

MERI – Mapping existing research and identifying knowledge gaps concerning the situation of older women in Europe

Research and statistics on women 50+ in Sweden: Conclusions and recommendations

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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 ongoing 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 (cf. Akner 2003). 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 (cf. National Board of Health and Welfare 2004) 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.

Akner, G. (ed), Evidensbaserad äldrevård. En inventering av det vetenskapliga underlaget. The Swedish Council on Technology Assessment in Health Care. Stockholm 2003.

National Board of Health and Welfare. Jämställd socialtjänst (Gender perspectives on social welfare) 2004.