

Summary

The Functioning of Older Women and Men

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The purpose of this volume was to introduce the reader to the main concepts in the Longitudinal Aging Study Amsterdam, and to present some descriptive cross-sectional findings based on the baseline data collection cycle. A summary cannot do justice to the diversity and richness of the findings presented in the fifteen preceding chapters. Therefore we have chosen to focus this summary on a demographic aspect that has been included in all chapters: sex or gender. Since our sample includes approximately equal numbers of women and men in each age year, inference on sex differences is straightforward.

Old age is sometimes called a women's problem. This phrase is inspired not only by the increasing ratio of women to men in older age groups, but also by the greater vulnerability of women as compared to men in terms of disability and financial resources. Moreover, the fact that women tend to lose their partner more often and earlier in life is likely to affect all aspects of their lives. The Dutch government considers older women as a group that needs special attention (Ministry of Welfare, Health, and Cultural Affairs 1991).

The context for evaluation of the findings in this volume is described in Chapter 2. The participation rate of women in LASA is lower than that of men. However, there were no sex differences in the reasons for non-participation, except in the oldest age groups in which men showed a greater incapacity and mortality.

In Chapter 3, we have seen that women more often have more than one chronic disease than men. Specific diseases that were more prevalent in women are joint disorders, diabetes, and cancer. In men, chronic obstructive respiratory disease, cardiovascular disease, and stroke were more prevalent. Since joint diseases are so frequent among women, and these

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diseases are strongly associated with functional limitations, it is not surprising that women reported more often functional limitations than men. Moreover, living without a partner was associated with more functional limitations, regardless of sex.

The findings on the physical performance tests (Chapter 4) confirm the greater mobility problems of women as compared to men, in the sense that women needed more time to walk six meters and to get up from a chair five times with arms folded. However, women did not need more time than men to put on a cardigan.

With respect to emotional functioning, women showed more depressive symptoms than men (Chapter 5). Factors associated with depressed mood may differ among women and men. The risk of depressed mood in men appeared to be greater when they had no partner, when they had cancer, and when they had incontinence problems. By contrast, women were more at risk for depression when they had chronic obstructive respiratory disease or diabetes. Not having a partner, surviving with cancer, and incontinence problems are less common in men than in women. Vice versa, chronic obstructive respiratory disease is less common in women (Chapter 3). It seems that each sex is more likely to become depressed in stressful conditions that are less common for them.

Another psychiatric disorder, anxiety, was twice as prevalent in women than in men (Chapter 6). This was shown to be partly explained by the greater vulnerability of women in terms of personality characteristics such as neuroticism and having an external locus of control.

Another personality characteristic, the beliefs about one's competence in dealing with challenges in general and in physical ability in particular (perceived self-efficacy), appeared to be less firm in women than in men (Chapter 7).

On another note, women did not appear to be disadvantaged as compared to men in terms of cognitive functioning (Chapters 8 through 11). Women's memory even seemed superior to that of men. This may be an important resource when coping with daily life. However, it is again women who exhibited more anxiety about their memory functioning, and women who used more strategies to support their memory skills than men (Chapter 12).

The last chapters deal with social integration. On the average, women had a slightly larger social network than men (Chapter 13). The intensity of support exchanged with network members was overall greater for women than for men. This was due to the greater amount of emotional support than women give and receive. The intensity of instrumental support was similar in men and women. Since the size of the social network is a

decisive factor in the amount of support exchanged, women may have a certain advantage above men in this respect.

Chapter 14 demonstrates that persons with joint diseases felt more often lonely than persons without joint diseases. Also, there was a large discrepancy between the instrumental support received and given in joint disease patients, leading to less reciprocal relationships. We have seen in Chapter 3 that the majority of joint disease patients are women.

Another aspect of social integration is societal participation. From Chapter 15 we learn that women and men equally took part in volunteer activities. Men were more likely to engage in administrative activities, and women more often followed educational courses.

If we would categorize the sex differences in functioning discussed in this volume as pluses and minuses for women, a differentiated picture would emerge. Minuses are the frequent lack of a partner, the greater physical and emotional vulnerability, and the low level of self-esteem of women. These minuses are offset by the pluses of greater memory skills, and larger social networks. To improve the lives of older women, it would therefore be useful not only to attempt to prevent or alleviate women's physical and emotional vulnerability, but also to stimulate the use of the resources women have in greater abundance than men.

In this summary we have disregarded age differences. Of course, in this volume age appears as a major factor in all aspects of functioning. It is well understood that what we designate as 'older persons' is in fact a heterogeneous group, including persons active on the labor market as well as persons living in old age institutions. It is tempting to use the findings on age differences as a basis for formulating conclusions on aging. However, we have to keep in mind that so far we have only cross-sectional data available. Conclusions on aging will be justified in a few years only, after we have collected follow-up data. Until then, all we can do is stress age-heterogeneity, and study associations between aspects of functioning within age groups.

References

- Ministry of Welfare, Health, and Cultural Affairs (1991) *Aging Matters. Portrait and Policy: Focus on the Elderly 1990-1994*, Summary, Rijswijk, the Netherlands: Ministry of Welfare, Health, and Cultural Affairs, Department of Policy for the Ageing.