imply that other higher quality studies are not also available, however the MERI project does not include all studies pertinent to the topic of older women. However we could not find them, mainly because they are not easily available. Thus it may be the case that some interesting research results are available but hidden within studies whose main theme is not women or older women. We had to consider the time constraints under which we were operating and thus leave many potentially relevant studies (judging by their abstracts), that were not yet published and were difficult to obtain. This was particularly the case for health studies since they are frequently published in scientific journals that are not easily accessible. It is remarkable that of the nine references to doctoral theses found about older women, eight were devoted to the subject of post menopause and seven originated from the same University.

Since the interim report was presented inevitably other studies have been found. All these studies confirm the facts about the state of the research on older women but also recognise trends in the development of more gendered research.

## 2.2 Official statistics under analysis

Another aspect of the work was the search for statistical data, which was more productive and can be helpful in guiding future research.

As agreed conventional data (census and representative surveys) was used from official sources. The Spanish system of official statistics is a relatively centralised one with a central body: the National Statistics Institute (INE) attached to the Ministry of the Economy. INE has an Internet based statistical information storage system, INEBASE,

“created for the circulation of statistics to create a product, which adapts to the different needs of all types of users. Its purpose is to serve as a gateway to official statistics, thus covering statistical information not only from INE, but from the entire National Statistical System.” ([www.ine.es/inebase/aboutinebase.htm](http://www.ine.es/inebase/aboutinebase.htm)). In recent years the amount of statistical information available on the web site of INE ([www.ine.es](http://www.ine.es)) has greatly improved and is continuing to do so.

INEBASE offers detailed data on the information produced by INE “by means of a query system allowing users to create their own tables by cross tabulating the variables they are interested in.” ([www.ine.es/inebase/aboutinebase.htm](http://www.ine.es/inebase/aboutinebase.htm)). This form of dissemination of data has two aspects: the first is the possibility it provides of selecting only relevant data for the researcher; the second is that tables are not pre-prepared and the researcher has to create them. This latter fact implies that a considerable amount of time has to be devoted to this operation.

The official statistics under analysis come from three general sources published in online reference database mainly from the National Statistics Institute (INE). The national report on statistics “*The Elderly in Spain*”, published by the Institute for Migration and Social Services (IMSERSO); from Ministry of Employment and Social Affairs; and online statistics published by National Institute for Women belonging to the same Ministry.

In the table below the sources selected and the type of information that was deemed useful for our purposes are outlined.

*Table 2: Statistical sources*

Source	Information typology/sub-source
National Statistics Institute (INE) <a href="http://www.ine.es/inebase">www.ine.es/inebase</a>	Statistical yearbook 2002-2003
	Census 2001
	European Community Household Panel (EUHP), 2001
	National Survey on Disabilities (NSD), 1999
	Mortality Statistics by cause of death (MS), 2001
	Hospital morbidity Survey (HMS), 2001
	National Health Survey (NHS), 2003
Institute for Migration and Social Services (IMSERSO) <a href="http://imsersomayores.csic.es">imsersomayores.csic.es</a>	Active population Survey (APS), 2001, 2003
	Time Use Survey (TUS), 2002-2003
National Institute for Women <a href="http://www.mtas.es/mujer">www.mtas.es/mujer</a>	National Report 2002: The Elderly in Spain (ES)
	Women's Statistics (WS)

There are differences between these sources. While INEBASE has in practice gendered all their data, *The Elderly in Spain* has some of its data without any gendered division. Thus one problem is that the interplay between age and gender is underdeveloped.

Another very important aspect to be taken into consideration is age and the variability of the break down of groups in five-year periods for under 65s and 65s and over. We could formulate an explanatory hypothesis about this subject. The use of standardised categories of age

is in accordance with theoretical perspectives within current sociology leading to considerable variations in the delineation of age groups. In line with the specific subject being examined and the importance given to it. A number of examples exist where the statistics published are standardised in sociological values, i.e. data from the Survey on Disabilities is given in three large groups: those under 16, 16-64 and 65 and over. The 65 and over group is further divided into two sub groups 65-79, 80 and over. This way of displaying data demonstrates existing interest concerning the most dependent people. The arbitrary age at which people are regarded as older linked to compulsory retirement, may explain the publication of data in a general category of 65 and over. These difficulties are elaborated in the next section.

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

Women's Studies began in Spain in the 70s though without any specialisation and scientific rigour until the 90s. Generally gender research has been centred on younger and adult women, within the areas of family and working life, frames of reference that help an understanding of the changes in the life of Spanish women during the democratic transition. However, the majority of research on ageing in society has been centred in older people but without gender information. Thus studies about women in general are rather new in our country, while the studies on older women are very scarce, as has been documented (Perez, 1995; Marin & Fernandez, 2002), especially from a gender perspective. Since knowledge about older women has been essentially expanded over the years, it is important to keep in mind the historical context when interpreting research results.

#### 3.1 Health, functional ability and services

The gendered nature of ageing has been stressed by critical gerontology. There is a need to study and research women's health from the point of view of gender influences on disease. Despite the fact that health is the theme in which most references about older women were found, this research is mainly centred on pathologies and treatments and is predominantly concerned with specialised and technical aspects mainly for specialists. There is a weak trend, as found lately in the SESPAS<sup>2</sup> report "Public Health from a gender and class perspective" (2004), towards stressing the need for a holistic approach in studies of older women's health. Many of the few studies analysed, originating in different disciplines, show how the interaction of a number of factors helps shape and determine the health and well being of older women.

It is a fact, correlating with findings from all the countries involved in the MERI<sup>3</sup> project, that women's longevity makes them more likely to suffer from the chronic diseases commonly associated with old age. Data from National Survey on Disabilities, (NSD) reveal an exponential increase with age in the proportion of women with reported disabilities. 8% of women aged 50-54; 29% aged 69-79 and 57.1% aged 80 and over has disabilities. The two most important consequences of disabilities are firstly difficulties in going outside the home (affecting 64.41% of women aged 65 to 79 years and 77.71% of women aged 80 years and over); secondly, difficulties in doing household chores (50% of women with disabilities aged 65 to 79 and 72.16% of women aged 80 years and over). Alfageme (2000) supported the hypothesis that relatively poor people tend to suffer worse and quicker processes of ageing because of their educational and economical status. His results are based on his review of data from a national Survey CIS/INSERSO, 1993. The findings show that inequalities are greater for woman aged 65 and over compared to men in the same age group. The key issue is that

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2 The SESPAS report was done by the Gender and Public Health Group from the Spanish Society for Public Health and Administration ([www.sespas.es](http://www.sespas.es)).

3 MERI, Working papers 2004.

disabilities increase with age and amongst the poorest stratum, and is thus personified by women aged 80 and over. In another study (Hernandez, 2000), using different techniques, one being a focus group with 9 older women, the causes of existing inequalities by gender is demonstrated, based on the role assigned to domestic labour and family care, low levels of education and poor nutrition in childhood. This combination of life-long conditions and socio-historical factors has an influence on women's health in older years.

Apart from such inequalities, data from different sources show some gender differences in health in old age. Women aged 55 and over perceive themselves as being in less good health than men in the same age group, and consume more medicines (National Health Survey, NHS) They visit a GP more frequently than older men (European Community Household Panel, EUHP). In contrast, men aged 65 and over spend more time in hospitals than older women (Hospital Morbidity Survey, HMS). There are also differences in the causes of death between women aged 50-64 and women aged 65 and over. While tumours are the major cause of death of women aged 50-64, circulatory system diseases are a cause of death at later ages. In the account of gender differences, Alzheimer disease is a cause of death for women, twice as often as for men, but women commit suicide less than men do at all ages. The group of 70-74 years old has the highest number of suicides amongst older women (Mortality Statistics according to cause of death, MS).

The high prevalence of chronic diseases (arthritis, heart pathologies, cerebra-vascular accident (CVA) and dementia) among older women with disabilities has as a consequence the need for help or care. As family based support is the main source of the care provided to dependent older people, data from NSD reveals that women aged 65 and older receive care at home, firstly by daughters, followed by spouses and other relatives. Less important is the amount of home care provided by private paid assistance, and there is a very restricted source of care supplied by Public Social Services. As other data has found, there is a lack of desegregation for the age group 60-64 years old, so women between 50-64 years old are hidden.

In a collection of much of this data, one study included in the SESPAS report (Gonzalez & Pasarin, 2004) explores gender, class and geographical inequalities in health of the population aged 65 in Spain, that confirms health inequalities between older women and men. The authors recommend the inclusion of a gender and class perspective in the health research on older people in order to understand the factors that determine these inequalities.

Data on persons living in a nursing home differentiated by gender and age could not be found. Two studies have provided some evidence, available in some of the other participating countries, that very old women show a higher resistance to giving up their independence and living in a residential home. (MERI, 2004)<sup>4</sup>. Gil, (2001:156) described the principal characteristics of 125 women who enter in a medium stay centre for convalescence or rehabilitation after an acute episode in a Galician city. The profile indicated a woman between 80 and 85 years old living in an urban area with one of their children and with a widow's pension. Most of them had suffered a CVA complicated by cardiac insufficiency and some signs of dementia. The author points to some findings that need more research. The profile of the women living in a rural area shows that they are on average 83 years old, live alone and return home after staying in the centre. 70% of death occurred amongst the women living in an urban area, and only 9 entered a nursing home. The study by Arbinaga (2002) corroborates the former hypothesis by finding a relationship between older women's depression and living in a nursing home. This author made a comparative study between 71 women aged 60 and over living in residential care (50.7%) and users of Day care centres (49.3%) He found that women in nursing homes showed higher levels of depression and lower satisfaction with life. The prevalence of mild or severe depression was found in 69.4% of women in residential care, while the percentage amongst the women users of Day centres, was 34.3%. This type of study provides little information about the social and psychological aspects of institutional

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4 MERI, working papers, 2004.

life and much less is known about these aspects related to gender. This is another area open to research.

Evidence regarding the complexity of factors that influence older women's depression was as shown in a study by Algar (1995). In order to assess the degree of physical and psychic health amongst 75 climacteric women, the author considered two specific disturbances: depression and anxiety using different techniques including medical and psychological tests. As a general statement the results show that biological, psychological and social conditions influenced the presence of depression and anxiety during the climacteric period.

In contrast to these studies, depression was not mentioned in data about "nervous" problems provided without any specification on specific diagnoses (NSD). Similar insufficient data is provided by EUHP with information on people who had to break off the activity because of emotional or mental health problems. More recent data, although gendered, is not sufficiently differentiated for age groups (the group 45-64 are undifferentiated and people aged 65 and over are presented in one age block).

Some efforts have been made in health promotion and disease prevention for younger and middle age women (Integral Plan for Women from the Minister of Health and Consumer, 1998). Nevertheless a substantial proportion of women after age 65, were not identified within this Integral Plan for appropriate preventive health interventions. According to the European Institute of Women's Health (1997), the main health problems that may have an impact on older women, can be mitigated by prevention.

One necessary aspect needed in prevention is to have knowledge about older women's life styles. Data on tobacco and alcohol consumption (NHS) differentiated by gender but insufficiently by age groups show that there is a higher proportion of men who smoke than women. There are very few older women who are smokers or ex-smokers. Women over 55 who have never smoked are twice as many as men. Women also consume less alcohol than men. These data correlate with the three studies analysed, which present consistent findings regarding life styles of older women from different perspectives. Navarro et al., (1996:156) show the association between age, life styles and coronary risk factors. The authors made a comparative study amongst 526 Canarian women: one group of 65 years old and over and another composed of 45 year olds and younger. Younger women smoke and drink more coffee than older ones and have less weight, while older women had a worse lipid profile, and more arterial hypertension and diabetes mellitus and were more obese. This last finding is confirmed by data from the same survey: the proportion of older people who are overweight is highest among the women between 50-74 years old. There are no other differences in either alcohol consumption or physical activity. Another study (Lazaro, 2001: 3) presents the prevalence of tobacco consumption among Spanish older people. The proportion of people aged 65 and over who have never smoked or have stopped is increasing, especially amongst those 75 years and over. 86% of older women have never smoked compared to 28% of older men.

The relevance of preventive health behaviour for the health of older women is presented in research results by Alvarez (1997) concerning the impact of an exercise programme on the physical health of post-menopausal women. The evaluation made before and after, controlled for physical activity using different tests, and showed evidence of the positive changes that exercise produces in bone mass. In addition data from the Use of Time Survey showed that men aged 65 and over take more part in physical activities and sports, in general, than women do in the same age group. However, in gymnastics (6.2% and 4.5%) and swimming (2.2% and 1.2%) women outnumbered men.

Apart from these studies, there is a lack of appropriate research concerning the role of psychological and socio-cultural factors that have an impact on health behaviour amongst older women. There is also a gap in research on whether education and income have a positive correlation with good health.

## 3.2 Education

The low levels of education of older women represent one of the most evident gender inequalities in Spain, due to socio-historical factors. Many studies reviewed point to the connection between education and the living conditions of older women.

Different sources exist for data concerning women's education but it is insufficiently desegregated in age groups. Data from the Census gives information on educational status, from illiterate to doctorate level differentiated by gender and age. Women aged 55-64 contains a higher percentage of those completing primary education compared to men of the same age group, but they have less secondary and higher education than men. And, as age increases, women's educational level decreases. The highest percentage (14.5%) of illiterate Spanish people is found amongst women aged 70 or older compared to the total population (3.2%) (The Elderly in Spain, 2002). More desegregated data by age groups is given in the Active population Survey (APS), where data is gendered but the last age group presented is for those aged 55 years and over. The percentages of people attending some type of education between 50-54, is 21% for women and 11.5% for men. The most striking aspects are the differences between women and men aged 55 and over (67% and 22.5% respectively) who declare themselves to be following courses. In the same survey data on people aged 16 and over who are taking educational courses were found. The list contains professional and vocational training and life long learning, mixed with compulsory and higher education, This data are gendered but without desegregation by age groups, which is an important gap. Data on the motivation for undertaking this kind of education is gendered but age is not considered. More data on the status of women's education, but without age consideration, come from the Statistical Department of the Institute for Women (2003) on people registered in adult education, especially on literacy courses, with 64,439 women and 17,324 men. On the other hand, courses for completing primary education had 50,901 men and 45,963 women.

Borrell's (1999) ethnographic study makes an important contribution in confirming women's interest in and the benefits of education received at an adult age. The group studied was mainly formed by housewives between the ages of 20 and 69, who had attended general culture courses, without receiving any diploma, in an adult education institute. The methodology used was participant observation of the three groups, divided according to their levels of education. Illiterate women from 50 to 69 years old mostly composed the first level group. 70% of these women had not had any opportunity to attend school.

This study shows a considerable congruity with other studies commented on before in the health sphere. 65% in the first group, 45% of the second and 37% in the third, declared themselves as having poor health. The author gives valuable information about the significant changes that these women, who had access to education in adult ages, have experienced. This study is a demonstration that learning late in life is perceived by the participants as something that gives them a wide range of positive outcomes, with the simple acquisition of new knowledge the least important. This is still more evident for people who are not illiterate. The research identified two types of learning: formal in the sense of classes of writing, reading and calculating, and informal in which older women obtain a new vision of themselves and of their environment. One of the special results found is the group's social value, since they attend a collective education process with other women, This study confirms that older women can learn at any age and that development based on change and growth is possible also amongst illiterate women.

This ethnographic study also gives very valuable information about the life course of older women who attend adult education. The author provides a written testimony of different women's life stories. A summary of one of these stories will help to understand the importance of education in adulthood.

"I was the third of 22 children. In 1936 (Civil War) I began to be aware that I was in the world. There was nothing to eat ...

When I was seven, my grandmother put me in a family to run their errands, which paid me 30 reales and I was there for three years. I wanted to leave because they beat me ...

I did look for another house. In this house they did not give me anything to eat but, I did not want to say anything to my grandmother, I ate the dog's food ...

Later, the government began to give out a bread supply for every family member, but as my father worked a lot, one of the children had to give him their portion every day ...

I would have liked to know how to read and write to express what my life was like, but as I had never been to school I was not able to write anything ...

My husband was very good to his children and his house, but he earned very little money and after nine years I found myself with nine children. I have had to work because I needed the money to eat and between one job and another I had at least thirteen children ...

One day, my husband died in a work accident, and as his employer had not insured him, I did not have any rights ...

I, who due to life circumstances could not study, am aware now, what a marvellous thing it is to be prepared."

(Summarised from Victoria Borrell "The education of adult women".)

The possibilities of life long learning courses are wide. University Programmes for older people have provided one of the most important opportunities for post literacy courses. Official data is not available on older people participating in this type of education, but in many articles there is agreement that women outnumber men in these programmes.

In one study (Blazquez, 2002), the author shows the experiences of the University Programme for older people in Extremadura, with data found only about gender differences. The percentage of women aged 55 or older who have participated in these courses, has increased every year in the four years of its existence, exceeding the percentage of men, as presented below.

*Table 3: Older people attending Extremadura University Programme*

Course	% Women	% Men
1998-99	50.6	49.4
1999-00	60.8	39.2
2000-01	65	35
2001-02	69	31

Source: Blazquez, 2002

Finally, although research on older women in education is sparse, even rarer is empirical data on the use of computers.

### 3.3 Work

Spain has been distinctive in the low participation of women in the work force from the Franco era onwards. In spite of the fact that female employment increased in the 1980s, women still make up less than 44% of the economically active population nowadays. Since the 1970s Spain experienced the growth of an increasingly important underground economy, particularly in industry and services. Typically workers in these sectors were people with minimal educational and professional qualifications. Many were single women without family responsibilities and a majority were employed in the service sector, mainly as domestics. They earned substandard wages and did not pay taxes and social security contributions.

A lot of data exists about women's labour market participation. The data collected comes from the APS (2003). The data found is mainly gendered and gathered in five year differenti-

ated age groups, from 16 to 70. It is difficult to know about foreign women's employment because the data on employed people according to their nationality, although gendered, it is not sufficiently differentiated by age groups. Nevertheless there are few foreign women aged 55 and older in the labour market (1.73%).

The activity rate (47.35%) for women 50-54 is higher than the percentage for all women (43.90%). Unemployment was less in this age group of women (10.08%) than the rate for all women (15.56%) in the same situation. Women 50-54 were twice as likely to be unemployed as men in the same age group. The percentage of both labour market activity and unemployment decreases with age.

The types of jobs undertaken by older women are concentrated in a few sectors of activity. Women 50-64 are mainly employed as sale assistants, the same being true for women 65-69. The next important occupational category is as health assistants and personal care workers for those aged 50-64, while those aged 65-69 are domestic helpers, followed by agriculture and education, in that order.

More information related to older women's work comes from "*The Elderly in Spain*" that gathered more detailed data from the APS (2001) Women aged 70 and older, were self-employed (72.3%), working in the first place (35.4%) in agriculture followed by sale assistants (29.2%) and domestic helpers (10.8%). Women aged 70 and over worked mainly in the public sector (15.9%) rather than in private enterprises (13.8%), the reverse of men in the same age group (2.8% and 18.2% respectively).

In spite of the statistical data about older women's labour market participation, research studies on this subject could not be found. Unpaid work in the family is the only subject that has attracted research. The two principal themes analysed are unpaid household and care tasks. Many of the studies found are not centred on older women, but they contain enough information to reflect on different issues.

Data from the *Elderly in Spain* provide the only information by gender and age found about who undertakes domestic tasks. There are striking differences between younger and older women and men. While in the group of those aged 18-24, washing up is done by both genders more or less equally or both together (39.1%), and 43.5% is always done by women only, the proportion of women aged 55-64 and 65 and over who always do the washing is 74% and 80.3% respectively. In contrast the percentage doing this domestic task together or more or less equally for the same age groups is 7.3% and 8% respectively. Thus women aged 65 and over are in charge of domestic chores more than men, who are significantly more involved in repair work.

A sociological study on Spanish housewives by The Institute for Women (2002) and carried out by EDIS Research, profiles women outside the labour market, with their problems, expectations, wants and needs. The results of this study were intended to be the basis for measures to be taken under the IV Equal Opportunities Plan to increase the quality of life of these women. The methodology used was a questionnaire where 3,000 women aged between 16 and 65 and older were interviewed in a representative sample from different age groups and regions, of the 6,948,600 housewives in Spain. The largest groups were women aged 55 to 64 years, 21.21%, and those aged 65 years plus, 37.20%. The most relevant findings from the socio-demographic profile presents an 'average' woman of 56.26 years old, with 68.7% being married, 23.9% widowed, 3.3% single, 2.8% divorced or separated and 1.3% cohabiting. 52% had only a primary level of education or less. 59.5% have never worked, 20% left the labour market more than 20 years ago and 15% had worked in the service sector. 84% did not have children under 11 years old and 13.1% have one older person to look after. 34.3% declared having a centre political ideology and 49.7% were practising Catholics.

Among the conclusions of this study was the observation that housewives devote seven and a half times more time than men to household chores. 83.8% of these women had had problems: 71.3% were bored, 50.9% were stressed and 9.2% stated that they were substance

abusers e.g. alcohol, hypnotics, tranquillisers and stimulants. Although 51.6% of these women assumed their role by own volition, they also pointed out that they needed help in the care of children and older people in order to improve their quality of life. Another 38% of them would have liked to enter the labour market. They also agreed with the possible creation of a housewife's public pension that they would be willing to pay for.

The role played by grandmothers is one of the subjects stressed in different studies. The majority of them have cared for their grandchildren, (Rodriguez & Sancho 1995) and nowadays most of them care for their parents as well. As Tobio (2002) says this is an intergenerational reciprocity phenomena between mothers and daughters.

A study by Villalba (2002) considers specifically the needs of 40 grandmothers, users of social services, between 42 and 82 years old with an average age of 61, caregivers of their grandchildren aged between 1 to 6, in rural areas of Seville. These grandmothers have had to assume the parental role when the parents had problems due to different causes (drug addiction, illnesses, disabilities, death or temporary work outside the municipality). Different techniques – interviews, questionnaires and psychological tests – were used. The results are based on the author's assumption of the quality of the social support received from different subjects, specially the perception of this support in connection with the better or worse health state of the caregiver. The majority of people that have given support were women (daughters, neighbours, other family members and friends) in a hierarchy. These results confirm the chain of care and gender differentiation, especially in the south of Spain, where the weather and the culture favour social support.

Regrettably no data on unpaid work in social networks could be found, although EUHP shows data, by gender and age, but without cross tabulating these two variables, on the number of people who spent time looking after children or adults. It is a fact that women are the main carers of older people and, as longevity increases, the age of the carers also increases. Such facts may come into conflict prospectively with attempts at the "massive integration" of women in the labour market and thus their potential availability to care for older relatives. This factor has aroused serious concerns about who will care for older people, however if we are talking about the same 'typical' carer as today, the daughters, it is probable that these daughters will already be retired when their parents need help. The fact that spouses are also ageing cannot be forgotten either. However, this fact is only one of the different social and demographic trends that may have an impact on the future of care for older people (changes in marriage, fertility patterns, and independent attitudes of older people).

The *Elderly in Spain* provides more detailed data about who cares for older people and what their relationship is. Women outnumber men in caring for older people (61.3% and 38.7% respectively). The main groups looking after dependent older people are usually daughters (25.8%), followed by sons (14.9%), other family members (14%) and spouses (12.4%). The age group of daughters, who care for them, are of a very wide range, but the highest percentage (35%) is found in the age group 45-54 years. What is interesting is the rising proportion of daughters who are 65 years old and over (13.5%). Another important aspect worth pointing to is the high percentage of spouses (56.8%), most of whom are themselves older (65+) and many of them are men, who take on the role of carer. Unfortunately gendered data could not be found. Finally, the percentage of neighbours (2.5% and 4.5% amongst women 55-64 and 65+ respectively), who take care of older people, and the 8.6% of women's friends between 55-64 and the 4.5% of women 65+, give some evidence about the existence of social networks. Here is another interesting area open to research.

The importance of the role of the informal carers has been widely acknowledged in the last 20 years, especially when family care has been recognised as the most natural and preferred source of care for older people. Different studies on the impact of informal care and the dynamics of unpaid work have been done, based almost on the same data source, using different analytical tools but for different purposes. (See Rodriguez (1994); Collective IOE (1998); Casado & Lopez (2001); Agullo (2002) and Duran (2002)).

Three main points in these studies need to be taken into consideration. First, there are some socio-cultural factors, which still have an impact on family care, not only in rural but also in urban areas (Rodriguez, 1994), although there are considerable cultural differences. One major issue is that as the result of internal migration in the 60s and in the 70s, many older people and their children, have to cope with stressing situations in order to accomplish responsibilities and obligations. The experience of touring round the different households of their children, in many cases around the country, is a modality of residence that increases with age (15%), especially among older women (Collective IOE, 1998). Very little is known about how older women themselves or their family cope with this situation and the strategies they use.

Second, all these studies have confirmed that the profile of the carer in the different areas, remains a woman (spouse, daughter or daughter-in-law) as something “logical” or “natural”, expressions collected by the researchers of Collective IOE. The same study confirms that, in rural areas, these carers are satisfied with their roles, although some of them have to look after three generations (spouse, parents and grand children). The age of the women who care changes in the different studies, according to different years of data collection, The last study analysed situated the median age in 52 years old (Agulló, 2002). All the studies stress the low or medium educational level and social status of these women, who are generally housewives. Understanding the magnitude and implications of this situation would require deeper / wider research. Third, the last aspect to be emphasized is the repercussions of caring on the living conditions of women who care; reduction of leisure time, tiredness, no holidays, no time for socialising with friends, depression and health problems.

In the researcher’s view, as many of these studies are based on data from 1994, a more up to date and meaningful assessment must be done.

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

The focus on the stereotyped view about older people, as a social problem because of their poverty and poor health, has shadowed the fact that many older people are in a much better situation. It has also ignored “the gendered processes which have given rise to inequalities between men and women in later life”. (Ginn & Arber, 1991).

Many factors have impacted on the economic situation of older women: gender inequalities in occupational incomes, the effects of sexual division in the labour market and women’s role in the domestic economy. To all of these must be added their low levels of education and low levels of participation in the labour market. Many Spanish older women left the labour market after marriage or have never been in it. This background puts them in a situation of less income in later life. Hernandez shows in his study in the Murcia region, that the majority of older women are lacking personal incomes so they have to depend on their husband’s income (38.8%), on their own contributory pension (33.5%) and widows’ pensions (28.5%), that generally do not guarantee their living above the poverty line.

One important aspect is that as age increases, pensions decrease. The pension of those people who are 85 and older is below the minimum pension benefit in the system.

Nearly thirty years after the adoption of the Constitution, inequalities in the incomes of older people have begun to be less marked, due to a substantial improvement in pensions in the 90s. The economic situation of older persons is improving; nevertheless, this improvement still leaves older women at risk of living below the poverty line. On the other hand the youngest older women are in a better situation. i.e., 16.3% of women aged 55 and over receive unemployment benefits, and many of them will have their own revenues from a retirement pension due to their participation in the labour market.

The main source of information on the economical situation of older people was reported in *The Elderly in Spain* which provides very specified statistics on the different types of contributory pension. Another source *EUHP* gives information of poverty. Women aged 65 and

over are the second in the ranking of women's situation under the poverty line (24.2%), after women under 16 years old who are the poorest (26.5%).

*Table 4: Average of older women's pension by age*

Age	Pension (€/month)
50-54	537.60
60-64	607.00
85 and over	356.90

Source: Derived from *The Elderly in Spain*. 2002

Under these circumstances, older women are at particular risk of poverty, as Madruga (1999) describes in one study. The results are based on the analysis of the information collected in the EDIS Survey of 29,592 poor households. In the conclusions about the living conditions of poor households headed by a woman in Spain, the author provides a profile of this woman in poverty: 63.4% are over 55 years old, are widowed, inactive in the labour market, have a low level of education (25% illiterate) and with social protection as their main source of income.

The Institute for Women gives information on non-contributory pensions by gender but not differentiated by age.

The ownership of a home property is something linked with the Spanish culture and plays a role in the lives of older people. Being an owner is a sign of success in life for them. It is also a way of perpetuating the person since they wish to leave their home to their relatives as an inheritance. Data given by EUHP show that older people are more likely to own a house or apartment than younger people. 88.1% of women from 45 to 64 years old and 83.9% of women 65+ are homeowners. Only 12.3% of women aged 65 and over live in rented homes, mostly in urban areas. These rented apartments have generally some deficiencies in terms of facilities and equipment, and the most disadvantaged older women live in them. 50% of women aged 65 and over are living in a house, that in rural areas are not only less comfortable but marked by low levels of home maintenance.

Frequently there is an inverse relationship between the socio-economic situation with home ownership. Older women who own their home, often have a very low income and in spite of their lack of some comforts, such as heating or a washing machine, they can, however, cope with their daily life expenses although they do not do necessary house maintenance. Eventually, if they have no children, they can sell their house to pay for residential care, as has been done by single older women, especially in urban areas.

Very little data were found on the consumption of goods and services in *The Elderly in Spain* and unfortunately even this limited data does not provide adequate information about older women.

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

For the older women, the family is the core of their identity and their integration. Residential independence, even if their houses have problems, is the way that older women prefer to live – although preferably near their children with whom they have frequent contacts. At first, with their spouse, while they are alive and afterwards alone as long as they can look after themselves. When dependency occurs they look for the help from their family – perhaps because they know that they are welcome. The nursing home is the last choice because they do not like this option. Data from *The Elderly in Spain* show that 29.4% of women aged 65 and over live in couples pairs in their own home. These percentage decreases as age increases. 34.4% of households contain older people. 87.8% of older men and 74.7% of older women live in their own home. The proportion of older people living alone is for men 6.6% and for women 17.5%. This last percentage increases with age for older women that are alone (24.7%) between 75-79 and (18.8%) at 80 and over. More men live with their spouse than

women. Women 80+ live more often in another house with children (41.7%) than men (24.1%) in the same age group.

*Table 5: Percentage of older women in various living arrangements*

Living arrangements	65-69	70-74	75-79	80+	Total
In a couple	37.6	36.2	28.6	9.3	29.4
Alone in their own home	12.7	17.0	24.7	18.8	17.5
Alone in their own home with children	7.1	5.3	6.9	7.0	6.6
Alone in children's house	4.5	9.5	18.0	41.7	16.5

Source: Derived from The Elderly in Spain. 2002

The above data show the importance of family care in later life. The percentage of older women living alone increases with age until 80 when this situation decreases. Then the dependency on children increases, together with the loss of their own home. This is linked to the fact that older women find it normal to be dependent on children when they need something. When carers are asked about whom and where they would like to be cared for when they need it, the answers show the same tendency: living independently while they are able, and afterwards to be helped by their children. (Collective IOE).

These attitudes of autonomy and dependence shown by older women are explained by other findings. Bazo (1993) in one study about the experience of 8 women living in a municipality's apartments, states the remarkable desire for independence and personal freedom show by these women and the most appropriate way of living for older persons, such as the family or the nursing homes. Also it was observed the existence of a certain stigma in relying on social services, even the most normal ones such as the one researched.

Gamella et al. (1999) who has collected the life-stories of 3 gypsy grandmothers shows the experience of women who have lived through major socio-cultural transformation in Andalusian history. The three grandmothers, born in 1911, 1920 and 1939, represent three family situations and three different ways of socio-economic integration, very common among gypsy people. In spite of their differences, many similarities can be noticed in the three stories mainly about their values, beliefs and principles, specially those related to the key process of physical and social reproduction in their group (birth, relationships, marriage and death), which are their own cultural resources.

Two studies reported the perceptions of women about their own ageing. In the first study (Freixa, 1993), 31 women, between 50 and 60 years old showed, through in depth interviews, how they value the changes in this phase of life. The 50s are valued as a decade of the beginning of freedom, the satisfaction of having independent children, grand children and, in some cases, better relationships with their husbands. The changes in their physical appearance and fears of loneliness due to children leaving are the negative aspects of this life phase. A process of loss, is the general perception of these women about ageing, but this process is a matter of personality and specially activity. The second study (Barenys, Litiago & Gutierrez, 2002) suggested that the ageing perception varies depending on what the individual woman has experienced during her life course. 8 widowed women between 64 and 75 years old, in depth interviews explained how, located between two worlds and subordinated as housewives, they have dealt with the rupture in the traditional role of older women, in order to adapt to new circumstances.

These findings relate to two studies about loneliness in older women in comparison with older men. Perez de Ussel (2001) shows the incidence of personal, familiar and social aspects, especially widowhood, in loneliness in ageing. This author based on the results of 3 focus groups undertaken in different parts of the country, emphasize that women have more personal, social and more effective resources for preventing or surmounting the moments in which they are suffering loneliness. Another study (Alfageme, 1999) suggests that the high

rate of lonely persons among the older women could not be explained only by their greater longevity, but also because many of them prefer to live alone.

In this situation it is important to know, that although the family is at the base of relationships among older women, friends, neighbours and community networks, play an important part in the living conditions of older women as Villalva stated. TUS shows that women aged 65 and over have frequent contacts with neighbours (72.2%), and with friends and family members (58.7%), almost every day.

*The Elderly in Spain* gives some data on the feelings experienced in the population. but although differentiated by age groups, they are differentiated by gender. People aged 65 and over declare themselves to be happy with life (57.3%). Older people are affected by feelings of loneliness sometimes (27.2%), not much more than the rest of the population (26.6%), rarely (29.7% versus 32.8% rest of population respectively) and never (30.3% and 34.1%).

Little contemporary research has been done on partner and intergenerational relations. Lately, a summary of one study about older women (Perez, in press) gives some data about partner relationships, which could not be found when we did the research and will have to be read when published. The data gives no information about the quality of these relations and only about their evolution. 17.7% of women interviewed explain that their relations are better now than before, 71.6% say that they are the same as before and only 4.9% state they are worse. The same study shows that most older women have a relationship with their grand children several times a week. Additionally data on kinship between people who care and the older person shows that 7.8% are granddaughters and 5.4% are grandsons (*The Elderly in Spain*).

The only data found about older women's sexuality come from one comparative study on older people (Nieto, 1995) showing the different attitudes of men and women. The methodology used was a mixture of in-depth interviews with a sample of 30 men and 30 women aged 65 and older, a questionnaire to 1,100 households and an ethnographic field study in four nursing homes. The findings show that, for older men, sexuality is born with them and defines them. Women, on the other hand, think that they do not have their own sexuality and it is something extra. So, whether present or absent in their lives, it is not a substantial part of their being. These attitudes show the different roles within sexual relationships. The results present a balance in the experience of sexuality between men and women, between living in two areas: in the countryside or in the city, in a nursing home or not, and in different kinds of long-term care institutions. Thus the experiences of older women's sexuality depends on multiple factors.

*The Elderly in Spain* gives information about older people's activities without a cross tabulation between gender and age. Women aged 65 and over spend less time than men watching TV (96.2% and 97.8%); listening to radio (67.6% and 76.2%); walking (64.1% and 77.7%) and reading (45.4% and 58.5%). Though the percentage is very low, older women attend conferences and go to the theatre or to concerts more often than men (4% and 3.1%). The same source gives the data on women 65 and over attending older people's clubs or associations, which they do less than men (15.6% and 34% respectively). More important than the figures of attendance at older people's organisations is the degree of participation. The findings by Rodriguez (1993) and Rodriguez (1997) contradict the myth of the scant participation of older women. In advanced age strikingly contradictory findings are recorded: women participate more than men in cultural activities, organised by Popular and Third Age Universities, Cultural Centres and Clubs for Older People, in different areas of Spain. Older women show active and occupational attitudes to training, recreation and cultural activities, in contrast with passive and gambling attitudes from older men. They also point out the benefits for their lives and health, inherent in joining in some activities, especially notable in rural areas where women have changed their attitudes and some of them have begun a process of freedom that they never previously experienced. Agulló (2001) shows how older people between 65 and 75 years old, both women as well as men, agree with the importance of the

activity, which is central in their lives. They also bring into relief the need of free time and specially for time freely chosen.

### 3.6 Crime and abuse

#### Violence

There is an increasing awareness of gender crime and abuse, but until now there is very little research about this subject, and less is known about older women. One current interest is the development of instruments to detect this abuse and neglect of older people. Data found on this subject comes mainly from the Institute for Women (2003), which shows the victims of violence in families from partners (spouse, divorced, separated, etc), parents, children and other members of the family. Violence used against women is mainly by partner/spouse, followed by parents, other members of the family and in the last place, by their children. Female victims of violence were 3,227 for the age group 51-64 and 814 for those aged 55 and over, in comparison with 18,290 aged 31-40. The information given by (NSD) on external causes of death shows that younger women outnumbered older women in those murdered. Women from 24 to 74 years old denounce violence against them more than women from 75 to 84. Women aged 85 and over have never declared themselves to be victims of violent behaviour.

One study found lately (Martin, 2001), concerning abuse and neglect in the informal care of older people, shows the characteristics of the older person, the career, and in which areas they are found. The methodology is based on 600 interviews with to older people users of Social Services in Alava. 71.8% were women, older than 85. They were asked about the quality of care received using the QUALCARE scale, designed to quantify the quality of family caregivers in six areas: physical, medical management, psychosocial, environmental, human rights and financial. The results show more incidence of abuse in older women (5.8% and 4.3%), while neglect was higher amongst older men (17.2% and 15%). 20.6% of complaints belong to environmental (house/room) problems followed by psychosocial ones (15.1%), and other areas with a low percentage. The incidence of abusive family relationships indicates that sons have a higher percentage (6.2%) followed by daughters (4.4% and spouses (4.3%). These results have to be compared with research done in other Spanish regions, since the cultural differences make it not possible to generalize. Further research is needed.

There is a lack of data on abuse and neglect in health care and homes for older people, and almost nothing is known about how older women themselves abuse their caregivers, especially daughters. This is another area open to research.

### 3.7 Interest representation

Experience from the preparatory part of the MERI project, that examined older women's interests in order to incorporate them in our research, confirmed the existence of very few older women's organisations. Although a great number of different types of women associations exist, some of them professional and some entirely for leisure, they are mainly directed to the interest of younger women or housewives.

No research was found on this subject, except for one study (Garcia & Garcia, 1997) about the minority of women who have become university professors. The authors stress the low presence of women in the University elite, and their post and age, e.g. one out of two women professors in the Humanities are older than 50.

Some data (*The Elderly in Spain*) are given on older people who are members of interest or political groups and those who take part in political actions are compared with the rest of the population, but this data is not gendered or differentiated by age groups. The Institute for

Women also gives data on women's participation in justice courts, parliament and trade unions, but unfortunately this is not differentiated by age.

#### 4. Conclusions and recommendations

In general, this area of research may be characterized by the paucity of knowledge regarding older women's living conditions. The low number of total studies, the uniqueness of the many sub themes, the non existence of others, and the local level or specific group of women studied, currently prevents us from having a complete approach to the situation of older women in Spain. It also depicts the scarcity of the research funding and their priorities in Spain.

The main finding in this research is that older women in Spain are still hidden within the general category, of "adults", or as "older people". There are themes and sub-themes proposed by the MERI project not covered because of a lack of studies or statistics, and more a specifically lack of statistics by gender cross tabulated with data on older people. This is something that is stressed in the report *The Life of Women and Men in Europe (2002)*. The findings reported stress negative aspects in the living conditions of older women, with a description of present and future problems. The overview of the situation of older women showing a picture of a dependent person is present in a number of studies analysed and may will continue in the near future. (Perez Diaz, 2003). This can be detected in the synthesis commented on above of the study by Perez Ortiz, to be published soon, which follows the same line as former research. It gives data referring to the recurrent subjects of disability, dependency, family care, kinship relations and feelings. It must be noted that this research is based on a Survey made on women aged 65 and over.

Only glimpses are given on positive aspects in the lives of older women that need to be proved by empirical research.

As for the methodologies used in some studies, it is worth pointing out that it is questionable as to whether the recurrent use of data from surveys published many years ago can depict the situation in current society, given the very rapid changes occurring. From my point of view this is due to the lack of funding for research.

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

Through different sources, many of them about older people, we have been able to identify gaps in knowledge in several MERI themes and sub-themes.

- Too little is known about how to promote good health and prevent, detect, and manage disease and disability in older women. It seems that more information and health education promoting changes in lifestyle, would improve their health, and at the same time, change negative perceptions. In this sense, the most important aspect of this action is the pedagogical approach used.
- Not enough data was found on older women's health differences, which are more than pathologies related to the reproductive system. No data was found on osteoporosis, menopause and incontinence in older women because this data circulates only in medical circles.
- There has been no effort to analyse the essentials related to healthy and active ageing. Practically all studies may be characterized as being exclusively centred on a very specific subject linked with inequalities; that is, they focus more or less exclusively on the negative aspects of women's ageing, which tend to be overwhelmingly negative from the perspective of older women's quality of life.
- There is no information about the social and psychological aspects of institutional life related to gender.

- More data and research is needed to improve knowledge on the factors that influence the presence of depression in older women.
- There is a lack of research about the role of psychological and socio-cultural factors which impact on older women health behaviours.
- More data and wider research are needed to identify the importance for the older women in attending University Programmes and other long life learning courses.
- There is no data about professional and vocational training for older women nor their use of computers.
- Research on the theme of crime and abuse is very sparse and nothing is available about people cared for in nursing homes and violence against them. Also nothing is known about how older women abuse their caregivers.
- More research about the empowerment of and benefits for older women through formal and informal education is needed.
- Gaps exist in domains such as: early retirement, older women migrants, exit from the labour market and unpaid work in social networks.
- More data are needed on time expenditure and participation in social activities, especially on membership association that can be used as an explanatory factor for the well being of older women.
- Almost nothing is known about older women whose children take them in turns into their houses in order to look after their mothers, and how they both, older women and their children, cope with these changes.
- Very few data and no research are available about the consumption of goods and services by older women.
- There is no research found on the interest representation of older women, no gendered data on this theme.
- Financial support given to family members by older women is a very important aspect that needs research.
- Ageism and other kinds of discrimination are subjects open to research.

Finally, there are two subjects where knowledge would have important implications for the new policy of delaying retirement age: Life long learning and attitudes towards older workers. Keeping older workers active requires adopting a set of measures including knowledge about suitable employment conditions for older people and any necessary with specific focus on older women as workers.

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

It should be noted that The Spanish Institute of Statistics offers a lot of data. Additionally INE offers free online access to a range of key statistical information, but all of these are not available online, nor available in printed or recorded forms e.g. in CD-ROM. However, access to some data is possible although not free.

- It is important to know what data are already available and what data are still needed.
- Data have to be easily available for researchers in a practical format.

The availability of statistics on older women generally needs to be explained in detail. Among the tables available, the data given is mainly gendered, but the analysis of these tables shows many differences in how data is published, i.e. the insufficiently combined cross tabulations between gender and age or the desegregation of age groups. We found five ways of using gender and age indicators in the tables collected:

- Gendered data crossed with age.
- Gendered and age group data but not crossed.
- Gendered data but not age groups.

- Age groups data but not gendered.
- Gendered data combined with age groups but insufficiently desegregated.

The collection and organisation of data about older women is still in an early stage, thus a lot of work needs still to be done.

The most important issue is to reconsider the way we think about older people as a unique category without gender. This is something that is very clearly seen in the data we have found. It is necessary to stress the gendered nature of ageing. So, **we recommend** strongly that gender must be shown in all statistics about older people. The constitution and classification of wide groups where women 50-64 are hidden or the invisibility of them after 65 where much data are not gendered, shows the lack of recognition of older women's differences and inequalities between ages. **We recommend** more differentiated age group publications in order to bring the situation of older women into relief. Additionally insufficiently differentiated published data restrict research on women, especially, if such information has to be paid for.

The fact that gender and age are insufficiently cross tabulated prevents researchers from achieving an accurate picture of gender differences. Hence **we recommend** that such statistical operations are undertaken in data reports in publications on older people.

**We recommend** that health policy and planning considers the structure of women's lifetime as their life course often does not follow the structured life cycle of men.

**We recommend** that institutions interested in funding research on older people, promote differentiated gender studies.

### 4.3 Conclusions

Without doubt research about older people has increased in the last years, although much of it is about their dependency with older women being presented as if they will have a worse future than men. While much current discourse and also research practice is mainly based on biological and demographic aspects, other research indicates other social aspects. There is an male centred discourse at the heart of this perspective and in most research i.e. one of the assumptions of the report *Dependency and care needs (2001)* is that widowhood correlates with dependency especially in women. In the conclusions there is an appeal to public, national and international health administrations that, in order to diminish this problem, they should pay more attention to older men's health – husbands, in order to prevent their earlier death. This provides a clear example of a the vulnerability of older women is linked to the social structure that has channelled their access to resources through their husband's income. However, even more important is that the proposed solutions for this problem again come through men lives and not through empowering older women and diminishing inequalities. There is a need to transform the structures of institutions, change their values and practices, since simply solving material problems does not end gender inequalities.

Many obstacles exist if ideological and cultural aspects are to be overcome.

However there are some signs that indicate that we are advancing, although slowly. The publication in 2002 of *“Older women in the XXI century”* marks the first step taken by IM-SERSO from the gender perspective. It has continued with the summary published about the study *“Ageing in Women”* in their Ageing Bulletin (2004). On the other hand, other initiatives have taken the gender perspective in their research on women's health, and about older women. There is also the example of the SESPAS Report, mentioned earlier. Another example is the Delphi study on Woman and Health (2004), done by the Health, Innovation and Society Foundation, and funded by Novartis Company. Unfortunately, the chapter about older women is related only to dependency.

Nevertheless, we can expect that gender awareness will change in the near future due to the recently acquired increase in political power by women after the last elections. 35% of the members of the Parliament are now women. But most important is the gender policy of the new government, which have taken two important steps, up to now, to diminish gender differences. The first one, is the parity of ministers – Spain and Sweden are the only European countries to have such parity and, related to older women's power, four out of the eight woman ministers are aged 50 and over. Moreover a woman of 50 has been elected President of the Constitutional Court. It is the first time in the history of Spain. The second gendered step taken is the bill against gender violence. It seems that these changes in the political power might give a new direction to the living conditions of older women and also to research.

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