



Gender Differences in Healthy Ageing: the Case of Switzerland

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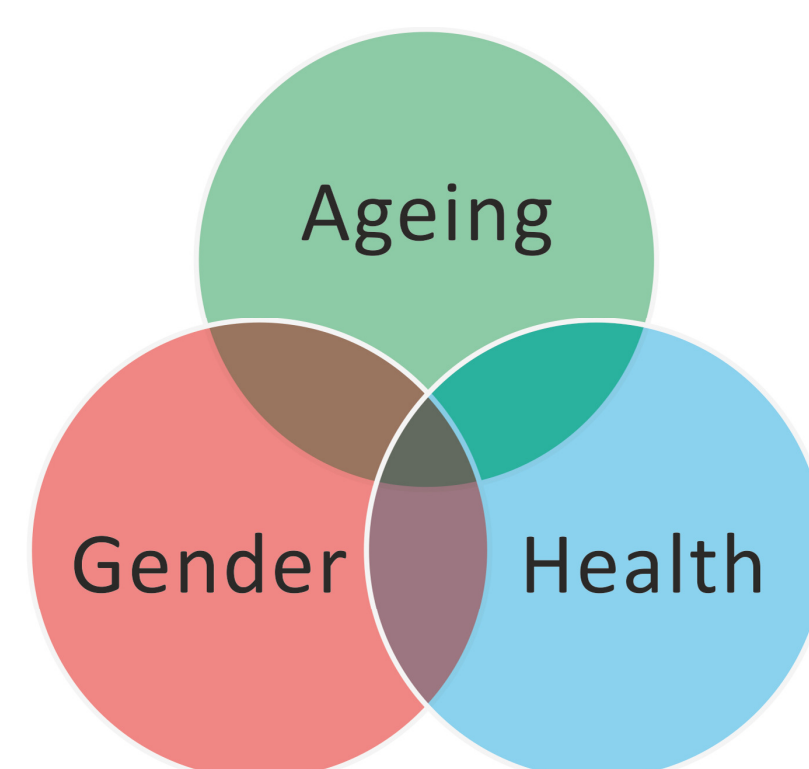
1. Research question and motivation

How does objective and subjective health of the elderly differ by gender?

Why is it important?

1. the persistence of gender gap in life expectancy
2. escalating costs of social policy as the European population ages
3. public health policies combining individual and social resources to achieve better health outcomes in the old age

2. Background



Ageing and Gender: Female-male health-survival paradox. Women live longer (mortality advantage) but are objectively less healthy (disability disadvantage) (van Oyen et al. 2013)

Ageing and Health: Subjective well-being paradox in the old age. Elderly people retain high levels of subjective health, even when their objective health deteriorates (Hank et al. 2009, Perrig-Chiello et al. 2010, Knesebeck Ovd 1998)

Gender and Health: Cumulation of gender-based inequalities during the life course (Annandale 2009; Backes et al. 2006; Höpflinger 2005)

3. Hypothesis

Women and men have different subjective and objective health in the old age.

4. Data:

Data: SHARE, 2 Wave 2006, added from the 1 Wave

Sample: Switzerland

Number of cases: 1462 People 50+ years old with partner living in the same household
645 men; 817 women

5. Dependent variables

Health variables:

1. Objective health (Biomarker grip strength, max of dominant hand, kg)
2. Subjective health (0 (very bad) - 10 (very good))

Health deficit variables:

3. Objective deficit (number of health problems)
4. Subjective deficit (0 (low) – 10 (highest), recoded from subjective health)

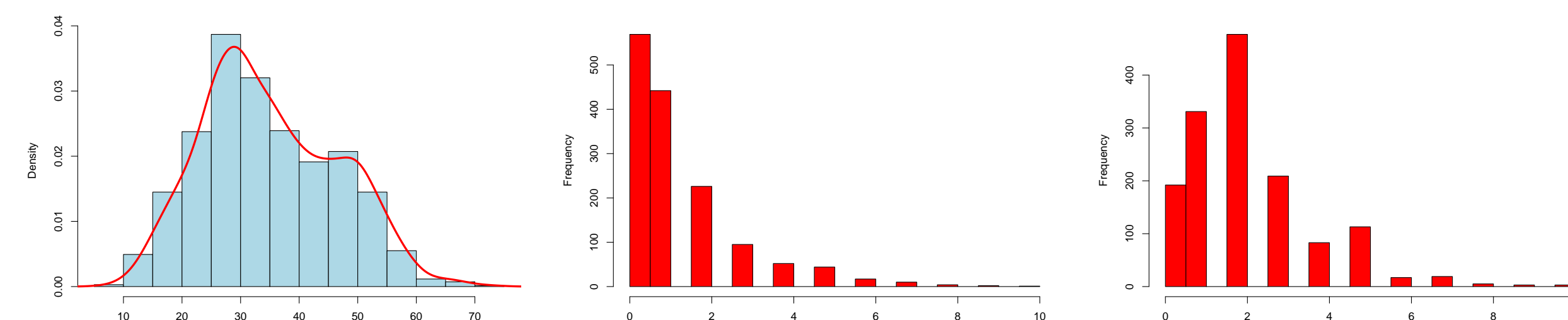


Figure 1: Distributions of health/ health deficit variables

6. Analysis

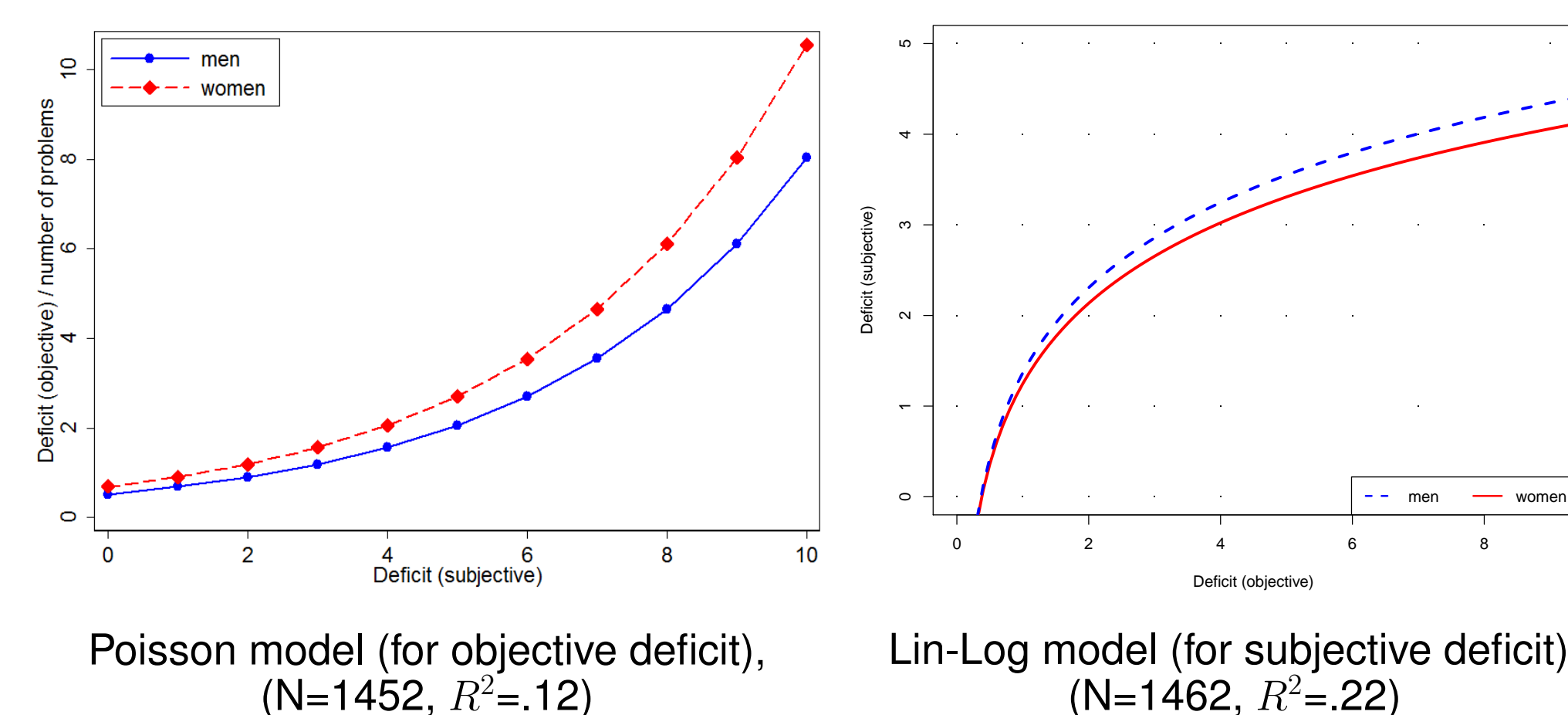


Figure 2: Interdependence between subjective and objective deficits for men and women

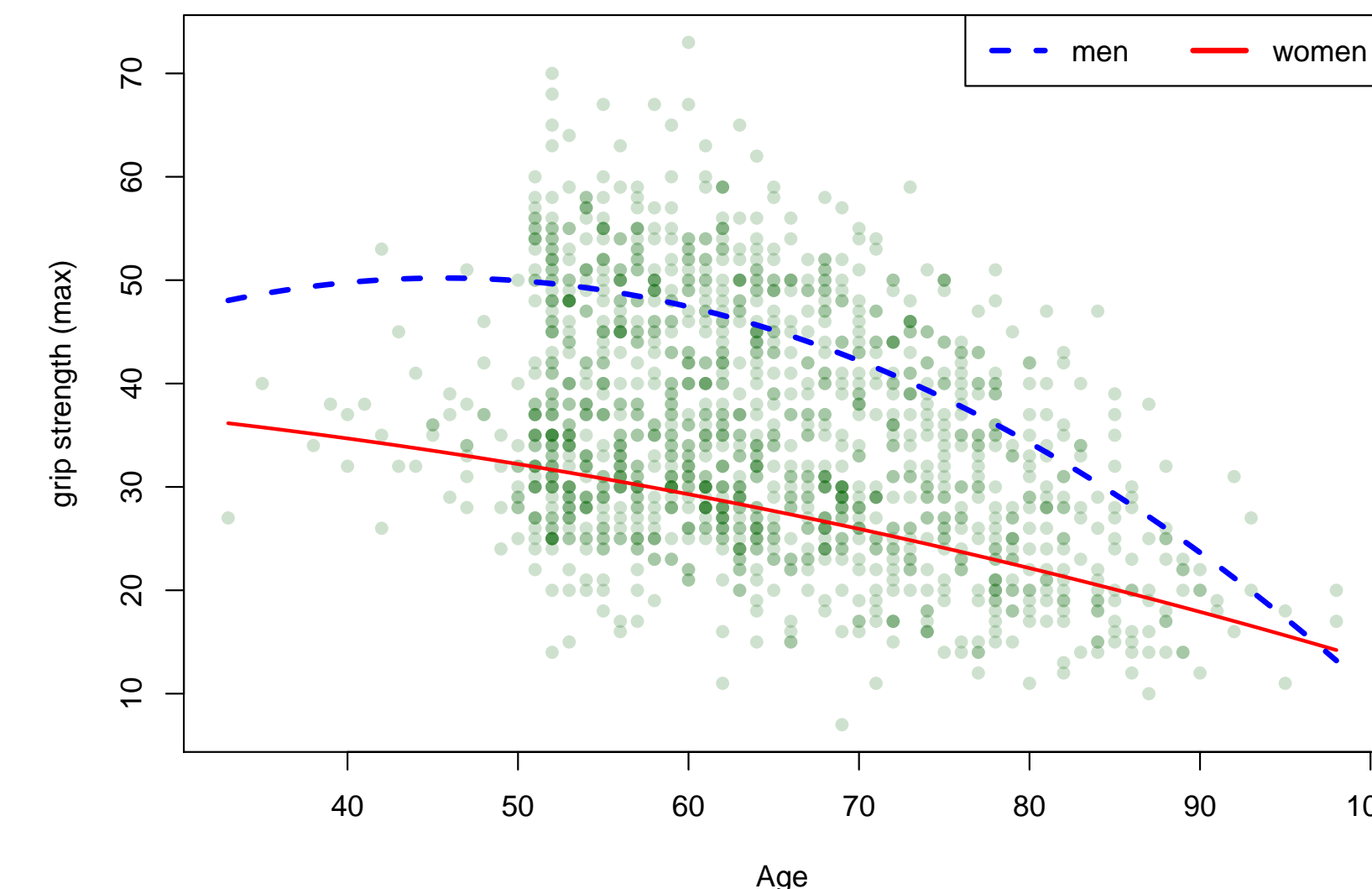


Figure 3: Change in objective health (grip strength) by gender

	women		men	
	objective	subjective	objective	subjective
(Intercept)	49.68***	9.08***	74.24***	8.41***
Social Network Indicators				
Primary social Network				
children	0.27*	0.04	-0.28	0.01
parent(s)	0.08	0.01	-0.46	-0.12
partner	-0.60	-0.04	2.58***	0.10
Secondary social Network				
migration background	-0.80	-0.26*	0.11	0.08
economically active	0.18	0.07	1.34	0.39**
Indicators of socio-economic status				
Education (ISCED-97) (ref. Primary level)				
Secondary level I	0.92	0.23	1.28	0.62**
Secondary level II	1.40**	0.37**	1.65	0.58***
Another postsecondary education (not tertiary)	0.85	0.79***	3.43***	0.80***
Tertiary level I	-1.03	0.74***	0.58	0.71***
Is household able to make ends meet (ref. easily)				
fairly easily	0.39	-0.26**	-0.09	-0.32**
with some difficulty	-0.92	-0.50***	-1.13	-0.85***
with great difficulty	-2.74**	-0.92**	-3.45**	-1.18***
Age				
	-0.36***	-0.02***	-0.52***	-0.02*
R ²	0.37	0.09	0.39	0.12
Adj. R ²	0.35	0.07	0.37	0.10
Num. obs.	714	714	598	598

***p < 0.01, **p < 0.05, *p < 0.1

Table 1: Gender differences in healthy ageing (multivariate linear regressions)

7. Results

Increase in objective health deficit leads to an increase in subjective health deficit and vice versa (Fig.2). However:

1. In a similar objective situation, women evaluate their health better than men.
2. At a given level of subjective health deficit women have more objective health problems than men.

The different pattern of objective health change for women and men (Fig.3):

1. The decline of grip strength for women is almost linear with age, but for men it is much more abrupt.
2. Grip strength is gender-biased: Even if men are literally stronger, it does not necessarily mean they are healthier.

Gender differences in health outcomes (Tab.1):

1. Migration is risk for women's subjective health.
2. Having a partner and economic activity are resources only for men's health.

8. Conclusion

1. Gender and age constitute important dimensions of health inequality.
2. We should connect social network factors and socioeconomic status to objective and subjective health outcomes.
3. Understanding of health inequalities in ageing requires gender sensitive interpretation of health indicators.
4. It is necessary to develop gender-sensitive support policies.

9. Gender variation of objective health in Europe

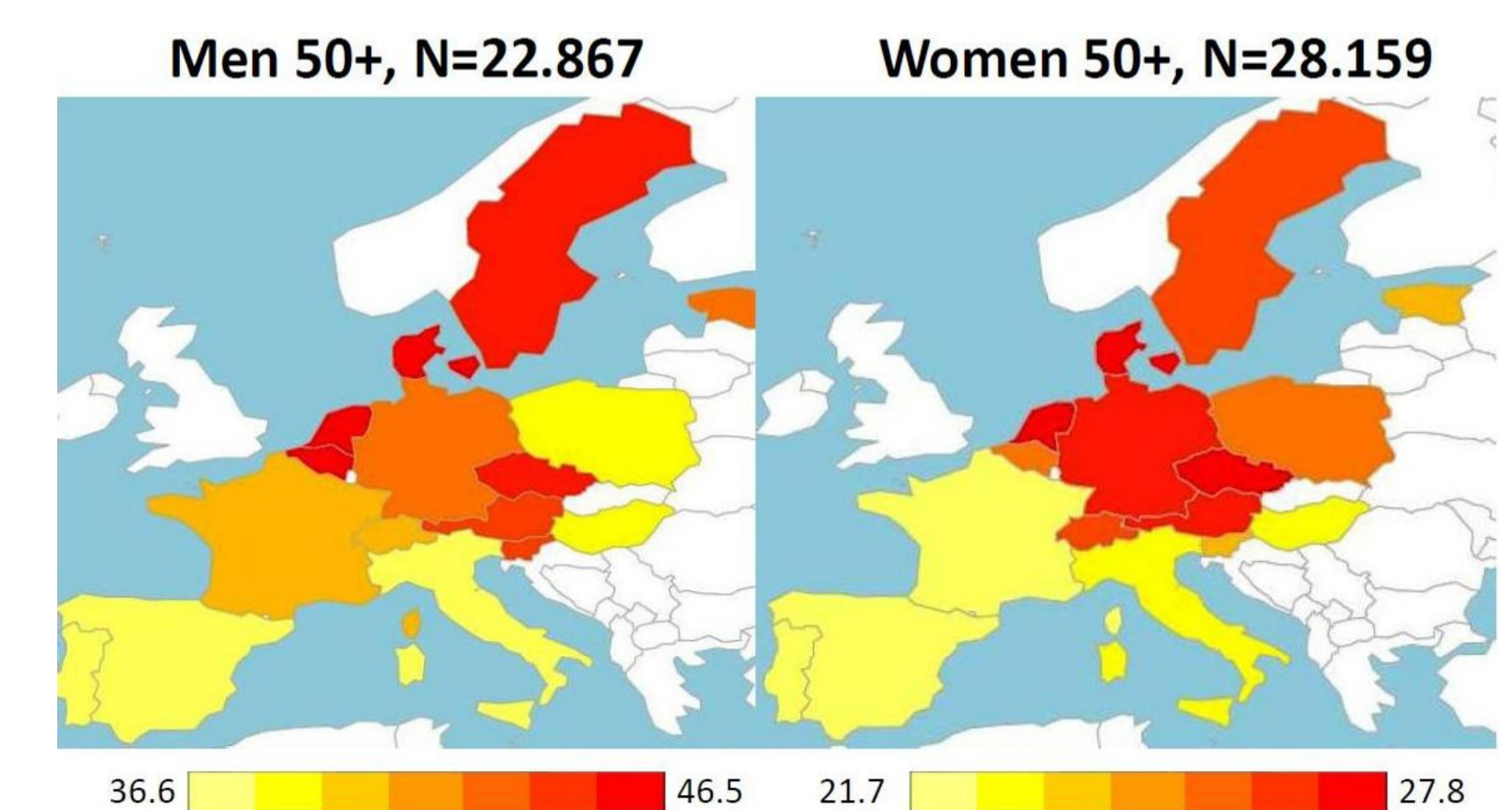


Figure 4: Mean of grip strength (SHARE, 4 Wave 2010)

10. References

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