

GENDER AND SOCIAL-CLASS INEQUALITIES IN ACTIVE AGEING: POLICY MEETS THEORY

EXECUTIVE SUMMARY

SOCIO-ECONOMIC AND GENDER INEQUALITIES IN OLD-AGE SHOULD BECOME AN INTEGRAL PART OF THE ACTIVE AGEING DISCOURSE

The concept of active ageing has gained a significant normative importance in European social policy in the XX century, as reflected in the 2012 European Year for Active Ageing and Solidarity between Generations. Despite this growing salience, the issues of possible inequalities in active ageing or in the ability to actively age have received much less attention in the normative discourse and research community. Still, the study of inequalities in the resources needed to lead a fulfilling life such as income, health, education, and social inclusion is of great relevance within the context of the active ageing discourse, as the availability of these resources may profoundly impact on an individual's ability for well-being and quality of life in old age. In fact, the choices promoted by the active ageing discourse are rarely equally possible for men and women, for high- and low-income individuals and for members of socially disadvantaged groups. We aim to reveal these gaps and to show that a country's high achievement in active aging is not necessarily paralleled and should not be equated with an equal or fair distribution of key resources for successful ageing.

WE PROPOSE AN ENRICHED THREE-TIER FRAMEWORK FOR ANALYSIS, INCLUDING 27 INDICATORS ACROSS THE 4 ACTIVE AGEING DOMAINS

The added value of the study consists in going beyond measures that assess active ageing for the average older population, such as those included in the Active Ageing Index, a policy tool for comparing progress in different fields of active ageing across (European) countries. While such measures are useful for gaining an overview across countries, this study aims to go deeper by identifying inequalities both in the experiences of ageing (in the areas of employment, health and independence and social participation) and in the capacity to actively age that each individual is endowed with. Gender and socio-economic status (proxied by income and/or education) are the main dimensions of inequality in old age considered. In order to better capture the complex nature of ageing experiences, the proposed analytical framework complements standard outcome indicators for the various active ageing domains (1st tier) with inequality-sensitive indicators that emphasize inequalities in the ageing experience of different groups (2nd tier) and indicators that aim to capture inequalities throughout the life course (3rd tier). Based on available cross-country comparative data, we propose a total of 27 indicators distributed between the three analysis levels and four different domains: employment, participation in society, independent, healthy and secure living and capacity and enabling environment.

WE FOUND THAT...

... LOW EDUCATION LIMITS OPPORTUNITIES FOR CONTINUED EMPLOYMENT IN LATER LIFE

Concerning employment, we find some indications that the lower educated are less likely to remain employed as they age, and this is especially the case in countries where overall employment levels are low. A few countries represent exceptions to this pattern, suggesting that in some cases the lower-skilled may remain employed due to financial constraints. Older women's employment rates not only systematically lie below those of men but when employed, women are much more likely to work part-time, in many cases involuntarily, i.e. due to not being able to find a full-time position. Poor health and caring obligations also are

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**... DEEP GENDER GAPS IN
EMPLOYMENT (ESPECIALLY
FOR PART-TIME WORK)
PERSIST IN ALL EUROPEAN
COUNTRIES**

chief causes for part-time employment in older age groups among women. To a large extent, this situation can be attributed to the career breaks many women face over the life course due to their reproductive roles and caring responsibilities. In countries where employment rates among older women are high, these seem to coexist with highly gender-segregated labor markets, for example in the Nordic countries, where a significant share of women are employed in a limited number of sectors (e.g. related to the formal care service or public sector) and occupations. High female employment rates among older workers also often coexist with significant glass ceilings both in terms of top occupations and wages.

**... HIGHER-INCOME OLDER
INDIVIDUALS ARE MORE
INVOLVED IN NON-
INTENSIVE SOCIAL
ACTIVITIES**

Apart from participation in paid work, older people may also remain active by engaging in unpaid activities such as care and support to frail family members or grandchildren, or voluntary or charity work. In line with previous studies, our analysis shows that unpaid activities tend to be carried out more often by people of higher socio-economic status, as long as activities are not highly time-intensive in nature. We also find that higher inequalities in volunteering rates and political participation across income groups are more often observed in countries with overall low levels of participation in these activities. In the latter cases, differences in political participation between socio-economic groups can be strikingly large. When comparing different kinds of unpaid activities, gender differences are, not surprisingly, largest in the provision of informal care, as women continue to be the main caregivers in all countries. This suggests that the gender roles that predominate in working age may be transmitted to later stages of life. The gender differences in provision of informal care are smallest in countries where a larger share of the older population is involved in (sporadic) unpaid care to frail older people or grandchildren such as in Northern European countries. Interestingly, gender differences tend to disappear almost completely when considering frequent care provision, highlighting the increasing importance of older men as caregivers. As for life course influences on gender and socio-economic differences in participation in unpaid activities, the length of maternity leaves over the life course shows no clear cross-country association with income.

**... WHILE WOMEN REMAIN
THE MAIN PROVIDERS OF
CARE EVEN IN OLD-AGE**

In the Independent and Healthy Living domain, socio-economic and gender inequalities are apparent in health status indicators, be they objective (e.g. systematically higher life expectancy for women) or subjective (i.e. poorer individuals consistently report lower self-assessed health). Perceived safety among older adults is generally very high and comparable across income quintiles for older men. In contrast, a significantly lower proportion of older women, in virtually all European countries, feels safe to walk alone in their local areas after dark. At the second-analysis level, we consider a series of behavioral risks associated with chronic conditions and adverse health outcomes in later life and observe deep divides in each case. More specifically, for the current cohort of older people, smoking tends to be more common among men and in lower income groups, while inequalities in physical activity and alcohol consumption generally favor richer individuals and men. Even more pronounced inequalities

**... WOMEN FEEL LESS SAFE
AND ARE EXPOSED TO
DIFFERENT HEALTH RISKS
THAN MEN**

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**... LOW-INCOME
INDIVIDUALS FACE MORE
PRONOUNCED HEALTH
CHALLENGES**

are registered with respect to access to care: the proportion of individuals reporting unmet care needs in the lowest income quintile is not uncommonly 4 to 10 times higher with respect to the upper income quintile. Finally, we find evidence of accumulating inequalities along the life course as reflected in the association of early childhood poverty with low income in later life (i.e. low social mobility).

**... HIGHER-INCOME OLDER
PEOPLE HAVE BETTER
CAPACITY TO ACTIVELY
AGE**

Among the indicators in the Capacity and Enabling Environment domain, the one for tertiary education achievement displays the largest gender differences, with systematic inequalities favoring men across all European countries. An income-based gradient is also apparent for education achievement and particularly noteworthy in Southern and Eastern European countries. Higher socio-economic status is also associated with a higher chance of reporting higher life satisfaction and lower depression rates, in comparison with low-income individuals. Further, depression is significantly more common among women, while no or small gender differences are observed in life satisfaction and in maintaining social contacts in old-age, despite the fact that older women are more likely to be widowed and live alone at later stages of life.

**... COUNTRIES WITH LOWER
GENDER AND SOCIO-
ECONOMIC INEQUALITIES
AMONG OLDER COHORTS
ARE LIKELY TO PERFORM
BETTER IN ACTIVE AGEING
ACHIEVEMENT**

One central argument of our study has been that countries which perform well on aggregate measures of active ageing may not necessarily perform best in enabling different socio-economic groups of older people, as well as women and men, to participate in society and the labor market, and to grow old in good health. Bringing together results from the different domains that characterize the experiences of older people in Europe, we find limited evidence for this hypothesis. Rather, our analysis indicates that countries which perform well in integrating women and people of lower socio-economic status in the labor market are likely to display higher employment levels in the older population. In other words, gender and socio-economic inequalities may act as barriers for countries to increase employment levels among older workers. Also, in countries where men are strongly involved in the provision of unpaid care to family members, participation levels tend to be high overall. Similarly, the highest participation rates in volunteering among lower income groups are found in those countries where a large share of the older population is involved in voluntary work. These findings suggest that general attitudes towards paid employment and/or unpaid activities may play an important role in convincing all groups of older people of the benefits to remain active in later life. Our findings also confirm that in countries where general levels of life satisfaction are high, and where inequalities in self-assessed health are low, inequalities in employment and volunteering also tend to be limited.

**OUR FOUR CASE STUDIES
REVEAL THAT ...**

The quantitative analysis is complemented by four case studies: Estonia, Denmark, Sweden and the Netherlands. The cases, selected among the European active ageing front-runners, are meant to complement the indicator-based analysis by delving into the finer details of active ageing achievements and gender and social class inequalities. Estonia has been praised for its large degree

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**... HIGH EMPLOYMENT
RATES CAN INDICATE LOW
FINANCIAL SECURITY FOR
OLDER PEOPLE**

**... LOW-INCOME CAN
COMPOUND HEALTH
CHALLENGES THROUGH
THE LIFE COURSE**

**... HIGH ACHIEVEMENT IN
ACTIVE AGEING MIGHT
IMPLY TRADE-OFFS
BETWEEN DIFFERENT
DOMAINS**

IN A NUTSHELL ...

**SINCE NOT ALL OLDER
EUROPEANS ENJOY EQUAL
OPPORTUNITIES TO
ACTIVELY AGE, FUTURE
POLICIES ARE CALLED
UPON TO ADDRESS THE
DISTRIBUTION OF KEY
RESOURCES AMONG OLDER
COHORTS**

of gender equality in paid employment, and generally high employment levels of older workers, while performing less well in other areas of active ageing. The analysis shows, however, that financial needs are likely to drive high employment rates past retirement age for both men and women in Estonia, and current pension reforms raise concerns about rising future inequalities in the Estonian older population. Denmark is recognized as a front-runner in education achievement and equality in access to health. However, our analysis reveals that while gender inequality in education has virtually been eliminated, students from disadvantaged backgrounds still face high barriers to enrolling in and completing higher education programs. Similarly, as health outcomes in the Danish population have been improving in no small part due to reduction in exposure to health risks, the gains have not equally accrued to higher- and lower-income groups. Finally, Sweden, a country that routinely fares better than the European average in most comparative analyses of social and economic outcomes, is a case study in the persistence of sectoral and, to a less extent, occupational labor market segregation which seem to stem partially from its model of employing women in the public care and education sectors. As for the observed inequalities in health in old-age in Sweden, one explanatory factor may be the relatively higher chances of survival till old-age of less affluent individuals in comparison with other countries. Finally, the case of the Netherlands, one of the European countries with the highest participation levels in employment, volunteering and care activities among older individuals emphasize the risk of trade-offs between achievement in different active ageing domains. As increasing numbers of older persons, especially women, remain in active employment until later in life the availability of volunteers and carers will likely suffer, with consequences for the numerous organizations that depend on volunteers' efforts.

All in all, our analysis has uncovered significant and widespread socio-economic and gender inequalities in active ageing and in the several forms of capital needed to actively age (e.g. health, education). As a consequence, not all population groups will enjoy equal opportunities for active and healthy ageing nor will they have equally satisfying ageing experiences. In fact, there are some indications that disadvantages are likely to accrue for some vulnerable groups with potentially severe consequences in their old age. A key finding arising from the case studies is that the policies aimed at improving general population outcomes and promoting general active ageing achievement may not in and of themselves help reduce inequalities. In fact, a policy can be successful in achieving the desired population effect while contributing to increasing inequalities (e.g. some anti-smoking campaigns). Therefore, if Western societies are to allow all groups of older people, regardless of gender, ethnicity and socio-economic status, to 'actively age' in line with their own preferences, and to grow old in dignity, 'active ageing' policies will have to address the distribution of key social resources within older cohorts.