

# LIVING CONDITIONS OF WOMEN 50+ IN THE NETHERLANDS

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## *1. Introduction*

### Research on aging in the Netherlands

In the second half of the 1980s Netherlands Programme for Research on Aging steering committee (Nederlands Stimuleringsprogramma Ouderenonderzoek) NESTOR was installed by the Ministry of Welfare, Health and Cultural Affairs and by the Ministry of Education and Science. The NESTOR steering committee developed a national plan for research on aging. From the early 1990s onwards research on aging increased considerably through the NESTOR programme. Most universities in the Netherlands developed their own specific research lines on aging issues. For instance: the Free University (Amsterdam) started the (multidisciplinary) Longitudinal Aging Study Amsterdam (LASA), a study on autonomy and well-being of older people. The University of Groningen, Department of Health Studies started the Groningen Longitudinal Study on Aging (GLAS). The University of Maastricht, Department of Neuro-psychology and Biopsychology started a research programme on medical and biological aspects of aging (MAAS). The Catholic University of Nijmegen designed a programme to investigate the changes in the organisation of personal meaning systems (PMS) during the second half of the adult life span. The Erasmus University Rotterdam, Institute of Medical Technology Assessment developed a research programme on the economics of care for older people.

### Advice on the position of older women

In 1993, the European Year of Older People and Solidarity between Generations, the European Commission (Directorate General V, Employment, Industrial relations and Social Affairs) commissioned the Dane Age Association, a Danish research institute, to conduct a study on the social and economic position of older women in the (twelve) EC Member States. Researchers in each Member State were invited to write a report on the social position of older women in their country. The Dutch report was based to a large extent on the earlier re-

port *Undesirable Differences, Advice on the Position of Older Women, Now and in the Future* (1989) conducted by the Provisional Council of Policies on Older People (Ongewenste verschillen, Advies over de Positie van Oudere Vrouwen, Nu en Straks, Voorlopige Raad voor het Ouderenbeleid). This report and the Dutch contribution to the European study on the social and economic position of older women both stressed that in the Netherlands so far very little attention had been paid to the issue of 'older women and their social position'. Also, very little data were available on the living conditions of older women and no research had been conducted so far to analyse the factors that contribute to older women's social position in the context of demographic, social and economic changes. Not surprisingly, both the report of the Provisional Council of Policies on Older People and the Dutch study commissioned by the EC concluded that priority should be given to research in order to gain insight into themes such as older women and unpaid work/voluntary work, older women's incomes, pensions, paid work, health and social services, the availability of informal help. This research should take into account the different living conditions of older women and older men in the context of an aging society, in other words a 'gender perspective' was needed.

The need for more knowledge and insight into the aging process from a gender perspective was further supported by the National Platform Women 50+, a platform consisting of 50+ representatives from eleven women's, older people- and singles' organisations. This platform was funded by the Ministry of Welfare, Health and Cultural Affairs until 1994.

In 1995 the Emancipation Council (Emancipatieraad) a body which advises the Dutch government on emancipation policy presented their official Advice "Older women, gender matters" (Oudere vrouwen, sekse telt). The Council recommended that policy on older people should explicitly take into account the different situation of older men and women. A systematic analysis of the characteristics of the target group from a gender perspective is needed in order to be able to understand the different consequences and integrate these into policy. Furthermore, the Council stressed the need to evaluate policy measures in a systematic way and assess the possibly negative effects these may have on older women. Lastly the Council advised to actively encourage the participation of older women in decision making bodies and committees (up to 50%).

### Women's studies

Besides research on aging, which, as we have seen, increased considerably in the Netherlands in the course of the 1990s, there is also a strong tradition of research on the mechanism of gender as a structuring principle of social order. Nine research groups from several universities co-operate within the Netherlands Research School of Women's studies, NOV (Nederlandse Onderzoeksschool Vrouwenstudies). Central research questions of the NOV programme are:

Through which processes does gender operate as a structuring principle at various levels of human society – from identity and social organisation to symbolic representation and social structure – and how can these processes be explained? How does gender analysis affect common mainstream research methods and bases of knowledge?

The NOV programme aims to link these questions directly to socially relevant issues and attempts to influence the construction and organisation of gender in social practices and cultural representations. The programme consists of two research lines on:

- Identity, Representation and Embodiment.
- Policy, Politics and Organisation.

The major focus of the second research line is on how gender structures the major aspects of women's life conditions: work and care, health and medicine, politics and policy, and affects women's quality of life.

## Objectives of the MERI project

Did this boost in research on aging in the Netherlands in the early 1990s also lead to more research from a gender perspective? Did the Advice of the Emancipation Council and the development of women's studies in the Netherlands lead to a focus on "age and gender" in the NOV research programme? In other words: What is, after a decade of research on aging the state of the art? What do we know of the living conditions of older women in the Netherlands and what knowledge gaps can be identified? MERI, a European Network, aims to find an answer to these questions. The MERI project is a mapping exercise of existing research, in order to identify knowledge gaps concerning the living conditions of older women in (twelve) Member States. This article summarises the main findings in the Netherlands. In chapter 2 the methodological proceedings will be discussed. In chapter 3 an overview is presented of the main findings in the Dutch studies under analysis, following the MERI-themes: Health, functional abilities and services, Education, Work, Material situation, Social integration, participation and other social issues, Violence and abuse, Interest representation. Chapter 4 summarizes the research needs to cover knowledge gaps concerning living conditions of older women in the Netherlands.

## *2. Methodological proceedings*

### 2.1 The search procedure

The search for studies concerning the living situation of older women in the Netherlands started with a systematic search in the (on line) catalogues of libraries and research data bases by the NIZW (Netherlands Institute for Care and Welfare) Documentation Centre (for a list of institutes, their databases and websites, see References). Major sources are the Central Library (on line catalogue PiCarta), Netherlands Institute for Scientific Information Services NIWI), which is connected to the Dutch Research database (Nederlandse onderzoeks databank, NOD) and IIAV, the International Information centre and Archives for the Women's Movement (linked to NOD).

Search terms chosen were: older women, women and age or age and women, age and sex, growing older. The search term "older women" produced very few hits, whereas women and age or age and women were more successful. The search term "older people" was not used. This term would have resulted in thousands of hits. In addition to these (research) databases on line searches were undertaken within websites of universities involved in research on aging programmes. Although this produced few hits, it might be the case that relevant data on older women have been hidden in broader studies on older people or in studies on specific themes, for instance divorce in later life. Therefore the findings presented in this article can by no means be complete.

### Search criteria

In order to make a selection the MERI Consortium had agreed on the following inclusion criteria:

- The studies related to empirical research, no literature studies, a theoretical approach or so-called "grey literature" (like reports from NGOs).
- The publication date was between 1993 and 2003.
- The studies concerned the living situation of older women (not older people in general or merely comparing numbers and figures of older women with older men).
- The studies had to relate to the themes identified by the MERI-Consortium: health, functional ability and services, education, work, material situation, social integration, participation and other social issues, violence and abuse, representation of interests.

- Older women are defined as women aged 50 and over<sup>1</sup>.

## 2.2 Studies under analysis

### Research on aging

One of the main sources for research data on older people in the Netherlands is the Social and Cultural Planning Office (SCP). The SCP is a government agency that conducts independent scientific research. It covers all areas of government policy as far as social aspects are involved. The main fields studied are health, welfare, social security, labour market and education, and especially the interfaces between these different social fields. Its reports are widely used by the government, civil servants, local authorities and academic circles. The SCP produces publications on living conditions of Dutch people (Social and Cultural Reports), on special categories of the population (i.e. Disabled, Older People, Minorities, Youth) and on various other subjects. Every four years (starting in 1992) the SCP publishes a wide-ranging Report on Older People and every two years a report that focuses on a specific theme. The most recent wide-ranging report was *The Report on Older People 2001* (an English version can be downloaded free of charge from the Internet). This report provides a systematic description of the living conditions and social position of older people. It also pays attention to the use older people make of various provisions. In addition the report maps out the trends over time. If data are available a comparison is made between older men and older women concerning issues like participation, education, labour market, financial position. The most recent reports with a specific theme were published in the spring of 2004 and focus on the theme housing and care the *Report on Older People, 2004: care and housing for vulnerable older people* and on older ethnic minority people in the Netherlands, *Key Figures Older Ethnic Minority People*. The publication of these reports came too late to incorporate the main findings in the MERI interim reports on research data and statistics. However, some findings have been used in this article.

### Women's Studies

The major source for research in the field of Women's Studies is Netherlands Research School of Women's Studies (Nederlandse Onderzoeksschool Vrouwenstudies, NOV). The NOV involves: Women's Studies in the Arts (Utrecht), Women's Studies in Social Sciences (Utrecht), Belle van Zuylen Institute (Amsterdam), Centre for Women's Studies (Nijmegen), Women's Studies in Social Sciences (Tilburg), Joke Smit Institute (Leiden), Centre for Gender and Diversity (Maastricht), Gender studies (Amsterdam, Vrije Universiteit), Woman and Health (University for Humanist Studies).

Another major source is IIAV, the International Information Centre and Archives for the Women's Movement. The IIAV is linked to the database Research Women's Studies (DOV) as well as to the Netherlands Research School of Women's Studies (NOV).

## 2.3 Statistics under analysis

The SCP uses a lot of surveys of the Dutch population and sometimes also of the population of other countries. Their most important data supplier is Statistics Netherlands (CBS), the main (official) source for statistics in the Netherlands.

Statistics Netherlands is responsible for collecting, processing and publishing statistics to be used in practice, by policymakers and for scientific research. In addition to its responsibility for (official) national statistics, Statistics Netherlands also has the task of producing Euro-

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1 The majority of studies in the Netherlands define older people, including older women as persons aged 55 and over.

pean (community) statistics. The information Statistics Netherlands publishes incorporates a multitude of societal aspects, from macro-economic indicators such as economic growth and consumer prices, to the incomes of individual people and households. Statistics Netherlands' statistical programmes (the long-term statistical programme and the annual activity programme) are set by the Central Commission for Statistics. This is an independent commission that monitors the independence, impartiality, relevance, quality and continuity of the statistical programme<sup>2</sup>. A great deal of statistics is available (for free) on the internet database *Statline*. Statistics Netherlands also has an electronic newsletter *Webmagazine* on the CBS website with recent articles and short messages about issues relevant in society and a section called *Figures* (Cijfers) with key figures of a large number of economic and social-economic issues.

Through the Scientific Statistical Agency, Statistics Netherlands supplies the scientific world with a number of surveys on persons and households. This intermediary institute acts as a go-between for (academic) researchers and Statistics Netherlands.<sup>3</sup>

The aforementioned SCP *Report on Older People 2001* is also a major source for statistics. For this report a large number of databases are being used by the SCP. For describing the living situation of older people living independently, data were drawn from large-scale population surveys such as the Amenities and services Utilisation Survey (AVO), the Time Use Survey (TBO), the Cultural Changes in the Netherlands survey (CV) and the Use of New Communications Aids Survey (GNC), all compiled by the Office (SCP), as well as the Labour Force Survey (EBB), the Survey of the Elderly (EBB-Elderly), the Permanent Quality of Life Survey (POLS), the Housing Demand Survey (WBO), the Income Panel Survey (IPO), the Socio-economic Panel Survey (SEP), the Household Expenditure Survey (BO) and the Population Statistics produced by Statistics Netherlands. Generally these surveys gather data from a sample of the entire Dutch population (from a certain age upwards), thus allowing the data for older people to be compared with those for younger adults (usually 35-54 year-olds).

Data from the LASA study (Longitudinal Aging Study Amsterdam) compiled by Vrije Universiteit Amsterdam were used for the topics health and mobility.<sup>4</sup> Data from the LASA study have also been used for the SCP *Report on Older People 2004: care and housing for vulnerable older people*. Data from the Social Position and the Use of Provisions by Ethnic Minorities survey 1998 (SPVA '98), published by the Institute for Sociological and Economic Research (ISEO) and SCP were used for the description of the position of older members of ethnic minorities.<sup>5</sup> Data on older residents of institutions and sheltered housing were drawn from two surveys: the older people in institutions survey (OH2000), which looks at older people in residential homes and nursing homes, and the OH-wozoco2000 survey, which surveys older people living in housing-care complexes and sheltered housing.<sup>6</sup>

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2 On 3 January 2004, Statistics Netherlands became an autonomous agency. There is no longer a hierarchical relationship between the Minister of Economic Affairs and the organisation.

3 Data from Statistics Netherlands are secured from disclosure by leaving out regional variables, minority group indicators and other identifying characteristics.

4 The LASA study surveyed a group of older people (65-85 year-olds) on three different occasions on a variety of aspects, including their health and lifestyle. The first two measurements (1992/93 and 1995/96) were used for the SCP Report on Older People 2001.

5 This is a periodic survey carried out among Turks, Moroccans, Surinamese people and Antilleans.

6 Both surveys were conducted by SCP.

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

The structure of the population in the Netherlands will be changing rapidly in years to come. Between 2000 and 2050 the number of people aged 55 and over will increase from 23% to 35%. In January 2003 people aged 55 and over in the Netherlands numbered four million, living in 2.5 million households. More than 50% of these 55-plus people are women. From the age of 65 onwards the share of women exceeds that of men. These differences increase with age. Over one million Dutch people are 75 years of age and over, whereas 540,000 persons belong to the category "oldest old" (80 and over) 69% of which are women (SCP, *Report on Older People 2004: care and housing for vulnerable older people*).

Statistics Netherlands provides key figures of persons with a foreign background and of the population by age and origin. In the years to come the number of people with a foreign background will increase considerably. In 2003 the number of so-called "ethnic minority people" from non Western countries (Turkey, Morocco, Antilles, Surinam) aged 55 and over was 116,445 and 380,000 from Western countries. Statistics Netherlands expects these numbers to be twice or three times higher among people from non Western countries. This increase is expected to be largest amongst Surinamese and Antilleans (Forum, 2004). The number of older ethnic minority women and men differs from the distribution among the population as a whole as well as between the different groups. For instance amongst Surinamese and Antilleans the number of men aged 55-64 years is remarkably low. This is due to the overrepresentation of women in this cohort of first generation migrants. Also more men than women have returned to Surinam. Amongst Moroccans and to a lesser degree Turks it is the opposite: older men outnumber older women. This is because many Moroccan and Turk men have much younger wives, who did not join their husbands but stayed in the countries of origin: Morocco or Turkey.

#### 3.1 Health, functional ability and services

Health is an important topic. About 30% of the identified Dutch studies on older women (n = 161), consider health aspects. Important topics are healthy lifestyles, self care, prevention and physical as well as mental disorders and disabilities. The majority of studies that were found for the MERI-project, focus on differences between older women and men, some studies focus on older women in general or on specific groups of older women.

The main source for health statistics is Statistics Netherlands (CBS). Each year Statistics Netherlands publishes health statistics of the entire Dutch population, the so-called *Vademecum Gezondheidsstatistiek Nederland*. The 2003 *Vademecum* presents data on birth rates, aspects of health and disease of the Dutch population, mortality, medical consumption and health care, diagnoses in the cure sector and for the first time: medical decisions pertaining to the process of death and dying. Statistical data are broken down either by age or gender. Data in the chapter on health in the *SCP Report on Older People 2001* are to a large extent based on the *Vademecum Health Statistics*.

#### General health aspects

The *SCP Report on Older People 2001* concludes that a minority of older people in the Netherlands have to deal with psychological problems, severe chronic disorders and permanent severe cognitive or physical impairments. However, older women have far more and far more frequent health problems than older men (these male-female differences also occur among the younger population). A majority of those aged 80 and over (both men and women) have relatively serious health problems.

Statistics Netherlands provides data on the life expectancy, number of years without physical impairments and number of years in perceived good health of the Dutch population, by gender. According to these data (2001) the life expectancy of men is 75 years, that of women almost 81 years. Most of these years will be spent in perceived good health. Women spend an average of 50.8 years without physical impairments and 60.2 years in perceived good health, whereas for men these figures are 54.8 and 60.5 (SCP 2001). With regard to the almost 19 years of life that 65 year-old women may expect (on average), impairments occur in more than fourteen of them, for men aged 65 this is the case for almost ten of the expected fifteen years of life. So far, there is no explanation for this remarkable difference between the sexes.

The Longitudinal Aging Study Amsterdam (LASA) studied gender differences in health profiles, and examined which health profiles result in gender differences in remaining life expectancy in women and men aged 65 and over in the Netherlands. Data from the first two cycles of the Longitudinal Aging Study Amsterdam ( $n = 2141$  and  $1659$ , respectively) were used to calculate health profiles for individuals of 65-85 years. For both women and men, six profiles were found: I. cancer; II. 'other' chronic diseases; III. cognitive impairment; IV. frailty or multimorbidity; V. cardiovascular diseases; and VI. good health. The further characterisation of these types showed some gender differences. Remaining life expectancy for women was greater than for men in each health profile. A further decomposition into health expectancies showed that both women and men could expect to live about 5 years in good health from age 66. The greatest gender differences in years spent with health problems were found for profile IV and for profile III. Their greater number of years spent in these health states have direct consequences for the type and cost of care women need (Deeg et al. 2002).

In another LASA-study Deeg and Kriegsman addressed the question how the relation between self-rated health (SRH) and mortality differs between the sexes using baseline and mortality data from the Longitudinal Aging Study Amsterdam ( $N = 1917$ , initial ages 55-85 years). They found that after three years, 12% of the men and 7% of the women had died; after seven and a half years, these percentages were 27 and 15, respectively (Deeg & Kriegsman 2003).

#### Healthy lifestyles, self-care, prevention

Healthy lifestyles, prevention and self care are well-researched topics. Knowledge of problems can prevent the onset of new complaints and accidents. A healthy lifestyle generates health benefits – the earlier it is begun the better – and does so even at a greater age. A general study focuses on the development, monitoring and evaluation of a programme 'Healthy living'. Special attention is being paid to diversity, empowerment and the art of living and determinants based on sex, class, ethnicity and age differences. Few studies focus on older women in general or specific groups of older women. One study was found questioning whether physical activities (sport) are healthy for older women. A descriptive study on a prevention programme aims to help improve the self image of older women and their way of coping with negative stereotyping. A third study focuses on improving longevity and promoting healthy aging of older women who are mentally disabled.

#### Functional ability

Research on physical impairments shows that old age in Western countries is characterised by the onset of chronic degenerative illnesses which give rise to physical and psychological impairments in great old age (SCP 2001). In the past, the SCP compiled forecasts of the future number of persons aged 65 and over who will suffer from physical impairments. It is to be expected that the increase in the proportion of the very old and of single women in the older population will boost this number further. The increase in the education level of older people tends to have a reducing effect, but the combined effect of these factors however

produces an increase in the number of older people with severe physical impairments to around 210,000 persons in the period 1995-2015, equivalent to an annual increase of 1.1% (SCP 2001).

The majority of studies on functional ability that were found, focus on physical or cognitive disorders of older people in general. Epidemiological studies on physical disorders of older women in general or specific groups of older women mainly focus on 'younger' women aged 50-70 years and issues such as:

- The efficacy of mammography screening for breast-cancer in older women (it was found that mortality can be reduced by systematic mammography screening of women aged 50-70).
- A study on oestrogen and cardiovascular disease in postmenopausal women.
- A study on patterns of physical activity amongst women aged 50-70 and in what way this is linked to the risk of heart and coronary diseases.

Few studies were found that focus on the differences between older women and men or gender specific determinants of functional limitations and impairments (for instance sight and hearing). One study concludes that differences in functional limitations and impairments are unfavourable to older women and stresses the need for gender-specific registration and classification systems in health care. Another study compared income differences in the course of disability, non-mortality attrition and mortality in older adults. A sample population of 3,107 older adults who participated in the 1992/1993 baseline of the Longitudinal Aging Study Amsterdam (LASA) was examined regarding changes in functional disability in 1998/1999. Social-economic status (SES) was indicated by household income. It was found that income inequality in relation to health later in life is to a large degree explained by the higher incidence of disability among lower-status women and by the higher attrition and mortality risks among lower-status men (Broese van Groenou et al. 2003).

Results from the second measurement in the LASA survey show that joint disorders and strokes are the main causes of physical impairments. Suffering from more than one chronic illness has dramatic consequences for a person's physical functioning in daily life (Deeg et al., 2000). Risk factors such as chronic illness, great age, female gender, living alone, low socio-economic status have a major impact on the disablement process. Older single women with a low income, low education and physical impairments are the category of older people most in need of care (this also applies for older men with the same characteristics).

Psychological problems affect a fairly large percentage of older people. The source of which may lie in the past, but experiences from later life can also be responsible. Loss of a partner, loss of their own health or of social contact frequently lead to depression, anxiety or cognitive disorders. The *SCP Report on Older People 2001* presents information on the prevalence of these three psychological disorders among 55-85 year-olds in the Netherlands, by age category (ten year age groups) and sex, 1992/93 (in percentages), in a period of six months and in a period of one week (Source: VU, LASA '92/'93). The figures appear to be somewhat dated, but no more recent epidemiological figures are available. It was found that older women suffer from anxiety, depression and cognitive disorders more often than older men. Why this is so, we do not know. Older women may be at risk more than older men, because they more often have low incomes, experienced traumatic life events like divorce, losing a partner or have severe health problems. Women, persons with a low education level and with extreme negative war experiences are more vulnerable and at risk to suffer from anxiety disorders.

It is estimated that about 6.5% of the Dutch population aged 65 and over suffers from dementia. This number increases with age. People suffering from other disorders like Down syndrome, Parkinson disease, high blood pressure, with diabetes, people who smoke have a higher risk for dementia. Three in every ten persons with dementia is a man, but these figures are misleading because on average women live longer than men. Women suffering from dementia also live longer than their male counterparts.

In the Netherlands we know next to nothing about ethnic minority people with dementia. There are no data on this subject, but it is to be expected that their numbers will increase in the next decade.

A very recent study (also a result from the Longitudinal Aging Study Amsterdam) examined gender differences in level of cognitive functioning. Although cognitive functioning is frequently observed, little is known about gender differences in rate of decline of cognitive functioning. This study aims to describe variability between and within men and women specified for four different cognitive abilities at baseline, and variability in change in these abilities among men and women over six years. At the start the study sample consisted of 1,132 men and 1,175 women, with a measurement interval of three years. At wave three of the study, 1,552 of the respondents from wave one were still present. Differences in level and rate of change were estimated with latent change models. Results: Women have higher levels of memory functioning than men, but no gender differences were observed for speed or non-verbal reasoning changes. Conclusion: in spite of evidence for a stronger age-related atrophy of the brain structure of men, no gender differences in decline of cognitive functions could be observed (Aartsen et al. 2004).

### Services

Although there are many studies on cure (medical treatment) and care, the majority of these studies focus on older people in general. Some studies were found taking into account gender differences. Stel et al. (2004) examined the consequences of falling in older men and women and risk factors to health service use and functional decline (n = 204). Almost 70% of the respondents suffered physical injury, almost a quarter used health services and more than one-third suffered functional decline after falling. Female gender, higher medication use, depressive symptoms and falls inside were risk factors for functional decline after falling.

### Care at home

Care is defined in the SCP, *Report on Older People 2004* as: domestic care, personal care and/or nursing care provided by the home care services, private carers or informal carers, as well as permanent residence in a nursing or residential care home. In the home care sector major changes have taken place in recent years such as the emergence of private home care services, integration of home nursing and home help, harmonisation of client contribution schemes, integrated needs assessment systems. Although informal care plays an important role in care at home, two-thirds of households composed by older people living independently are able to manage without informal or private help or home-care. The transition to home care is mainly predicted by a poor physical condition. Take-up of care is determined not only by health characteristics, but also by other characteristics, such as age, gender, living with a partner or not, level of education, income. Older people without a partner (more women than men) have a greater chance of receiving professional care, whereas older people with a partner are more likely to receive informal care. Men use domestic care provisions more often than women, but there is no difference between men and women as to the probability of using personal care services.

### Care in institutions

The vast majority of older people in the Netherlands live independently. Only 4% (150,000) of all people aged over 55 spend any length of time in a care home or institution. It is only from the age of 95 and onwards that the majority of older people live in an institution (SCP 2004). Although care in institutions is frequently studied in the Netherlands, these studies do not present any findings on older women in general or older women in comparison to older men. Findings from the LASA study ('92-'93 and '95-'96) indicate that a higher age and low educa-

tion level are predictors of the transition to institutional care. Absence of a partner, as well as having a small social network are predictors too, whereas the presence of children living nearby, level of urbanisation or income turned out not to be related to the transition to institutional care.

### 3.2 Education

In their Advice (*Older women: gender matters*) in 1995 the Emancipation Council had already stated very clearly that the issue of education and life long learning is a highly neglected and insufficiently researched area. Nowadays, almost ten years later, this situation has not changed. The search for studies produced but few hits, the majority of them focusing on level of education. Studies on older women focusing on their needs, attitudes or on the issue of life long learning are lacking.

The SCP *Report on Older People 2001* provides some data on general education that show differences in education level by gender and by different age groups. Generally speaking, older people have a significantly lower education level than younger age groups. This educational disadvantage is greater among the oldest age groups than among the 'younger' age groups, and is also greater among women than men. Older people with a foreign background (for instance Turkish and Moroccan people) often have a very low education level, women in particular. Among older women in the Netherlands, almost four out of ten, received primary education only and their deficit compared with younger age groups is therefore larger than the deficit of older men.

A low education level or poor literacy has consequences for the availability of any information in written or digital form. If forms have to be filled in (for instance to obtain help or to apply for individual housing benefit), this will cause difficulties for people with a low education level. That is why some older people do not apply for provisions they are entitled to, as a result of which they are missing out on these services. It goes without saying that these people will do not have access to the new media either, through which more and more information is being channelled. Older people with a high income and high education level are much more likely to own a PC than their less well-off and less well-educated peers. The difference between older women and men is relatively small, but is greater when it comes to computer use. The SCP report (2001) concludes that differences in computer use are influenced more strongly by education level than by income or gender.

Key source for statistics on general education level of the Dutch population is Statistics Netherlands. Based on their statistics the Social and Cultural Planning Office (SCP) has made some calculations on older women and men in the age groups: 55-64, 65-74, 75 and over, compared to people aged 34-54. These data show that both women and men are much better educated now than in the past, but education levels of older women have not risen to the extent that those of older men have. The data show an increase of education levels in the last decades in general with 5% of women aged 55 and over having tertiary education (7% of men), 72% having primary education only in 1971 (59% of men), whereas in 1999 these figures are 9% for tertiary education (22% of men) and 38% for primary education for both women and men. These data show that the educational deficit of older women compared with older men increased up to the mid 1990s. A forecast by the SCP based on the educational distribution (primary, lower secondary, upper secondary and tertiary education) among adults (both women and men, aged 55 and over, living independently) from the present day (2000) to 2025, showed that the education level of both older women and older men will increase further. It is expected that by 2025 only 11-13% of older people will have received no more than primary education, whereas roughly 25% of older people will have a higher vocational training or university education background in 2025.

Being employed and having a higher education background are the only factors influencing participation in qualifying education. As to non-qualifying courses: despite their lower educa-

tional level older women participate more than older men in non-qualifying courses. This difference is even greater where education levels of men and women are the same. As with younger adults, education level is the best predictor for the educational participation of older people. In other words, education in later life tends to reinforce rather than compensate for existing differences in educational background (AVO in SCP 2001).

Other data from the SCP report (2001) reveal the participation in qualifying and non-qualifying education by men and women (excluding people living in residential care and nursing homes) aged 55 and over, 1979-1999. In 1999 20% of older people followed a training programme or course. Only a small minority of them followed a "qualifying" course. However, an increase in participation in qualifying courses occurs between 1995 and 1999. The increase in participation occurred among both older men and women, but is particularly striking among older women (from 1% to 4%). It is the result of an increase in participation in company training programmes by 55-64 year-olds with jobs, many of them older women.

However, compared to adults aged 35-54 the participation in education of 55-64 year olds still lags behind. Participation of the 35-54 year olds has virtually doubled in recent decades.

Data on education levels of older people in residential care (the majority of them being older women) compared to people living independently reveal that 65-74 year-olds and 75-84 year-olds in residential care tend to have lower education levels than those living independently. Evidently those with a lower education level (more older women than older men) are more at risk of ending up in residential care than those with a higher education, and at a somewhat younger age. This may be due to differences in physical impairments between the lower and higher educated people as well as to differences in preference and the ability to organise help and realise adaptations (SCP 2001).

### 3.3 Work

Statistics Netherlands and its electronic database Statline provide a great many statistics on work. By the search method all kinds of tables can be created (free of charge) on the working population in the Netherlands, ranging from 15-64 years of age. However, not all data are gendered. The SCP *Report on Older People 2001* has drawn data on work from the Labour Force Survey (EBB), produced by Statistics Netherlands and has done some specific calculations on older workers. In order to assess participation in voluntary work, data were taken from the Permanent Quality of Life Survey (POLS), carried out by Statistics Netherlands. Data are available on older women and men for different age categories: 50-66 years and/or 50-75 years in 5-year age categories), but not for all issues.

Another source is *The Social Atlas of the Woman* (SCP, 1997). The report deals with the changes in the primary living situation of women in the Netherlands. The report discusses the respective positions of, and relationships between, men and women regarding their households and on the labour market. The level of gender inequality and changes in the allocations of tasks within the family are measured by comparing the present situation with the results of studies conducted 30 years ago. The report concludes that although the status of women in the family has improved, traditional role patterns still survive. Government policy in the Netherlands is more geared to facilitating the combination of employment and care tasks. Unfortunately data in this SCP report refer to women in general, but not to women of different ages.

In October 2003 Statistics Netherlands published some figures on the labour participation of the over-50s in *Webmagazine*. Labour participation among older people rose in all age categories up to 65 years in the period 1997-2002. The increase was largest for the age group 55-59 years, in which the proportion of people with paid work rose from 42% to 54%. Labour participation rates for the over-65s remained low in this period. For the over-50s the difference in labour participation between men and women is diminishing. The number of working women aged between 50 and 59 rose considerably. While fewer than 40% of women aged

50-54 worked in 1997, the number had risen to more than 50% in 2002. In the category 55-59 years of age, too, labour participation by women rose by more than 10 per cent points<sup>7</sup>.

Statistics Netherlands provides data on inflow and outflow on the job market (*Webmagazine*, 2004). Not surprisingly, inflow and outflow on the job market turns out to be unevenly spread across the ages. Over 150 thousand out of nearly 2 million employees aged 45 to 69 who were still working in September 2000 had left their jobs one year later. More than half of them retired in that period. On the other hand more than 90 thousand jobless 45 to 69 year-olds had found jobs in the same period. On balance, more people aged 45 to 49 entered than left the labour market. For women in this age category the inflow outnumbered the outflow, whereas for men it is the other way around. More men and women aged 50 to 64 left than entered the labour market. A relatively limited number of 50 to 54 year-olds stopped working, but in the age category over 55 the outflow was more substantial.

The most striking change in the exit pattern of women is the emergence of a peak at age 60. Whereas women in 1993-1994 displayed no 'preferred' age for leaving the labour force, today almost as many women as men cease work at age 60. Continuing to work after age 60 is still very rare among women. This trend is also reflected in the number of recipients of early retirement benefits. The number of male recipients declined from 38% to 33% of the total group of men aged 60-64, whereas the number of 60 year-old women receiving early retirement benefit increased from 7% to 10% of all 60-64 year-old women (SCP 2001).

Labour market participation figures of older ethnic minority people aged 50-64 show large differences. Labour market participation of Antillean and Surinamese women aged 50-64 is 45%. It is striking that many Surinamese women aged 55-64 report to have left the labour market for disability reasons. Labour market participation of Turk and Moroccan women aged 50-64 is very low: only 7% for Turk women and 2% for Moroccan women in this age category. Many Moroccan women (90%) have never been in employment in the Netherlands. For older Antillean women this figure is almost 70%. Many of these Antillean women probably migrated later in life. In order to really understand these figures it is necessary to take into account the (different) migration histories of older ethnic minority people (SCP 2004).

#### Unpaid work in the family and social networks

Depending on the calculation method chosen, unpaid work has an economic value of between 44 and 110% of the gross national product, if the total Dutch population aged 12 and older is considered. However, unpaid work is not included in economic statistics, which means that this work remains invisible from an economic point of view (*Social Atlas of the Woman*, SCP 1997).

Although much 'unpaid work' is carried out in the family, research in the Netherlands does not refer to this term. Unpaid work, whether it is in the family or in social networks is known as 'informal care' or 'mantelzorg'. Informal carers play an important role in caring for older people, including in an institutional setting. Many carers are old themselves, caring for partners or (very old) parents. Informal care is therefore an important research topic in gerontology. Its focus is mainly on older people's care needs, the care and social support older people receive from family members, measures to support caregivers. Although unpaid work in the family and in social networks is often carried out by women, very few studies take a gender perspective. One study was found on women of the middle generation providing informal care for older people. Because of the increasing labour market participation of women in the Netherlands the issue of combining work and family responsibilities and equal opportunities

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7 For women the increase is mainly the consequence of a generational difference: women from younger generations more often have jobs than women from older generations. This also means that the difference in labour participation will decrease further as new generations of women enter the older age categories (Statistics Netherlands, 'More older people working', in: *Webmagazine*, October 2003).

for women and men has become an important topic for empirical research in the field of Women Studies. However, research as well as policy on this topic focuses mainly on the combination of work by younger age groups and informal childcare. One study on grandparenting and informal childcare concluded that there is an ongoing trend of a decreasing number of 'grannies' able or willing to provide care for grandchildren (Remery 1997). This decrease can be contributed to the increase in labour market participation in the age group 55-64 as well as to demands from other sources (e.g. volunteering work) or perhaps simply because these women want to enjoy their leisure time. On the other hand, it is to be expected that in the coming decades grandmothers of 65 and over will be healthier and may be able to provide childcare for quite a number of years.

### Voluntary work

The *Report on Older People 2001* provides statistics on unpaid work. These data are available on different age categories and are gendered. The report focuses on unpaid work that people carry out in an organised context for the benefit of others in the community as well as the informal help that people give to their own network, without that help being offered in any organised context. The report refers to this unpaid work as 'voluntary work'. In general: the older a person is the less voluntary work they do. 50-64 year-olds perform voluntary work slightly less frequently (approx. 62%) than 35-49 year-olds (66%), but the differences are small. After the age of 65 participation in voluntary work declines, and is especially low among people 75 and over (26%). With regard to the number of voluntary activities a person carries out, it is striking that, compared with 50-59 year-olds, 60-64 year-olds relatively frequently perform several activities. Roughly one third of those aged under 75 provide informal help within their own network. 55-59 year-olds give informal help slightly more often than the other age-groups: perhaps it is the case that this group is more often faced with a combination of small grandchildren and parents in need of care.

The breakdown by gender shows there is a (weak) correlation between age and participation in voluntary work for both women and men: the older a person is the less they take part in voluntary activities. The only exception is women in the age group 55-59, probably because women in this age group more often than men provide informal help within their own network. In the age category 50-64 years slightly fewer men (60%) take on voluntary work than women (64%). Among the over-65s, by contrast, the proportion of men is higher than that of women with the difference rising to 9% in the oldest group. It may be that these men do a great deal of administrative work, an activity which is carried out mainly by men, often later in life (De Klerk and Timmermans in: SCP 2001).

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

In the Netherlands official statistics on sources and level of incomes of the Dutch population, including, ethnic minority people, are broken down by household (breadwinner) but not for individuals. Statistics on the distribution of average gross income by age reveal that there are great differences in prosperity between the different groups of people aged 55 and over. A study on feminisation of poverty among older adults in the Netherlands (De Jong Gierveld et al. 1997) concluded that the financial position of older adults in the Netherlands is a heterogeneous one. Gender, living arrangement and age are among the most important determinants of household income levels. The SCP Reports on Older People in the 1990s have repeatedly discussed the weak financial status of older people in the Netherlands. In general, it is safe to say that the older the household, the lower the income. Although statistics on income are not always available by gender, it is a well known fact that in general single women have the lowest average income, leaving aside people in residential care.

Older people with low incomes as a rule have built up insufficient or no pensions from employment many of them (single) women and members of ethnic minorities – and thus have to

subsist solely from the state old age pensions. Since older people have no means to improve their income, they will have to live on a low income for long periods of time. Moreover, more than other groups, older people on low incomes are confronted with rising housing and other fixed costs. Data are also available on the spread of incomes. The spread is described by quantifying how many households have an income below or above a given threshold. Single women (over 55 years of age) most frequently have low incomes (32% in 1990) and least often high ones. The proportion of single women with low incomes was approximately three percentage points lower in 1998 than in 1990. Older couples have low incomes least often (10% in 1990 and only 7% in 1998, whereas the percentage of high incomes increased). The *SCP Report on Older People 2001* has paid special attention to the financial status of older people in residential care (many of them women). The vast majority of these residents have very low incomes, which means they must make do with pocket money and a clothing allowance.

In June 2004 the Social and Cultural Planning Office published the Dutch Poverty Monitor. A whole chapter in this study is dedicated on the issue of '*The feminisation of poverty – women as a risk group*'. Data are available on the share of low incomes among households with a female head, by age (broken down in age groups of 18-24, 24-44, 46-64, 65-74, > 75 years), labour market position, presence of a partner and presence of children (1997). Data are also presented on the share of low incomes among single Surinamese and Antillean/Aruban mothers, by age (broken down in age groups of 18-29, 30-39, 40-64 years) and background characteristics (work, number of children, age of youngest child).

The Poverty Monitor concludes that in the Netherlands, a third of non-Western ethnic minority households are on a low income, compared with 11% of native Dutch households. Poverty is particularly prevalent among 'other' non-western ethnic minority and Moroccan households. 19% of the poor households in the Netherlands belong to a non-western ethnic minority group, which is two-and-a half times as high as may be expected based on their share in the population. Thus, poverty is becoming increasingly linked to ethnicity, if only because the share of minorities of the population is growing (SCP 2004).

The Poverty Monitor also confirms earlier research in the United Kingdom and the United States that women are overrepresented in the poor population. The findings show that since the end of the 1980s female breadwinners run three times the risk of being poor compared with households with a male head. The key risk groups are (non-student) young women aged up to 25, older women aged 75 and over and benefit recipients. Both single older women and single mothers have a higher poverty risk than the average female household in the Netherlands.

A study on income decline for women following divorce and early widowhood found that women experience a sharp decline after becoming single through divorce or early widowhood. The article showed that women can follow at least two strategies to prevent or reduce such negative financial consequences: entering into a new relationship or finding a job outside the home. The results of this study suggest that more is to be gained from efforts aimed at ensuring women's economic independence in marriage than from forcing mothers on social security to get a job outside the home (Fokkema 2001).

#### Social protection systems affecting older women

Pension provisions are the most important source of income for people aged 65 and over. All people over 65 receive the state old age pension (AOW) from that age. The Amenities and Services Utilisation Survey (AVO) has asked respondents whether they have paid pension contributions. The proportion of women participating in pension schemes shows a spectacular increase in all age groups (35-44, 45-54, 55-64 years of age), which clearly reflects the increase in participation by women in the labour market in the Netherlands. However, there is still a considerable difference between men and women. The number of women participating in the labour market is lower than the number of men and women more often have jobs that

do not include participation in a pension scheme. Between 1990 and 1998 supplementary pensions also grew in importance among 65-74-year olds and among the over 75s. Figures from 1998 suggest that this applies mostly to men 31% of whom have supplementary pensions, compared with 8% of the women. Moreover, Dutch pension systems have been disadvantageous to women for many years. In addition, changes in the Law on Surviving Next of Kin (Nabestaandenwet) can be very disadvantageous to (older) widows. Interest groups (women's organisations, religious organisations) have paid attention to the issue of poverty and provided state of the art reports on women's pensions, poverty and ways in which social-economic conditions affect older women, often with recommendations for policymakers. In these reports it is recognised that these topics require more research based on both a life course and a gender approach.

#### Housing costs

A household's prosperity depends not only on the level of its income, but also on how well it is able to live from that income. Single women aged 55 and over often have high housing costs: twice as often as single men or couples (without children living at home). Also, single women more often have insufficient means for various types of purchases than others, because on average their incomes are lower than those of other household types. The main reason for older people to move to a different form of housing is declining health, and in particular reduced ability to climb stairs. The Dutch housing stock is insufficiently adapted to house the increasing number of older people adequately: only 20% of the total housing stock (approximately 1.3 million dwellings) are 'zero-staircase dwellings' (i.e. accessible without having to climb stairs). Adaptation and improvement of the present house stock will not suffice to meet the needs of older people and will often lead to rent increases. Moreover, the housing costs of older people living in rented accommodation increased drastically in the 1990s. Almost half of these older people spend more than 25% of their income on housing costs and if energy costs and local taxes are added, one third of older people spend more than 40% of their incomes on total housing costs. This raises the question whether homes that are suitable for older people will continue to be affordable for those forced to live on lower incomes, many of them older (single) women. There is a general lack of information about the housing conditions and needs of older women, especially those who live on low incomes as well as older migrant women. (SCP 2001).

#### Financial support given to family members

It may be the case that older women also contribute financially in order to support their relatives, but no studies or data were found on this topic.

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

Almost a third of people 55 and over live alone and more than half of people 75 and over live alone. It is common knowledge that older women live alone more often than older men, but statistical data on the number of older women living alone are lacking in the *SCP Report on Older People 2001*. Although gendered statistics on social integration and participation of older people in the Netherlands are lacking, it is a much researched theme in social sciences as well as in gerontology. Over one third of all studies on older women in the Netherlands (based on the search criteria of the MERI project) concerned the issue of social integration and participation of older women.

Social integration and participation is also the central theme of the (overall) SCP reports on older people. These reports look at the extent to which older people participate in a range of aspects of community activity. The *Report on Older People 2001* presents an overview of the living situation ranging from participation in education, employment, information – and com-

munication technology (ICT), help and take-up of housing and care provisions. Where possible the living circumstances are compared with those of younger adults (35-54 year-olds) and if data are available a comparison is made between older women and men. Findings in the SCP reports are based to a large extent on the results of research programmes on aging like NESTOR (living arrangements and social networks of older people) and for the reports in 2001 as well as 2004 the Longitudinal Aging Study Amsterdam (LASA). These research programmes have resulted in many empirical studies on topics like kinship networks, partnership relations, parental history, friendship, loneliness, neighbourhood and community networks, intergenerational relations, socio-psychological aspects. The majority of these studies however, do not take a gender approach, although studies may include statistical data that show the differences between women and men. A wider search amongst publication lists of research on aging programmes revealed studies on older women within the context of NESTOR or longitudinal aging studies. These studies often take a life course perspective.

For instance, from a life course perspective gender differences in formal assistance among functionally dependent Dutch older women and men were examined within five distinct marital history groups – first married, never married, divorced (not remarried), widowed (not remarried) and the remarried. The results indicate gendered patterns of formal help use among the first-married, never-married and widowed. For instance: older first-married women are approximately three times more likely to receive formal help than men, whereas never-married women are about one-third as likely to use formal help as never-married men and widowed men with poorer functional health are more likely to receive formal help than widowed women in the same situation. These gendered patterns can be explained by the different preferences of women and men regarding use of formal care services as well as (in the case of the widowed) contrasting patterns of help-seeking behaviour and social vulnerability. (Wister & Dykstra 2002)

Another study, using the perspective of the standard life course, examined the late life consequences of childlessness in relation to older adult's marital and occupational histories. Data are derived from the 1992 NESTOR "Living arrangements and social networks of older adults survey" (n = 4,494). Findings indicate that childlessness works out differently for men and women, and the way it works out depends on their respective marital histories. Never having had children has negative consequences for women's network size (particularly so if ever-married, for men if never-married), positive for income (particularly so if never-married for both women and men, but negatively for men if ever-married) and negative for life satisfaction for women, but positive for men.

Social networks are a much researched topic. In a review of studies on social networks of older adults Steverink (2002) concluded that most research focuses on network size, frequency of contacts and composition of the network. Although the size of the network decreases with age, the majority of older people are firmly embedded in their social networks. Frequency of contacts appears to decrease as people age. Also, the share of relatives increases, whereas the share of friends decreases, but this does not necessarily mean that people become isolated as they age. Older people's personal network changes too, that is, its size decreases. One study investigated support provided to older parents by non-resident children and compares older adults in various living arrangements, based on a typology of current partner status, marital history and gender. Multivariate analyses revealed that health, educational level, number of children and travel distance are significant predictors of support from children, in addition to the significant and important contribution of marital history, partner status and gender. The findings point out that ever-divorced men, regardless of whether they have re-partnered, receive only marginal help from their children. Among those with new partners, 8% of the ever-divorced men and 22% of the ever-divorced women cite children as sources of help, whereas this is the case for 45% of the ever-widowed men and 53% of the ever-widowed women (De Jong Gierveld & Dykstra 2002).

Another study on support networks explains differences in the support network and social participation of divorced men and women by taking into account partner status, current living

conditions, characteristics of the disrupted marriage, and personality. Support networks of single women contained the largest proportion of kin and the smallest proportion of post-divorce contacts. Single men had the least kin and men living with a new partner had the most post-divorce contacts. Compared to single men and women those living with a partner had higher rates of social participation. Multivariate regression analyses indicated that, for both men and women, differences in network features and social participation after divorce were best explained by current structural conditions (availability of a partner, level of education, employment and child care), and to a lesser degree by characteristics of the disrupted marriage (overlap in marital networks) and by one's personality (extraversion). (Terhell et al. 2001).

Coping responses of older women (n = 60) and men (n = 43) approximately one year after partner loss were examined in the context of a longitudinal study. Results show that the availability of social relationships and better general health encourage coping responses among the bereaved, as well as, unexpectedly, higher social anxiety and financial stress. Results reveal opposite effects for women and men. As time elapses since the death of the partner, men more often share their emotions with others than women. Also, the results suggest that resources play different roles in coping responses of recently bereaved women and men. Among widowers financial stress may impede emotional coping responses, while among widows higher education and having a best female friend seem to function as risk factors in coping with loss. Relative health, or the feeling one is better off than comparable others, may protect against the negative effects of partner death, particularly among recently bereaved women. (Van Baarsen & Broese van Groenou 2001).

Friendship and loneliness are widely researched topics too. One study examined a strategy for reducing loneliness among older women by developing a course to stimulate new friendships. Findings indicate that more women in the friendship course had successfully reduced their loneliness, a majority had made new friends and slightly half had improved existing friendships. Furthermore, following the course the complexity of these women's friendship networks increased significantly (Stevens & van Tilburg 2000).

In the last decade images of aging, ageism and age-discrimination have become important topics in the Netherlands. In 1994 the National Age Discrimination Office, LBL was established a government-funded NGO to combat ageism and the discriminatory effects of unjustified age limits. LBL, nowadays called Expertise Centre Age and Society, aims to gather knowledge and experience on age as a non-discrimination ground, in conjunction with other non-discrimination grounds, like sexual orientation, gender, ethnicity and disability. In these last ten years LBL researched and published on images of aging, ageism and age discrimination, presented manifestos against age discrimination to political parties and their leaders in the Netherlands and campaigned for anti age discrimination legislation. Research focuses on age discrimination and work, health care, housing, education, access to goods and services and international co-operation. In 1998 LBL published several brochures on images and stereotypes based on age. One of these brochures concerned the images and stereotypes in Dutch policy. An analysis of the National Action Programme Life Long Learning showed that policymakers use strong stereotype images based on (calendar) age to assess older workers' motivation for education and training, for example: at the age of 55 productivity decreases, therefore people will more easily lose their motivation, get frustrated and leave the labour market (Nederland 1998).

A study on (stereotype) images of older women and men showed that images of older women are much more negative than those of older men. Older women are often portrayed as being passive, unattractive, complaining, and afraid. Commercials make use of older women only to promote products that help alleviate physical problems or to stop the aging process (Keijzer 1996). An NGO- project on 'older people and the media' showed that in the media (for instance TV programmes) older women are virtually non-existent.

On an individual level no studies could be found comparing older women and older men's self images and their own views on (stereotype) images of aging. In 1995, at the request of the National Platform Women 50+, a study was conducted on women's different lifestyles, titled: *"And now it's MY turn: women about aging"* (Nederland 1995). The study shows the heterogeneity in lifestyles of women and challenges the notion that women can be categorised as older persons or even as older women. Nederland states that the idea that 'older women' are supposed to have the same interests and problems is a 'myth'. The five different lifestyles described in this study: autonomy, reflection, living for the moment, helpfulness and self-realisation are the guiding principles in the interviewed women's daily lives and their experiences. The heterogeneity of these women is illustrated by the differences in the way they spend their time, their social lives and the way they cope with their living situation (housing, income, health). None of the interviewed women define themselves as 'old'. For them the meaning of growing old lies in the reality of their daily lives, the way they experience physical changes, adapt to them and cope with them. Furthermore, the variety in lifestyles is a dynamic process. Important life events may cause changes in lifestyles. According to Nederland it is both the heterogeneity and the dynamics that call for a differential approach of aging women by, for instance the medical profession, journalists, researchers, employers, policy-makers and politicians. This differential approach is a very important instrument to stimulate the discussion about 'images of aging'. Another important finding of this study is what these women have in common: their self-reliance. All interviewed women give direction to their lives in an independent way without being hampered by the traditions that used to shape their lives before.

### 3.6 Violence and abuse

Since 1983 the Dutch government has carried out an active policy against sexual violence for instance by subsidising non-governmental organisations (NGOs). TransAct is the Dutch centre for gender issues in health care and the prevention of sexual violence. TransAct offers advice courses, training and information for counsellors, institutions and policymakers.

We know that 11% of Dutch women have experienced violence and/or abuse within a relationship. We also know that over 15% of all girls have experienced sexual abuse within the family at least one or several times before reaching the age of sixteen. And we also know that one in five complaints of sexual child abuse concerns a boy (TransAct 2004). However figures on violence and abuse of older women are lacking and this theme still is an under-researched area in the Netherlands.

In the last decade some studies have been carried out on elder abuse. These studies did not only take the perspective of mistreated older persons, but focused on caregivers' perspectives as well, for instance a study on the psychological distress of informal caregivers of older dementia patients. It is known from research that one in twenty older persons in the Netherlands experiences physical and/or mental abuse, financial and material exploitation, neglect, sexual harassment or violation of rights (Bakker et al. 2000). A study amongst 77 older persons, living in the community, showed that victims of elder abuse had significantly higher levels of psychological distress than non-victims. Social support showed a favourable effect on the level of psychological distress in victims, but not in non-victims. The study also questioned the quality of data on which the prevalence figures of elder abuse were based. The results showed that 8.6% of the data was based on inadequately obtained scores (Comijs 1996).

### 3.7 Interest representation

This is another under-researched area in the Netherlands. No recent studies were found. A study on gender differences among older people (Broese van Groenou 1994) showed that older men play a more active role in social life, in terms of participation in (one or more) as-

sociations, clubs etc. Older men aged 65 and over are also more active in voluntary work than older women, with the exception of single older women, who are much more active participants than their (single) male counterparts (SCP 2001).

A study on the representation of older women in the boards of national interest groups (Leijnsenaar 1994) showed that older women are under-represented. On average their share in boards of national NGOs is 20% (with 80% being men). In 87% of the NGOs involved in this study women were absent or a minority in the board. Three-quarter of the female members of the board were academics in gainful employment with an average age of 46 years. One fifth of these female members were aged between 50 and 60 years, and only 14% was 60 and over.

Older men are more often members of a political party than are older women. The above-mentioned study on gender differences (Broese Groenou 1994) showed that 5.2% of men aged 55 and over were members of a political party and only 1.9% of women 55 and over. No data were found on the share of older women and men in decision making bodies of political parties, or on the participation of older women and men in local and provincial political decision making processes.

It is to be expected that in the last decade these figures hardly changed, but we simply do not know. It is clear that in the Netherlands empirical as well as statistical data on the participation of older women in interest representation and decision making processes are called for.

#### *4. Conclusions and recommendations*

From the 1990s onwards research on aging was stimulated in the Netherlands through national research programmes such as NESTOR (living arrangements and social networks) and multidisciplinary longitudinal aging studies, like the Longitudinal Aging Study Amsterdam (LASA), Maastricht Aging Study (MAAS), and Groningen Longitudinal Aging Study (GLAS). The SCP reports on older people, the main source for this MERI review, are based to a large extent on these studies. Although NESTOR and the aforementioned longitudinal studies have led to a broad variety of studies on many of the themes within the MERI-project the focus is on older people in general. The number of studies that take a gender perspective, focus on older women or on older migrant women is still relatively small.

But in spite of these shortcomings there are some positive signs too. A recent SCP study (2004) with key figures on older persons with a foreign background (aged 55 and over) in the Netherlands reveals useful information and statistical data. In part these data are broken down by age and gender. Furthermore, there is a tendency in social sciences in the Netherlands to take a life course perspective which makes it possible to study the interaction between individual development and social change. A life course perspective brings the different patterns in the lives of men and women, as well as inequalities established earlier in women's lives into focus. The tendency to take a life course approach has also become popular in Dutch government policy. In addition, the Netherlands Organisation for Scientific Research (NOW) is funding a joined research project of the Vrije Universiteit in Amsterdam and the Netherlands Interdisciplinary Demographic Institute (NIDI). In the near future this research programme will provide detailed information about 'diversity in late life', based on Dutch longitudinal data on changes in type of household, living arrangements, family relationships, personal relationships, health, paid work and housing (Thomése 2001).

Taking into account the strong reputation of women's studies in the Netherlands, the presence of a very extensive archive on the women's movement and research databases in this field and in view of an aging society it is surprising that research on age and aging is still absent in women's studies. In the context of the MERI search for studies on older women we found that in the Netherlands, despite the wide variety of high quality studies on gender issues, the link between gender and age is still lacking in women's studies. The same applies

to the way in which both age and gender intersect with ethnicity. The Emancipation Council in its *Advice: Older Women: gender matters* (1995) stated that the absence of a gender approach, especially within the areas of work and income is not the only problem. A gender approach is a necessary condition, but it will not suffice. Financial and social-economic measures should be evaluated on how they may affect income and labour market position of older women over a longer period of time.

Nederland (1995) has pointed out the heterogeneity in lifestyles of older women and challenges the notion that women can be categorized as older persons or even as older women. Nederland also called the idea that 'older women' are supposed to have the same interests and problems a 'myth' It is striking that none of the interviewed women in this study defined themselves as 'old'. Nederland also stated that the heterogeneity and the dynamics in women's lifestyles call for a differential approach of aging women. This differential approach is a very important instrument to stimulate the discussion about 'images of aging' and older women's views on the meaning of their growing old. Another important finding of this study is what these older women seem to have in common: their self-reliance. Too often empirical research and statistical data compare the living conditions of older women with those of older men, taking older men as a point of reference. The outcome then is inevitably that older women live in deprived conditions. We therefore recommend taking this differential approach of aging women as a starting point for empirical research as well as in the analysis of statistical data. We also need to stimulate qualitative research like this study of older women's lifestyles, presenting older women's views on their living conditions, needs and how they cope with their daily lives in an aging society, but also to make visible their contributions to the community, the neighbourhood and society at large.

In the Netherlands theoretical studies of definitions, concepts and approaches are needed in order to develop such a (common) point of reference to study and understand the daily lives of older women. This point of reference will also help us to analyse existing data, as well as decide in what research areas data are most needed.

Based on this review in terms of the MERI- themes (see Chapter 3) at least some knowledge gaps in the Netherlands in both empirical research and statistical data can be identified. These include the following:

- Mental disorders and disabilities (depression), statistical data on medical treatment and use of medication by age and gender.
- Ageism and age discrimination in health care, as well as attitudes/negative stereotyping towards older women, including women from ethnic minority groups.
- Care (professional and informal care), both at home and in a residential setting, taking a gender approach; research on women as caregivers as well as receiving care; older women and self-help groups.
- Empirical research and statistical data on education and older women's needs (life long learning as well as gendered data on vocational/professional training and education) is lacking.
- Older female workers (working conditions, attitudes/ age discrimination, exit from the labour market).
- Research and statistical data on older women and unpaid work (from a life course perspective).
- Social protection systems (pension schemes) and how these affect women's lives.
- Studies focussing on older women's contributions to society, for example support given to children, their role as grandmothers, their place in the community and their cultural lives.
- Inter-generational and intra-generational relationships of women, especially among ethnic minority women.
- Research and statistical data on older women and representation of interests.
- Research and statistical data on violence and abuse concerning older women.

- Qualitative studies in which older women themselves are being asked to present their views.

## 5. References

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#### Official Statistics

Social and Cultural Planning Office, SCP ([www.scp.nl](http://www.scp.nl)).

Statistics Netherlands, CBS ([www.cbs.nl](http://www.cbs.nl))

#### Research and Expertise Centres

E-Quality, multicultural institute on gender expertise in the field of knowledge development ([www.e-quality.nl](http://www.e-quality.nl))

FORUM, the Institute of Multicultural Development ([www.forum.nl](http://www.forum.nl))

IIAV, International Information Centre and Archives for the Women's Movement ([www.iiav.nl](http://www.iiav.nl))  
IIAV is linked to the Database Research Women's Studies (DOV) as well as to the Centre of Women's Studies of the University of Nijmegen (NOV).

LBL, Expertise Centre on Age and Society ([www.leeftijd.nl](http://www.leeftijd.nl))

Longitudinal Aging Study Amsterdam, Vrije Universiteit Amsterdam ([www.vu.nl](http://www.vu.nl))

NIWI, Netherlands Institute for Scientific Information Services ([www.niwi.nl](http://www.niwi.nl)). NIWI is connected to the Dutch Research Database (NOD)

NIZW, Netherlands Institute for Care and Welfare/ Knowledge Centre on Aging ([www.nizw.nl](http://www.nizw.nl))

TransAct, national centre for gender issues in health care and the prevention of sexual violence ([www.transact.nl](http://www.transact.nl))