

LIVING CONDITIONS OF WOMEN 50+ IN SWEDEN

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1. Objectives of the MERI project

During the 20th century the average expected life time was increased by some 25 years in Europe. This means that almost every fifth person in Europe is a woman aged 50 or more years. Despite this fact, efforts from researchers and statisticians to compile information on the living conditions of older women, has shown that they tend to be neglected in scientific studies and official statistics (1).

Within a European seminar which took place in 2001, a catalogue of measures for future research was drawn up and agreed with representatives of the European Commission, national governments within the European Union (EU), EFTA and accession countries, as well as relevant European and national umbrella associations, among them the Swedish Association of Senior Citizens. This formed the basis for an application to the Commission from representatives of twelve of the, at that time, fifteen EU countries for a project with the following main objectives:

- To increase knowledge about the specific living conditions and problems of older women;
- to improve the empirical basis for
 - work by national and European associations aimed at older women and/or intergenerational relations,
 - government tasks at social policy level, and
 - current and future research work on the living conditions of older women;
- to raise the awareness of the general public on the situation of older women.

The present paper summarizes studies on living conditions and statistics of older women available in Sweden for the study period 1993-2003. It will be included in the comparative

European overview of available statistics and the research situation on living conditions of older women (MERI) in the twelve European countries participating in the project.

2. Methodological proceedings

2.1 Studies under analysis

Definition of the target group of research

In the MERI-project it was agreed to comprise and take the definition of an "older women" as being those aged 50+. This definition does not agree with the definition used in Swedish research and statistics, where 65+ is regarded as the border line between older middle-aged and older women. Since the words "old", "older" or "elderly" were used in the search process for this report, most of the research on older women in Sweden refers to the age group 65+.

Similarly official statistics use the age 65 as an indicator for old age since 65 is the official pension age (it was raised to 65 with the possibility of staying on in work until 67 years according to a parliamentary decree). Since most statistics contain all age groups from 0 up to 85+ years, finding the age groups below 65 years presents no problem. However in some official statistics there is no differentiation within the age group 45-64, thus not allowing for an analysis of the 50-64 year olds.

Sources used to find research on older women

Research on women and men is performed at universities and other academic research centres but also by governmental agencies, county and municipality councils, regional social insurance offices etc. This survey includes studies published in scientific journals using referees, doctors' dissertations and monographs published by universities. It also includes the results of parliamentary investigations and surveys which focus on women. Research results are presented from these as well as data from studies performed in Swedish municipalities and counties which, though carried out by scientifically trained people, are not necessarily linked to universities.

In order to find publications on research it was decided to write to universities and other academic research centres including those performing gender focussed research and request papers published during the study period 1993-2003. The main research funds were also contacted for information about research projects funded by them. In total some 60 persons were contacted and answers received from one third of these, either affirmative with papers and publications or negative ("our research is not gender oriented"). Some senior researchers kindly passed on our request to other members of their research groups or partners. Additionally the homepages and local databases of Swedish universities were searched. Searches were also made in free access data bases such as MEDLINE (www.ncbi.nlm.nih.gov/entrez/queri.fcgi) and LIBRIS, the union catalogue of Swedish research libraries (websok.libris.kb.se/websearch/form?lang=eng).

In Sweden there are a number of research centres conducting epidemiological studies on ageing. As all Swedes have an identity number, denoting year, month and date of birth and a four digit check number, there are ample opportunities for epidemiological and longitudinal research in Sweden. Many such studies started long before 1993, the starting year of this survey. These studies comprise cohorts that include both women and men, who are contacted and followed up at regular intervals, and who have now reached an advanced age. Because of the vast number of studies it is not possible to list them all among the references added to this paper. A complete set of references can instead be obtained from one of the authors: barbro.westerholm@spfpension.se.

2.2 Official statistics under analysis

The history of the statistical databases in Sweden goes back to the seventeenth century when the registration of citizens started in order to form a basis for taxation. From 1686 it was the responsibility of the church to keep a register of the inhabitants. Population statistics have been available in Sweden since 1749. In 1756 a governmental agency, now the Statistics Sweden (SCB), was established. Since then statistics have been collected from an increasing number of fields. At first many of the tables and figures were unisex but gradually data on women and men were presented separately. In 1994 the Swedish Parliament decided that all official statistics related to individuals should be disaggregated by sex, unless there are special reasons for not doing so.

According to the project plan the MERI project only comprises statistics that are easily available and free of charge. In Sweden, as in many other countries, there is a distinction between official statistics and other public statistics. Official statistics are produced according to the statistical act and ordinance and published as required by official regulations.

The Official Statistics Act states that official statistics are statistics for public information, planning and research purposes in specified areas produced by appointed public authorities in accordance with the provisions issued by the Government. According to the Act official statistics shall be objective and made available, free of charge, to the public. An appendix to the Official Statistics Ordinance (SFS 2001:100) defines the areas covered by official statistics and states the authorities responsible for the statistics in these areas (statistical authorities). This means that the responsibility for the official statistics in Sweden stays not only with Statistics Sweden, but with 24 additional Government authorities. They may, however, order and buy their statistics from Statistics Sweden (which is also often the case).

The Government authorities and agencies thus responsible for the official statistics of Sweden are besides Statistics Sweden, the National Agency for Education, the National Agency for Higher Education, the National Council for Crime Prevention, the National Board of Health and Welfare, the National Board of Fisheries, the National Board of Forestry, the National Chemicals Inspectorate, the National Courts Administration, the Swedish National Debt Office, the National Institute of Economic Research, the National Mediation Office, the National Social Insurance Board, the Swedish Board of Agriculture, the Swedish Energy Agency, the Swedish Environmental Protection Agency, the Swedish National Board of Student Aid, the Swedish National Council for Cultural Affairs, the Swedish National Financial Management Authority, the Swedish Financial Supervisory Authority, the Swedish Institute for Growth Policy Studies, the Swedish Institute for Transport and Communications Analysis, the Swedish Tourist Authority, the Swedish University of Agricultural Science and the Swedish Work Environment Authority.

All these authorities should each year provide an updated description for every subject for which they are responsible. Most of these authorities publish statistics on the Internet. Statistics Sweden has since January 1997 databases available on the Internet which allows users to easily download information to their own computers. The English version of the website is not complete but will eventually have the same general content as the Swedish website.

Public statistics are found in governmental publications on selected subjects, e.g. care of older people. These publications are also used to answer questions raised by MERI.

The above mentioned authorities, as well as the Swedish counties and municipalities and a number of research centres, also produce statistics which they find necessary to answer specific questions. These statistics are publicly available, mostly in publications which can also be found on the internet. Examples of such publications are *Jämställd vård* (2) (*Equity in health care*) and *Jämställd socialtjänst* (3) (*Equity in Social Welfare*) both published in 2004 by the Swedish National Board of Health and Welfare.

The statistics used for the analyses made in this project are listed under *Statistics – websites*. Since finalising this paper *Women and Men in Sweden. Facts and figures 2004* has been published. It contains data for the year 2003 and some information on care of older people, gainful employment and violence and crime which has not been included in previous issues. The new data do, however, not change the conclusions and recommendations presented in the Swedish national overview.

For the framework for the analysis of the living conditions of older women in Sweden, the MERI research group set up a number of themes and subthemes with hypotheses to be tested. The Swedish National review uses these themes and lay-out.

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

3.1 Health, functional ability and services

There is a vast amount of research conducted on the health situation of older people. Also relevant statistics are extensive.

Research

Of great interest are the longitudinal studies such as the gerontological and geriatric population studies in Gothenburg called the H 70 study (4, 5). It consists of people born 1901-02, 1906-07, 1922 and 1930. In addition women born 1908-1922 were studied separately from 1968-69 and onwards. Other cohorts followed over a long time are to be found in the cities of Stockholm, Malmö, Lund and Jönköping. Hundreds of papers have been published over the time period studied presenting results from these studies (6, 7).

Of the 110 papers and monographs analysed here, some present data from the longitudinal studies, some from other studies designed to answer special questions as well as available official statistics the following answers to the hypotheses put forward are set out below.

A gender approach in general health aspects is becoming more acknowledged. There are a couple of on-going longitudinal studies analysing the living conditions of the oldest old and gender differences in health and survival – a life course perspective. The *Study of Living Conditions of the Oldest Old, SWEDOLD* (8, 9) has revealed that health problems in the oldest olds have increased during later years, especially among women. A study using the *Swedish Twin Registry* (6) all living pairs of unlike sex-twins born between 1906 and 1925, in total 605 twin pairs, were sent surveys assessing health and other facts. The results showed that women had more health problems, not life threatening conditions, but slightly risky life-threatening cardiovascular conditions and psychological symptoms. Men had more seriously life-threatening health conditions and cardiovascular conditions. No gender differences were found in health conditions with only slight life-threatening risks, total cardiovascular conditions, or self-rated health.

There is overwhelming support both in available research and official statistics that it is more common for older women than older men to present symptoms in general and that incapacitating illnesses increase with age. One consequence of the higher life expectancy of older Swedish women is that they more often live alone than older men.

Many symptoms, disorders and disabilities are found to be more common in older women than men. In some of the longitudinal studies attempts are made to relate gender to risk factors. Dementia can serve as an example.

A higher risk for Alzheimer's disease has been found in subjects with low levels of vitamin B12 and in subjects living alone or without any close social ties. Low diastolic blood pressure is predictive of dementia. Light-to-moderate alcohol consumption in late life may decrease the risk of dementia in very old people (11). Women who developed dementia between ages

79 and 88 years were found to be overweight compared with non-demented women. These associations were not found in men (12). Dementing disorders shorten life especially among women (13). An association between dementia, hypertension and stroke (14) as well as hip fracture has been found in women (15).

Another area worth mentioning is grief, bereavement and loneliness which have been studied among others by Grimby (16, 18) and Holmén (17). Loneliness is common especially among people with impaired cognition. This has been found despite the fact that they were visited by relatives more frequently than subjects with intact cognition. Almost all psychological conditions tended to be more frequent among the women, but the gender differences were significant only for anxiety and concentration. Pessimism and financial worries were more common among women than men. Despite these findings older women seem, according to the statistics and some research data, less likely to commit suicide than older men.

Statistics

From available statistics it can be concluded that overall, the self-reported health of older people aged 65-84 improved from 1980 onwards, more so in men than in women. There is no corresponding reduction in the prevalence of long-term illness. Older women are less mobile than men and it is more common for women to use aids to move about such as sticks, walking frames or wheelchairs. Women report pain to a greater extent than men and this goes for older women too.

Official statistics reveal differences between older men and women with regard to causes of death and mortality rates, incidence, prevalence and trends in infectious diseases, neoplasms, blood diseases and immunity disorders etc. It can be noted that a number of diseases decrease in both women and men aged 45+ e.g. of the circulatory, respiratory and genitourinary systems. Arthritis and arthrosis are more common among older women than older men. Furthermore hip joint replacement is more common among women with the reason for this operation being arthrosis. Statistics are in accordance with the findings in the longitudinal studies, that older women are more likely to suffer from depression and dementia than older men.

Cardiovascular diseases deserve mentioning with regard to gender inequalities. There are gender and age differences in prevalence, prognosis and manifestation of cardiovascular diseases. Because of the gender difference in prognoses, investigation and treatment, special measures need to be applied in the care of female cardiovascular patients. This has been summarized in a number of reviews, e.g. by Swahn (19) and by Schenk-Gustafsson (20).

Worth noticing are the several cohort studies in Sweden the aim of which has been to study mammography service screening and mortality in breast cancer. In the study of organised service mammographic screening in seven Swedish counties, covering approximately 33% of the population of Sweden, it was found that there was a 40-45% reduction in breast carcinoma mortality among women actually screened (21).

Medical consultations

Statistics support the research findings that older women make use of medical consultations than men. There are also indications that women more often abstain from medical care, dental care and medicines because of cost, but evidence has not been found as to whether older women as a result of their worse financial situation, have less access to technical support than older men. There is no support for the hypothesis that older women from ethnic groups and other especially vulnerable older women are at risk of worse medical treatment, but this question should be investigated further since there is a gap in knowledge on the subject.

Medicines

Older women are prescribed more medicines than older men but the patterns of the two sexes differ. While for example antacids, laxatives, vitamin B12 and folic acid and thiazides are prescribed more often for women 45+, insulin and oral drugs used in diabetes, anticoagulants, cardiac glucosides and vasodilators are prescribed more often to men. This reflects the differences in disease pattern between women and men.

Women are prescribed hypnotics, sedatives and antidepressants to a much higher extent than men, and there has been a dramatic increase from 1998 to 2002. While these differences between the two sexes were already observed in Sweden in the 1970-ies, there is still no explanation as to why this is so.

The use of oestrogens by women increased according to sales and prescription figures up to 1998/99. Thereafter there has been a drop probably because of the altered recommendations for use based on new findings on adverse effects following long-term treatment with oestrogens.

A surprising finding is that the average cost per prescribed drug is lower for women than for men. The explanation seems to be that men are prescribed newer and more expensive cardiovascular drugs.

Swedish statistics on the use of medicines should be further developed in order to aid correct interpretation. We have to know why medicines are prescribed and how they are taken. We know from many studies that there is a difference between what people are prescribed and what they actually use. It would therefore be an advantage if Sweden introduced a system for individual registration of drugs prescribed and used and the indications for treatment.

Hospital treatment

Since the 1980-ies the number of hospital beds has decreased considerably in Sweden. The aim has been to treat health problems as much as possible in out-patient care. The number of geriatric wards has diminished and many patients who used to be cared for there 25 years ago are now either living at home or in special residential homes which are not defined as hospitals. It is therefore difficult to make comparisons with other countries where developments may have been different, particularly evident with respect to home care.

There is no indication of discrimination against Swedish women with regard to hospitalisation. More women with dementia than men are treated in hospital, but in most cases this is due to the fact that they are older and also have other diseases. In the age group 75-79 years more men are treated in hospital because of stroke than women. In the age group 80+ the situation is reverse, as in this age group more women than men are taken ill with stroke.

In the age group 65-89 years more men than women are hospitalised because of cancer. In the age group 90+ there is no difference between the two sexes.

More women than men are hospitalised because of hip fracture, which reflects the higher prevalence of osteoporosis in women.

Care at home

In a recent dissertation Ylva Hellström (22) gives evidence that people receiving help with ADL were mostly women, widowed, and living alone, were older, had had more children, a higher number of self-reported diseases and complaints, and were less able to be alone at home by themselves than those without help.

The parliamentary investigation SENIOR 2005 (23) summarises available data supporting the hypothesis that more older women than men are in need of care. Swedish policy is, as mentioned above, that individuals should have the possibility staying in their home as long as they wish. This is true for both sexes. There are homes for patients with dementia and for the

very old, but they are not sufficient to meet needs. Statistics show that more women than men live in these homes. One reason is that the women have survived their husbands, for whom they cared when they were alive. The majority of older men receive care from spouses, whereas older women more often rely on relatives or public elder care.

Family members are an important source of support for both older women and older men. SENIOR 2005 estimates that family members are responsible for at least 60% of the care of older people. Large gender differences have been found when both home help services and the help of relatives were factored in. A greater proportion of men received practical household help than did women.

According to statistics the trend is that family members and other relatives have increased their care of older family members since 1994. An interesting finding is that husbands (65+) take care of their wives twice as much as wives take care of their husbands. This finding, though, has to be confirmed by further studies. Daughters and female relatives show the expected picture, they give help more often than sons and male relatives (3).

Care in institutions

Statistics support the statement that the population in residential care is essentially female, very old, single or widowed.

Healthy life styles

Obesity is more common among older men than older women. Women 50+ smoke less and use less alcohol than men of the same age. These findings, though, cannot be taken as support for the statement that Swedish older women are more aware of healthy lifestyles than older men. Both sexes appear to be aware of the importance of physical exercise and healthy nutrition.

The Department of Domestic Sciences, Uppsala University, paid special attention to the issue of nutrition in *Meals, Eating habits and Nutrient intake among Elderly Women (the ME-NEW project)*. The results indicate that older women still living in their homes seem to manage a sufficient dietary intake despite disability and high age. The reported energy intakes in all groups of women were low, which might be explained by an actual low intake and/or underreporting. In the highest age group small portion sizes could lead to lower intakes of some nutrients, indicating that nutrient density should be given greater consideration. Meal patterns were found to be regular and the distribution of main meals and snacks satisfactory. It has also been shown that many older women are influenced by the prevailing health messages and tried to eat a healthy diet. It was also important to them to enjoy their preferred foods (24,25).

3.2 Education

Our main source for information on older women and education is the extensive *statistics* that Statistics Sweden presents regularly. A brief summary can be found in the booklet *Women and Men in Sweden*, published every two years (26).

In the statistics there are some variations in the choice of age groups. Sometimes age groups are shown by tens i.e. 45-64, 55-64 etc whereas there are other tables where older persons are presented in one group 65-84. The 85+ is almost invisible.

The levels of education are found in the over all statistics to be fairly evenly distributed between the sexes. In the more detailed tables on pre-secondary, secondary and college/university education one can find gender and age, type of household (single, married/cohabitating, with and without children), socio-economic status, foreign background and region of residence. For immigrants in Sweden, born abroad, 16-74 years, data is organized by sex,

age, education and time, but not combined in a way which makes it possible to see the level of education of older immigrant women without a profession.

From the statistics the following conclusions can be drawn:

Older women are not disadvantaged concerning basic reading and writing skills, and age cohorts are increasingly better educated. With respect to further education and the training of adult gainfully employed women, the younger ones get more formal education, while older women get more informal education, which, of course may stand for a number of different things. Older women are at least equal to older men in participating in "Third Age Universities" and similar institutions. According to the yearly statistics of Sweden, older women have less access to computers in their homes than older men, and should therefore be at risk of the digital divide. However, there are computers and access to Internet in all Swedish public libraries. Surveys should be made to see to what extent older women use these facilities.

3.3 Work

Research

Surprisingly few scientific papers on older women and work were found. Several on-going projects in the Department of Social Work and the Swedish Institute for Social Research (SOFI), both at Stockholm University, have a gender approach and deal with working life, women and their incomes/wages. Studies include the effects of the new pension system (27).

Lena Lannerheim (28, 29) has studied women 45+ in a number of working careers. She found that there are differences when it comes to physical strain and psycho-social stress between the trades and professions, but also within each category. The well-being of both women and men was related to the degree to which the work was perceived as stimulating and engaging. Social class and occupation are factors which contribute to different conditions to a body and mind that is growing older. Aging, however, is more of an individual and personal process than a biological one. In this investigation, women as a group reported more stress but also greater engagement in their jobs than men did. The similarities in the answers between women and men in gender neutral occupations were greater than in the gender dominated occupations.

Similar results were obtained by Forssén and Carlstedt (30), who analysed the life stories of twenty women born in the 1910s and 1920s. Women who responded to the demands and needs of others felt confirmation, strength and a sense of meaning, but simultaneously it could hinder them from developing their own interests. Loss of desired responsibility could lead to poor health, in their gainful employment as well as in their unpaid work. To most women in the study, health and ill health were largely determined by constant negotiations over responsibility and power and a continual balancing and reconciliation between the two. The conclusion drawn from this study was that when meeting an older woman in the health care system one should ask: How much have you worked in your life, in which occupation and what kind of work environment.

Gunnarsson (31, 32, 33) has studied the economic and social situation of retired women, who had low incomes during their active years. She summarises her results as follows: In Europe, older women are more likely than older men to be living in poverty, and the difference is directly related to their domestic roles and labour market position during earlier phases of their life course. Despite the well-developed social security system in Sweden, this generalisation applies to its older women. The women studied in this research had been main carers of their children, and had worked part-time or in low-paid jobs. Their formal employment histories are the foundation of their subsequent vulnerable economic situation in older age, for which the Swedish social security system gave insufficient support. Unless the

bases and assumptions of the social security model are changed, there will continue to be many older women who live a life of poverty or near poverty.

At the National Institute of Working Life several studies have been performed on the working conditions of women and men, older and younger and some studies have aimed at looking specifically at women (34). The results show that older women in the labour force are a vulnerable group. They have a higher number of sick days, many cases of early retirement and they are found in occupations where little formal education is needed. They take part in a labour market which sometimes places too high a demand for their physical capacities and with little flexibility in their work. Older women are also often regarded as secondary workers and reserve labour force.

The authors conclude that the attraction of early retirement must be counterbalanced by a work design that suits older people better. Such redesign could range from improved work organisation, such as flexible working hours, to improved opportunities for training in new skills and improved ergonomics at work. Such actions must however be taken at an early stage because rehabilitation after 55-59 will not achieve the expected goal.

The motivation to stay active in the labour market until retirement age varies from individual to individual but health and working conditions remain crucial elements in this decision.

A project based on an inquiry in 2000 of 6,637 men and women age 25-75, launched by researchers at the National Institute of Working Life, deals with the working conditions and attitudes to retirement from the labour market by older people. This has resulted in a first report (35). This confirms that more older women experienced the strains of physically heavy work than older men. Older women also more often found that recent changes at their place of work had been negative. Very few young men or women (11% and 18%) — reported that older people lack flexibility and adequate competence or that they did not want to learn new things. Most negative in this respect were older men (27%) whereas older women were equal to younger workers in terms of positive thinking. About one third of the respondents thought that employers discriminated against older people. This was most keenly felt by the oldest women, 42% of the 65-75 year olds and 35% by the 45-65 year olds. Only 32% of the men in the same age groups believed this was true. Both men and women wanted more part time jobs for older people or jobs that enable older people to deescalate. More older women (62%) than older men (56%) reported missing possibilities to work at a more easygoing tempo. In this research no general opinion emerged that early retirement of older people was due to their deficiencies, but rather to the attitudes of co-workers, employers and bosses, ill-health and the lack of adaptations of the work to the conditions and needs of older people, that were similar for both women and men.

Very few studies validate the impression that mental abilities will regress or deteriorate over the adult period. Application of youth-related criteria may falsely induce the impression of regressive trends, while a more reasonable interpretation is progression.

A general conclusion is that work control may be a fruitful concept in studies of older women's situation in working life and that more research needed.

Statistics

There is a number of statistical series, entrances and tables produced by Statistics Sweden. Most of the statistics are in Swedish and not always easy to translate. The age groups relating to older manpower are usually 45-54 and 55-64 and 65+ without further age group breakdown.

From the statistics it can be concluded that the overall labour market participation rate of older women is lower than of older men. Thus in 2002, 90.2% of all men and 87.0% of women aged 45-54 were active in the labour force. For the age group 55-64 the corresponding figures are 72.2 and 65.5%

For the category married/cohabitating 93.2% of the men and 88.3% of the women aged 45-54 years were in the labour force. For the age group 55-64 the corresponding figures are 74.9 and 66.3%.

The figures for the categories single men and single women show a different picture. Here 79.9% of the men and 80.3% of the single women aged 45-54 are active in the labour force. For the age group 55-64 years the figures are 61.9% and 63.3% respectively. Further studies are needed to explain why the picture is different. A hypothesis is that single men more often have retired because of disease or disability, another that single women are in greater need of an income of their own.

More women than men get unemployment benefits, and when it comes to studies during unemployment more than three times as many women are engaged.

The employment sectors in which older women are concentrated are typically "female" professions. In the 20 most common occupational groups for women are found personal care and related workers (89% women), office clerks (82%), numerical clerks (89%), nursing and midwifery professionals (93%) etc. For men, building and related trade workers are 99% men, while 98% of mechanics and fitters 98% of metal moulders etc., are men. It should be mentioned that statistics give figures for a varied sample of 114 professions/occupations as well as the educational background for women and men working in the age groups 16-64.

While older women in Sweden cannot be said to be underrepresented in professions with a high status, e.g. academics, they are underrepresented in the top professions. The overall percentage of tenured women professors is 11%, varying between 2% and 31% depending on the university in which they work.

Academic employment is presented yearly in detail by Högskoleverket (The National Agency for Higher Education).

The statistics on occupations and salaries are also presented in detail on the internet. It is clear that in the older age groups men do have higher incomes than women overall. Here are evident vast gaps between the salaries of male business professionals and female. Even in professions working in personal care and related work, men have higher salaries than women. The ten most common occupational groups include 43% of all employed women and 34% of all employed men. In nine of these ten occupational groups, women on the average have lower salaries than men.

The statistics support the hypothesis that older women are more likely to work or have been working in part time work than older men and that they are at higher risk of health problems and disability.

Available official statistics do not support the statement that the career development of older women is often restricted by care obligations within their families. On the other hand support for this statement can be found in the background papers for the present Swedish pension system introduced in 2003. This has led to the parliamentary decision that child care gives a right for pension. Furthermore women and men get the same level of basic state pension and pension based on total life income despite the fact that women live longer.

At work, older women are three times as often exposed to sexual harassment as older men. Discrimination is more difficult to assess through available statistics. A more thorough analysis is required to find an answer to this hypothesis.

Statistics support the statement that women are leaving the labour market permanently, earlier than men, but the differences are small. Women more frequently than men, report difficulties in coping with assignments due to age. Women more often than men state that the following changes are needed to enable them to stay in employment until regular retirement age: shorter work hours, a change of time in working hours, changes in physical working conditions, changes in the psychosocial working conditions and a change in the speed at which work is performed.

Women are more affected by long-term unemployment than men at the end of their working life, and this is a growing tendency.

No statistics have been found to support the hypothesis that older women feel less negative about their exit from the labour market than older men, but there are some smaller studies supporting this statement.

There have been two national surveys about how women and men spend their time, one in 1990/91 and one in 2000/01, both ordered by the Government and conducted by Statistics, Sweden. The former was comprised of individuals 20-64 years, the latter 20-84 years. The age group 65-84 years was included following pressure from associations representing older people.

Among the findings it can be noted that women spend more time than men on household work at home; men heat the house, chop wood and do the bulk of repair and maintenance of vehicles as well as other kinds of repair and maintenance. Both men and women take part in the care of grandchildren and care of others but women spend more time on this.

In the public statistics there are data on care given by spouses and family members. However, by using "spouse" as the statistical relevant criterion, no difference is made between husband and wife. There are figures related to daughters.

The Swedish National Board of Health and Welfare published a survey on gender perspectives on health care (2). No significant differences were found between men and women concerning the quality of care, measured as survival, life quality and functional ability.

Women more often reported adverse drug reactions, which might be due to the fact that they are prescribed more drugs than men and that therefore there is a higher risk of interactions between different drugs. Older women complain more often to the governmental agencies about malpractice than men (60% versus 40%).

The National Board of Health and Welfare concludes that more research is needed on gender aspects of care, treatment, medical and social interventions and the consequences of structural changes of the organisation of the care of health and welfare. Clinical trials should always include women representing the age groups for which the medicines are intended. Research and statistics should include follow – up of treatment results and resource allocation.

3.4 Material situation

Research

Little research was found on this issue and most information is based on official statistics. As mentioned above Gunnarsson (31, 32, 33) reported that older women are at risk of poverty leading to means tested benefits. How this risk is distributed amongst the many immigrant groups living in Sweden seems not to have been studied in research.

Statistics

The material situation and its effects on living conditions is one of the main themes of ULF, the *Survey on living conditions*, conducted ever since 1975. It always includes statistics where gender, age groups and marital status are considered. There are a number of socio-economic subgroups, where gender, but not age groups, is usually taken into account.

Thus it is possible to obtain information on total income from employment and business, basic pension and supplementary pension, disability pension and temporary disability pension, savings for retirement etc., etc.

According to ULF older women are poorer than older men and worry more about their personal economic situation than men do. The age group presented is 65-84 years of age which is too large to be a good variable.

There are detailed statistics on immigrants (not born in Sweden or with at least one parent not born in Sweden) with the same indicators as for statistics on native Swedes. The statistics are, however, presented in a way that makes it impossible to find out the situation for older immigrant women as a group, despite the fact that their numbers, ages and marital status are known.

The statement that at least parts of social protection systems (including welfare schemes or invalidity pensions) have negative effects on the material situation of older women cannot be tested without extensive statistical analyses. Statistics are not readily available that can shed light on the statement that widows are an especially vulnerable group within the present framework of the social protection system.

Comparisons between the consumption patterns of older and younger women seem not to have been performed. Mobile telephones are used to a less extent by older women than younger. The same is true for computers, videos and dish washers, while access to a washing machine of one's own shows another picture. Among women 45-64, 81.6% had access to a washing machine of her own in 2001. Among women 65-74, the figure was 70.4% and among the 75-84 year old the figure was 62.9%, that is slightly above the figure for women aged 16-24.

We have no figures on whether older women assess their housing conditions more negatively than older men. Nor do we know anything about financial support given to family members.

3.5 Social integration, participation and other social issues

The hypotheses put forward in this section are to a limited extent answered by *research*. On the other hand there is an abundance of official *statistics* that sheds light on the situation of women and men with regard to social integration, participation and other social issues.

The statement that widowhood is more common among older women than older men can be commented on as follows. The percentage of those married at older ages has risen. In 1950 46% of the 65+ were married. In the years 2000 and 2002 the corresponding figure was 51%. In the age group 80+ 20% were married in 1950, in the year 2000 the corresponding figure was 31% and in 2002 32%. In absolute numbers the number of marriages which had lasted for 50 years or more was 14% in 1960, 18% in 1980, 20% in 1990 and 24% in 2000. The explanations are increased life expectancy, decreased age differences between wives and husbands and the fact that people married earlier 60 years ago. Never before have people in Sweden been married for so long to the same person as today!

It should also be noted that many older people today live as "sambos", cohabitees, without being married. Of course, divorces also occur among older couples. In 1950 the figure was 2%, in the year 2000 it was 10%.

The view that older women are more likely to live alone than older men, is supported by statistics. Among men 45-64 years of age, the figures for the period 1992/93 to 2000/2001 varied between 17.2% and 19.0%. For the age group 65-84, the corresponding figures are 23.8% and 26.8%. For women 45-64 years of age, the figures vary between 17.3% and 18.8%, and for the group 65-84 years, between 51.5% and 53.2%.

Statistics cannot tell whether it is more difficult for older women to find a new partner since "new" older couples usually do not marry. Therefore we cannot answer the question whether older men have a higher probability of having "free-love" relationships than older women. In Sweden there has been little interest in the distinction between "married" and "cohabitating" relationships. "Free-love" or not is not much of an issue, especially not if you have reached a

certain maturity. "Joint taxation" (when it comes to taxed property assets) is probably a hotter issue, something which older persons who are not married and have no children together have certain possibilities to avoid. Additionally if you are not married you may keep your widow's/widower's pension.

The question has been raised whether older single men have a higher probability of remarrying than older single women. The statistics here are not transparent. There are figures on the average age at marriage and we have tables giving the age of the bride and groom but we do not know the numbers of married men and married women at any given age; the same goes for divorced, unmarried and widowed.

The hypothesis "Older women have fewer living relatives than men" might be true, if by relatives is meant relatives of the same age. If children and grandchildren are included the picture is quite different. The longer you live, the greater the chance to have more relatives, if you have children of your own.

Statistics show that among the 75+, 10% live in the same house as or in a neighbouring house with their children. 64% have one child within 15 km from their home, and most live within 1.5 km from a child.

There are detailed statistics on the percentages of women and men aged 45-64, 65-74 and 75-84 having their own families (men > women), having social intercourse with a close relative every week (men < women), having no social intercourse with close relative (men > women), having no social intercourse but with close relatives (men>women), having social intercourse with friends every week (men < women), having social intercourse with neighbours every week (men < women), possessing no close friend (men > women) and having little social intercourse (men > women). (< stands for less than, > more than).

The question has been asked whether the easy access of older women to daily life infrastructure (e.g. shops) has declined as a result of external changes. The health statistics show that that the percentage of disabled women is higher than that of men, but the figures decreased during the period 1980-2000. In 2001 the figures increased again for reasons we do not know. When you are very old, mobility in daily life becomes more difficult. The statistics show that the percentage of older women and men with no car and a distance to bus stop of more than 500 m decreased during the period 1980-2001. That older women more often depend on public means of transportation than older men is probably true since they more seldom own a car. However, there is a trend towards increased motorisation among older women. And no statistics as to what extent older women use the cars formally owned by their husbands.

That grandmothers and grandfathers play an important part in intergenerational relations is indirectly shown by the time utilisation study performed by Statistics Sweden and mentioned earlier. It can be seen from the figures that they spend considerable time looking after their grandchildren. If the dialogue between older and younger women is improving is hard to say, we have not found any data. Nor have we found any support for the hypothesis that the recognition/acknowledgement of the experiences of older women and men is improving.

The available statistics on leisure and cultural activities show that older women were more likely to have gone to the cinema at least once during the last 12 month than older men. More older men, on the other hand, visited sport events at least once during the last 12 months. More older women visited the library at least once during the last 12 months, while older men played musical instruments more often. Older women more often than older men write poems, letters etc or keep a diary. They also read books more often, visit the theatre and participate at divine services.

Engagement in all kinds of associational life is very thoroughly investigated and reported in discussions and detailed statistics with many variables, including age and sex. Some of the engagement in voluntary work can be spotted this way. Women and men are both active, but

not always in the same kinds of organisation. In some, women are more active in others men show a higher rate of activity.

Ageism has been one of the most important questions discussed in *SENIOR 2005*. In chapter 5, ageism in its different forms has been described and in Appendix A, Prof. Lars Andersson presents the work performed on this issue (23). However, no systematic research on the occurrence of various types of ageism was found.

Trossholm (36) has presented a thesis about female pensioners' lives in a class and life course perspective. She showed that despite the fact that old people of today live longer and are much healthier than in the beginning of the 20th century, there is a prevalent misconception of them as being decrepit and needing much more care in their old age than is the case. The picture is often polarized and represents the pensioners as decrepit versus active, a burden versus a resource, or old and wise versus conservative and rigid. In addition, the spectra between those dichotomies are usually illuminated by Trossholm.

Although there are no scientific papers or official statistics on this, there are indications that a number of recently retired men and women miss contacts to their professional life. The organisation Pensionsforum has conducted a number of surveys (interviews with representative samples of Swedes) which show that some miss contacts related to their work place while others do not. A small study conducted by Ohlin and Rinman (37) published by the Swedish Association of Senior Citizens supports this.

The statistics do not include data on older women from ethnic minorities. Research is presently being carried out on this subject at various universities, i.e. in the Department of Social Work, Stockholm University, where Emilia Forssell currently is completing her doctoral thesis on *Informal Care of Elderly Immigrants*. She has based her work on interviews with relatives of older immigrants from a variety of different countries.

Sexuality

Two books have been published about sex and older people based on non-representative interviews with a limited number of women. The authors conclude that older women do have an interest in sexual life but the investigations do not live up to scientific standards. There is also an investigation initiated by the Swedish Board of Public Health (38) based on interviews with a sample of 5,400 persons aged 18-74 years about their sex habits. It includes tables on age at first masturbation, orgasm and intercourse where the following age groups relevant for this study, was 50-65 and 66-74. The survey also describes to what extent couples have had abortions, sexually transmitted diseases, subfertility, asked for help because of fertility problems. It also describes time for menarche, spermarche, frequency of sexual problems, value of sexual life.

3.6 Crime/violence/abuse

The data we have under this heading refer to violence and abuse, not to crime.

Research

There is very little research on violence or abuse (including neglect) against older women and men within families but two studies are worth mentioning. Lundgren et al. (39) asked 10,000 women about their experience of violence. 70% replied. Among women aged 45-49 years and 55-49 years 9% had been exposed to violence during the last year. 44% of the younger of the two groups had been exposed to violence once or several times since they were 15 years old. Of the group 55-49 years the corresponding figure was 36%. The study describes variables like education, profession, income, country of birth, civil status, family situation, abuser etc.

In the area of the city of Umeå in Northern Sweden a study comprised of older people, 65-80 years old – was carried out in order to find out to what extent violence or injustice occurred within close relationships (40). 1,502 questionnaires were sent out and 1,091 replies were obtained. The results showed that 16% of the women and 13% of the men had been exposed to violence or injustice of some kind after 65 years of age. Neglect was most common – 190 women and 130 men/1,000. Harassment and threats came next, 64 women and 82 men/1000 inhabitants. The offender was a partner, child or sometimes persons outside the family. Types of violence can be categorised as physical, psychological, sexual, financial or neglect.

Statistics

According to official statistics older women are less exposed to violence in general in their middle years. There is no difference between women and men aged 45-64 and 65-84. If one looks at the more detailed yearly statistics over the period 1981-2001 there are variations between years but the general picture is that there are not significant differences between older women and men with regard to any threat or violence, any kind of violence causing physical injury, any kind of street violence or threat, any kind of violence or threat within the homes. The figures are also low in comparison with the youngest age group 16-24 years.

Men are more often exposed to threats or harassment from their partner. Women more often exposed to extreme abuse, while every second man has sought help while only one woman out of four has done so.

What stands out is that older women (45-64, 65-74 and 75-84) are much more frightened than others from going outside in the evening for fear of being exposed to violence although they are not the prime targets of violence.

Studies on violence in homes for older people seem to be lacking but we know from case reports that violence can occur both between caretakers and carers and between caretakers.

3.7 Interest representation

Research

There is some research focussed on the participation of women in politics. Thus Oskarson et al. (41) have shown that women participate to a higher extent than men in elections despite the fact that as a group are less interested in politics.

Statistics

There is abundant official statistics on political participation and participation in other interest groups. The statistics comprise the age groups 16-84 but here we only present figures for old age pensioners. Yearly figures exist from 1980-2001.

Politics

From the publication *A healthier elderly population in Sweden* (42) is quoted the following:

“At the last election (2002) 2% of *MPs* were 65 or over (same percentage for men and women), which is a fall of 1% on the previous election. Older people comprise 8% (9% among men and 8% among women) of *county council assemblies*. This is an increase of 2% for both men and women on the previous election. Compared to 1994, the proportion of women has gone up from 2%.

More older people in urban areas and big cities (81% out of a total of 1,020,000) voted than in rest of the country, where about 78% (of a total of 525,000) went to the ballot box.

The over-65s have also increased their representation in *municipal assemblies* in the last two elections. Older women have doubled their representation from 3% to 6%, whilst older men have increased their representation in *municipal assemblies* in the last two elections. Older women have doubled their representation from 3% to 6%, whilst older men have increased theirs from 6% to 11%.

Many more older people than younger citizens vote in *parliamentary general elections*. An average of 81% of those entitled to vote did so in 2002. About 89% of the 65-69 year-olds and 88% of the 70-74 year-olds exercised their right to vote. The proportion dropped somewhat to 73% in the over-75 age group. More men than women voted in the over-65 age group, whilst the opposite is true for the under-65s. Married men and women voted much more than single people. This was particularly true of the over-65s.

High-income earners voted more than low-income earners. The highest percentage (96%) was to be found among those over-65s earning more than about EUR 33,500 a year.

Older people also voted more than their younger counterparts in *county council elections*. In the 65-74 age group 88% voted compared to the average of 77.4%, and 85% of women in the 65-69 age group and 82% in the 70-74 age group cast their votes, compared to an average of 78.4%.

The turn-out for *municipal elections* indicates a similar picture. *Foreign nationals* vote much less than Swedish people; 31% of men and 30% of women voted in *municipal elections* in 2002. About 40% of men in the 65-69 age group and 35% in the 70+ group went to the polls. Among women, 44% of the 65-69 age group and 28% of those over 70 voted. The highest election turn-out was among women aged 45-54.

The biggest disparity is among foreign nationals in different income brackets. Among those over 65 and earning less than EUR 11,150 a year, about 30% voted, whilst 64% of men and 60% of women earning more than EUR 22,300 cast their votes. Men from Chile had the highest election turn-out among older people."

From the official statistics we can conclude that the percentage of older women who neither participate nor listen to political discussions has decreased since 1980. Still in 2001 45.4% of women pensioners and 32.7% of men were according to statistics not interested in politics while 22.2% of the women and 36.4% of the men participate in most cases in political discussions.

The percentage who are active in a political party is very low, 1.6% of older women and 1.2% of the men. The figures for attendance at political party meetings are 5.6% and 6.4% respectively. Older people are more often members of a political party than those in the younger age groups. In 2001 11.4% of the women and 15.2% of the men were found to be members of a political party while the average for the total group 16-84 is 6.7%. Here there are also detailed statistics related to family situation and showing to what extent the various age groups have attended meetings or gatherings with political parties, party members' appreciation of the elected representatives in the local party organisation.

Organisations

Official statistics contain a lot of information on adults working as officials in associations such as non-governmental organisations. The data are linked to family situation, work, income, income and education. The age groups are 16-24, 24-34 up to 84 years and both current levels of participation and trends are presented. The figures show for instance that among women 45-64 years 28% were working as officials in at least one association in the year 2000 but there was a downward trend by 0.6% during the period 1992. For the age group 65-84 years 17% were active with an upward trend by 5.1% during the same period.

In the same survey it was evident that older men more often speak at meetings than women and more men tried to influence decisions.

Membership in pensioners' organisations is by far the most common form of association membership, temperance organisations coming next and thereafter political parties (for those aged 65-84 years).

There are also detailed statistics on membership and activity in local actions groups. Again women generally are less active. There are exceptions, women 25-44 years and 55-65 years are more active than men but have fewer positions of trust.

Among men 55+ it is more common to be a member of and active in a trade union.

Slightly more than 2% of women 55+ are members and active in women's organisations and the percentage is highest amongst those with the highest education.

More older women than men are members in associations of disabled people or patients' organisations.

More women than men are members of pensioners' organisations with the highest figures found for the group with high education. The figures are broken down into a number of sub-groups: holders of positions of trust, other active members, passive members, all members, family situation, socio-economic group, educational level, disposable income and nationality.

The statistics also visualise membership profile of organisations for retired people by sex, family situation etc and living conditions in some fields such as housing, media, recreation, economy, membership in political parties compared to all inhabitants aged 16-84.

4. Conclusions and recommendations

General remarks

How we age is individual. To describe groups of people according to their chronological age is misleading. In the MERI project older women were defined as 50+. But there is a great difference between being 50 years of age or a 100 years old. If chronological age groups are to be used to describe the situation of women and men, five-year intervals should be used.

Statistics sometimes stop at 64, sometimes 74 or 84 years. With regard to the fact that during the 20th century some 25 years have been added to our life time suggest that no upper age limit should be used.

Statistics for both women and men have been included in our reports to the MERI project since a gender perspective must be included when studying the situation of either sex.

As relevant data become available, it is important that categories are combined in such a way that makes it possible to see sex + age + the subject criterion under study. Currently for example, the numbers of immigrants in Sweden and their origins, their age groups and educational backgrounds, are available and by gender as a criterion. But in easily available statistics it is difficult to discover the educational backgrounds of older immigrant women.

Sweden has a remarkable tradition of longitudinal research. It is most important – perhaps the most important of all research issues – that the continuity of these ongoing studies is not broken or threatened.

Research on various aspects of growing old, on the living conditions, health and well-being of older people is going on at many universities and other institutions in Sweden. Usually these studies take both sexes into account and separate women and men as categories. Gender research in the strict sense is less common. It is very important that the knowledge that has been obtained and the results of all the on-going studies are distributed and diffused in ways that will make them useful to the widest possible audience, even if extra resources are required.

Health

Within this area there are both longitudinal studies and abundant statistics which give a good picture of the health situation of women and men. Despite this gender analyses are rarely made.

There are some gaps which summarized here and for which measures should be taken:

- There is a lack of research and statistics on health and the health care of older immigrant women and men.
- Despite the fact that there is much data on prescribed medicines, there is a lack of follow-up of as what extent the medicines are actually used and the outcome of the medication.

There is therefore a need to introduce a national registration of medication on an individual basis. This register should include the identity no. of the patient, drugs used, amounts, dosages and indications and be protected by secrecy legislation.

- Since Sweden offers very good facilities for epidemiological research and its patient registers are not used to their full extent for research it would be an advantage to make them accessible also for foreign scientists. One way to make that possible would be to establish an International/European Institute for Register-based Research (IIRR/EIRR). By means of this it would be possible to evaluate the therapeutic effects, risks and cost/effectiveness of various treatments used in care, in this case care of older people.

That such data are missing is obvious from the Systematic compilation of existing scientific literature in *Geriatric Care and Treatment* that the Swedish Council on Technology Assessment in Health care published in 2003 (43). Here it is stated that there is a need for evaluation in the care of older people regarding the following: Cognitive disorders, drug treatment, stroke, infections, skin ulcers, geriatric rehabilitation, chronic obstructive pulmonary disease and depression. Furthermore there is a need for clinical treatment research in care of older people for: Palliative care, confusion/delirium, chronic pain, malnutrition, emergency geriatric care, Parkinson's disease, high blood pressure, urinary incontinence, heart failure and osteoporosis.

The Swedish National Board of Health and Welfare (3) would like to see initiatives taken regarding the following:

- There is a need for knowledge and research about women and men within the social welfare sector.
- There is a need for gender differentiated statistics on work and resources so that the distribution of resources between men and women can be followed. Individually based statistics would increase these possibilities considerably.

Education

There are extensive statistics on the educational level of older women and men. There is some lack of data for the 65+ and statistics should be presented in five year age groups.

One important gap is our scarce knowledge of how older women use computers and have access to Internet. Which are the obstacles that prevent women from using these facilities?

Work

More research is needed on how the work environment and family situation influence women and their ability to continue to work up to regular retirement age.

Research is also needed to show what value older women's and men's work represent in terms of life experience, knowledge and monetary value. Conditions relating to the exit from

the labour market is another topic where further investigations are needed. i.e. to what extent does the loss of work constitute a loss of life quality?

The voluntary work undertaken by older women and men should be analysed in further detail and be valued also in monetary terms. Gender aspects should be taken into account. Of special importance is to initiate research on old people's relation to children and young people, not least grandparents' relation to grandchildren and the support given to their parents.

Statistics should include also those aged 65+.

Material situation

Statistics should be split into five-year subgroups. Both research and statistics on the situation of immigrants is needed.

Housing conditions and how they are assessed is another area for which information is needed. This is true also for the financial support given to family members.

What criteria should be used to give a valid picture of the material situation of older women should be a matter for discussion. The objects used in measuring the living conditions in Sweden might reflect ideas of what should constitute material wealth/standards held by a younger generations of men. A woman of a certain age, who lives in a small household of one/two persons and is used to washing up after each meal, may not find owning a dishwasher very important. A study of what older people/women value and find important when it comes to their material situation would be useful.

Ageism is an area in which very little research has been conducted. We base much of our opinion on case reports. Therefore research in this area should be promoted.

Far too little is known about the situation of immigrants. Research is going on and more studies are certainly needed.

Very little is known about sexuality in old age. We actually do not know whether women's sexual ability and desire vanishes after the menopause and whether older women have more difficulties in finding a new partner and how they feel about that. Studies should be initiated in order to obtain a basis for help that older women and men may need.

Violence and abuse

Statistics are available for violence and abuse that older women and men have met outside their homes. Far too little is known about abuse occurring in close relations and in homes for older people. Here research is needed.

Interest representation

There are statistics at to the extent older women and men participate in politics and in interest organisations. The gaps in knowledge are mainly on the reasons why the percentage of older women and men in parliament etc is so low. Research should be initiated in order to shed light on this question.

Final remark

Research on old age and older persons whether related to health and care or in the in the various social sciences appears to be a dynamic field engaging individual researchers as well as research groups. New results and new projects are constantly being presented. As has been pointed out, sex and gender are nowadays usually (but not always) taken into account and included in analyses. Some university departments and research groups have

very informative, sometimes professionally managed and updated web-sites with good English versions. In other cases it takes experience, great determination and a good command of the Swedish language to find the information one wants, if one gets it at all. Since web-sites in Swedish with little or no information in English are of little value to people who do not speak Swedish, these are not listed in the source section below. In addition there are no references to personal web-pages of individual researchers. Thus the listed resources do not give the full picture of research in Sweden on older women. What is published as books or articles in official and scientific series and journals is fairly easy to find, at least for other researchers. Descriptions of on-going research may (sometimes) be found by penetrating the websites of the various Swedish universities and university colleges.

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Statistics Sweden

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- Statistics Sweden. Tidsanvändningsundersökningen år 2000/01. (Time use study in 2000/01). www.scb.se/templates/Product___12223.asp,
www.scb.se/templates/publodb/publikation___2725.asp&plopnr=1247
- Work Environment Surveys. www.scb.se/templates/Product___21021.asp (English)
www.scb.se/templates/Product___21007.asp

Labour Force Survey (LFS) www.scb.se/templates/Product____23276.asp (English)
www.scb.se/templates/Product____23262.asp
Statistics Sweden. Women and Men in Sweden. Facts and figures. 1990, 1992 ... 2004
Gender statistics: www.scb.se/templates/Product____12237.asp,
www.scb.se/templates/publodb/publikation____2725.asp&plopnr=1738 (2004) (Also in English)

National Board of Health and Welfare

National Board of Health and Welfare. Statistics www.sos.se/sos/stat.htm
www.sos.se/sose/sos/omsos/statist.htm
National Board of Health and Welfare. Yearbooks on Health and Medical Care. 2000, 2001, 2002. www.sos.se/mars/ndbflik.htm.
Cause-of-death Register www.sos.se/epc/DORS/DODSREG.htm,
www.sos.se/epc/english/dorseng.htm (English)
Cancer register. www.sos.se/epc/cancer/introcan.htm,
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Cancer-environment register. www.sos.se/epc
Hospital discharge register www.sos.se/epc/par/index.htm
www.sos.se/epc/english/ParEng.htm (English)
Myocardial infarction register. www.sos.se/epc/hjartreg/info.htm
www.sos.se/epc/english/summary.htm (English)
Register of injuries. www.sos.se/epc/par/skador.htm
www.sos.se/epc/english/injuryeng.htm (English)
European Home and Leisure Injury Surveillance System, EHLASSS.
www.sos.se/epc/english/ehlasseng.htm (English)
Social database. www.sos.se, www.sos.se/sosmenye.htm,
www.sos.se/sos/omsos/enheter/sarsbok.htm
Hur mår Sverige? /How are you Sweden?/ www.sos.se/epc/fs/index/htm,192.137.163.40/EPCFS
National Board of Health and Welfare. Framtidens anhörigomsorg – Kommer de anhöriga vilja, kunna, orka ställa upp för de äldre i framtiden? (Families/relatives and care of older people in the future) www.sos.se.

Other sources for statistics

Adverse drug reaction register www.mpa.se/index.shtml
Swedish statistics on medicines www.apoteket.se
CAN (Swedish Council for Information on Alcohol and Other Drugs). www.can.se
Information system on accidents at work (ISA). Arbetsmiljöverket./ Swedish Work Environment Authority (SWEA)/ www.av.se/statistik/showtype.asp?typeid=1
www.av.se/statistik/eng/default.asp (English)
Statistics on traffic accidents. The Swedish Institute for Transport and Communications Analysis, SIKA, www.sika-institute.se/statistik_fr.html
Olyckor i Sverige. /Accidents in Sweden / 2002. Räddningsverket /The Swedish Rescue Services Agency/ Karlstad. ISBN 91-7253-173-8.
www.srv.se/funktioner/frameset/default.asp?om_id=73
www.srv.se/funktioner/frameset/default.asp?om_id=41
Äldres skador i Sverige 1987-2001 /Accidents among elderly in Sweden/ Räddningsverket. Karlstad. ISBN 91-7253-203-3. www.srv.se/funktioner/publish/doklager/dok168-26.pdf

Nilsson, L. Våld mot kvinnor i nära relationer /Abuse of women in close relations/. The National Council for Crime Prevention (Brottsförebyggande rådet, BRÅ), Report 2002:14. ISSN 1100-6676. ISBN 91-38-31969-1. www.bra.se, www.bra.se/web/english/ (English)

Högskoleverket / The National Agency for Higher Education/
www.hsv.se/sv/iwt/startpage/startpage.jsp?home=location

Swedish Social Science Data Service, SSD, www.ssd.gu.se/eng.html

Statistics in parliamentary investigations

Jämställd vård (Equal care). SOU 1996:133. ISBN 91-38-20375-8. ISSN 0375-250X.

Hälften vore nog – om kvinnor och män på 90-talets arbetsmarknad (Half would be enough – about women and men in the labour market of the 90ies). SOU 1996:56. ISBN 91-38-20242-5. ISSN 0375-250X.

Om makt och kön i spåren av offentliga organisationers omvandling (About power and sex during reorganisation of public institutions). SOU 1997:83. ISBN 91-38-20619-6, ISSN 0375-250X.

Ty makten är din ... (Because the power is yours ...) SOU 1998:6. ISBN 91-38-20804-0. ISSN 0375-250X.

5.3 Some additional addresses for research and research groups in Sweden

Swedish Twin Register. www.mep.ki.se/twinreg/index_en.html (English)

Aging Research Center (ARC), Stockholm, www.neurotec.ki.se/doge/arc

Stockholm Gerontology Research Center, Äldrecentrum, www.aldrecentrum.se/english.html

The Swedish National study on Ageing and Care (SNAC), www.aldrecentrum.se/snack

Centre for Health Equity Studies, Stockholm, www.chess.su.se/index.php

School of Health Sciences, Jönköping, Inst. of Gerontology
mars.hhj.hj.se/hhj%5Fsql/default.asp?V_DOC_ID=831

The Octo Twin Project mars.hhj.hj.se/hhj%5Fsql/default.asp?V_DOC_ID=832 Homepage
www.cdhg.psu.edu/octotwin/index.html

Gender Project Publications, mars.hhj.hj.se/hhj%5Fsql/default.asp?V_LANG_ID=2&RND=16

The NONA Study, Publications and Presentations,
mars.hhj.hj.se/hhj%5Fsql/default.asp?V_DOC_ID=835

Division of Geriatric Epidemiology, Karolinska Institutet (KI)
www.neurotec.ki.se/doge/index.html

The Department of Primary Health Care, Göteborg. www.host.gu.se/allmed

The Social Gerontology Group, Uppsala, www.soc.uu.se/research/gerontology

Department of Domestic Sciences, Uppsala, www.ihv.uu.se/publ.htm

The Institute for the Study of Ageing and Later Life (ISAL, Tema Äldre och Åldrande),
Linköping, infoweb.unit.liu.se/ituf/tema_ae/startpage

The Aged and the Economy, Departments of Economics and Economic History and School
of Social Work, Lund, www.ekh.lu.se/forskning/alldreprogram/Aldreeng.htm

Division of Geriatric Medicine, Lund www.smi.mas.lu.se/ger/forskning/research.eng.html

The Betula Project, Umeå, www.psy.umu.se/memory/Betula.html

The Swedish Institute for Social Research (SOFI), Stockholm, www.sofi.su.se/indexe.htm

The Department of Social Work, Stockholm,
www.socarb.su.se/forskningsavdelningen/forskpublikat.htm