

ELDERLY WOMEN IN EUROPE

Choices and challenges

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TABLE OF CONTENTS

List of tables

List of figures

Introductory chapter

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1. Introductory remarks	1
2. Objectives	1
3. Method of work	2
4. The timing of this study	2
5. The status of older women in society	3
6. Overview of the studies	6
7. Acknowledgements	9
8. Bibliography	10

1. Feminisation of the Ageing Process in the European Union

G. Dooghe

1.1. Age shifts within the population in Europe at an advanced age	12
1.1.1. Older age groups have varying growth rates	13
1.1.2. Population forecasts	13
1.1.3. More pronounced ageing process among women	14
1.1.4. National differences	16
1.1.5. Life expectancy	18
1.1.5.1. At birth	18
1.1.5.2. At 60	19
1.1.5.3. Female advantage in life expectancy	22
1.1.6. Increasing gender difference with advanced age	23
1.1.7. Lower mortality rates	24
1.1.8. Causes of death	27
1.1.9. Widowhood	30
1.2. The social and economic position of elderly women in society	31
1.2.1. Employment	31
1.2.2. Income position	39
1.2.3. Number of people living alone	41
1.2.4. Health at an advanced age	44
1.2.5. The need for care	45
1.2.6. The role of grandmother	46
1.2.7. Women as caregivers	47

CHAPTER 5:

THE SOCIAL STRUCTURE OF OLD AGE IN SPAIN

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5.1. | Introduction

In the past decade, Spain has produced a great amount of empirical research about elderly people, and even more about the population in general, from which specific conclusions about this group can be drawn. These conclusions often include the aspect of gender and, in principle, the social structure of old age in women and men could be analysed separately. However, old age is such an imposing condition that it evens out rather than separates: the common elements are much more present than the differentiating ones, so that most of what can be said for men can also be applied to women and vice versa. Other additional factors hamper a separate analysis of old age in women and men. On the one hand, very few gender studies on this age group exist, since the standard-sized national surveys (with 1200 cases) cannot be broken down for gender and elderly population without calling into question the validity of the conclusions. Moreover, the relationship between women and men remains dialectic, even well into old age, and the typical characteristics that define them can only be understood in relation to what differentiates them.

This is why the following study is an analysis of the common conditions of old age in women which at the same time will refer to men. It will also include, wherever possible, an analysis of the sources.

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which will help to compare the differences between the two groups. The main sources to be analysed are the following: Survey on the Social Situation of the Old (8000 interviews among a population of over 65 years old), by the Centre for Sociological Research, 1989; the Survey of the Third Age (Centre for Research on Social Reality, 1992, 1200 interviews); the National Surveys on Health of 1987 and 1993 (Ministry of Health and Consumption, with around 40 000 and 26 000 interviews); the Census of 1991; the Survey on New Demands, 1990, 2000 interviews; and the Survey on Social Demands Related to Health Care (subsample of old age people in Madrid, 1993, 400 interviews), both under the direction of M.A. Durán, of the Higher Council for Scientific Research; and, finally, the Survey on Informal Support of the Third Age (Centre for Sociological Research, 1993, 2500 interviews).

Tradition requires the Spanish language to place the masculine before the feminine when making statements about the two sexes. In keeping with the title of the book in which this analysis is to be included, however, we shall endeavour to change this age-old habit of taking the second sex as though it were the first point of reference. For, although women make up a simple majority in the Spanish population, elderly women enjoy the dubious privilege of forming an absolute majority among their peers.

5.2. | History of a generation

Those women and men who are today over sixty-five years old, were born before 1930. In order to understand the meaning of their lives in more depth, we cannot confine ourselves to a description of the present. A reconstruction of the past, however brief, is needed to understand what goes on today.

The civil war that raged in Spain between 1936 and 1939 left a long and far-reaching aftermath. Even today, the middle-age adult population refers to the war as a watershed between two eras. Today's elderly are the last generation from "before the war".

At the beginning of the century, when these people were born, Spain was a little developed society, predominantly agricultural, with tremendous regional and class differences. There were a great number of large

families and child mortality was high; most of today's elderly people had to deal with the death of at least one of their siblings in childhood. Illiteracy was twice as high among women as among men.

Barring a few exceptions, the role traditionally assigned to women, that of subservience to men, was highly influenced by the Catholic Church. Even the left-wing movements were imbued with patriarchal culture.

Today's elderly people received their social education, their access to culture, politics, work and family life under these specific circumstances. However, below the official ideological surface, other streams of thought subsisted, less visibly but no less powerful. In most families, it was the women who took care of the actual education of the children and held the daily purse strings, despite the fact that legislation did not grant them self-sufficiency or patria potestas. Women always maintained their own surname after marriage, even in the most conservative of times.

The nineteen fifties brought enormous internal migration. Many families emigrated to towns and unmarried women did not fall behind men in their development. In the seventies, the country's economy began to boom alongside the timid changes introduced in the previous decade (general connections to electricity and running water, access to primary and secondary education for both boys and girls). The impact of emigration to other European countries (particularly to France and Germany) was also considerable, as was the massive arrival of tourists, not just owing to their contribution to economic development but also thanks to their exemplary effect on daily life and, quite obviously, on gender relations. Beside less important structural shifts, the seventies also witnessed the formal political transition towards a system of parliamentary democracy. The 1978 Constitution not only recognised the principle of "no discrimination before the law" for reasons of sex (art. 14) but also entrusted the public powers with the task of encouraging equality in all walks of life, both public and private.

Today's elderly people experienced the political transition at an advanced age. Socially as well as economically, today's elderly people have reaped the fruits of the implementation of the Welfare State, even if the latter still has its shortcomings and does not offer the same protection as in other European, and in particular Scandinavian, countries.

The improvements in medical coverage, pensions and the organisation of targeted activities have been acknowledged as some of the farthest-reaching and most positive changes in Spanish society in the past two decades. For today's elderly people, the eighties brought better pension coverage and an increase in the number of institutions aimed specifically at them. Just as at the beginning of the following decade, they also brought a tightening of the labour market, causing numerous men over 55 to take early retirement and thwarting the hopes of millions of housewives to find jobs. Compared to the general shift in values and beliefs, elderly people, particularly women, make up an ideological segment that clearly differs from the rest of the population, not so much in political or electoral terms (their voting pattern does not tend towards the right) but in the more profound terms of their beliefs, such as the meaning of life, family and religious beliefs.

5.3. | Basic demography and spatial distribution of elderly women

Few demographic topics are of such importance today as the ageing of the population. Not just regarding its purely demographic aspects (number of people, growth rates, future projections, spatial distribution) but also so far as its social aspects are concerned. Western society must become aware of the reality of ageing because of its consequences for economic and social protection, for the use of health services and for general policies vis-à-vis the elderly population (Warnes, 1993).

The ageing process is characterised by the fact that it does not have a uniform structure, since it varies according to sex, and is highly diversified geographically and over time: the evolution of the ageing process takes place at varying speeds.

The main indicator to measure the ageing process is the percentage of people above 65 years old (young elderly), although that of people above 75 years old (old elderly) is also often applied. This sets the threshold towards a clear deterioration of the physical and mental skills of the person, which has repercussions on the planning of health care. The demographic transition has taken less than fifty years in Spain. The drop in child mortality rates and the increase in the average age have shifted the relative weight of the elderly compared to the rest of the population. In 1900, only 5% of the population was older than sixty-

five, doubling to 11.2% in 1991, with 9.3% for men and 13.1% for women. In 1991, the percentage (14%) was already close to that of many other European countries and above the average of the states of the Council of Europe (13%) (Conseil de l'Europe, 1993).

In 1991, life expectancy at birth was six years higher for women than for men (79.7 and 73.3 years resp.). At sixty-five, life expectancy for women lies on average around 18 years, which corresponds to a longevity of over 83. However, disability-free life expectancy among the elderly shows that men have more years to live than women (6.8% compared to 6.5%) (SESPAS, 1993), as a result of their different states of health at an advanced age, which is slightly better among men.

The evolution of the Spanish population, as a whole and according to sex, during this century is shown in Figure 5.1 with the aim of measuring its growth gradient expressed through coefficient b in an exponential curve adjusted to the data. The resulting curves are no different to those found in other countries. Its basic components are a considerable increase during the whole century, particularly noticeable in the sixties, and highlighted even more from 1981 onwards. Furthermore, the evolution varies according to sex, as a result of varying biological behaviour, and there is a bigger increase in people above 75 years of age (Rodríguez et al., 1989) (Table 5.1), as has been shown in other European countries (Stolnitz, 1992). Thus, the "Spanish demographic structure is in line with what can be expected at the end of a demographic transition" (Puyol et al., 1989, 235).

The expected evolution is influenced by the demographic history of the segments close to old age. According to estimates made by the National Institute of Statistics, it would appear the number of elderly women is set to grow until the beginning of the 21st century, levelling out towards the end of the first decade, when the generations affected by the Civil War (Abellán et al., 1990) will reach old age, with differences in favour of women and the very old (Rodríguez, 1994).

Figure 5.1. Evolution of the population of over 65 and 75 years of age in Spain (%)

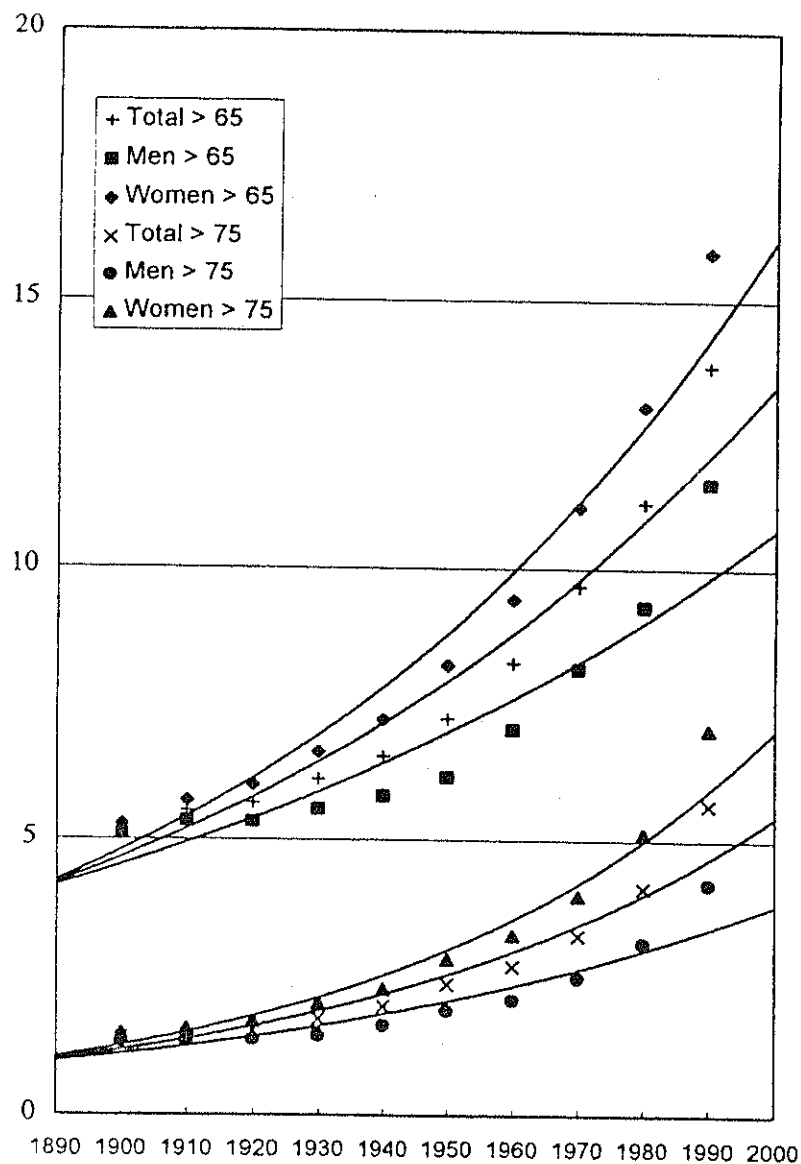


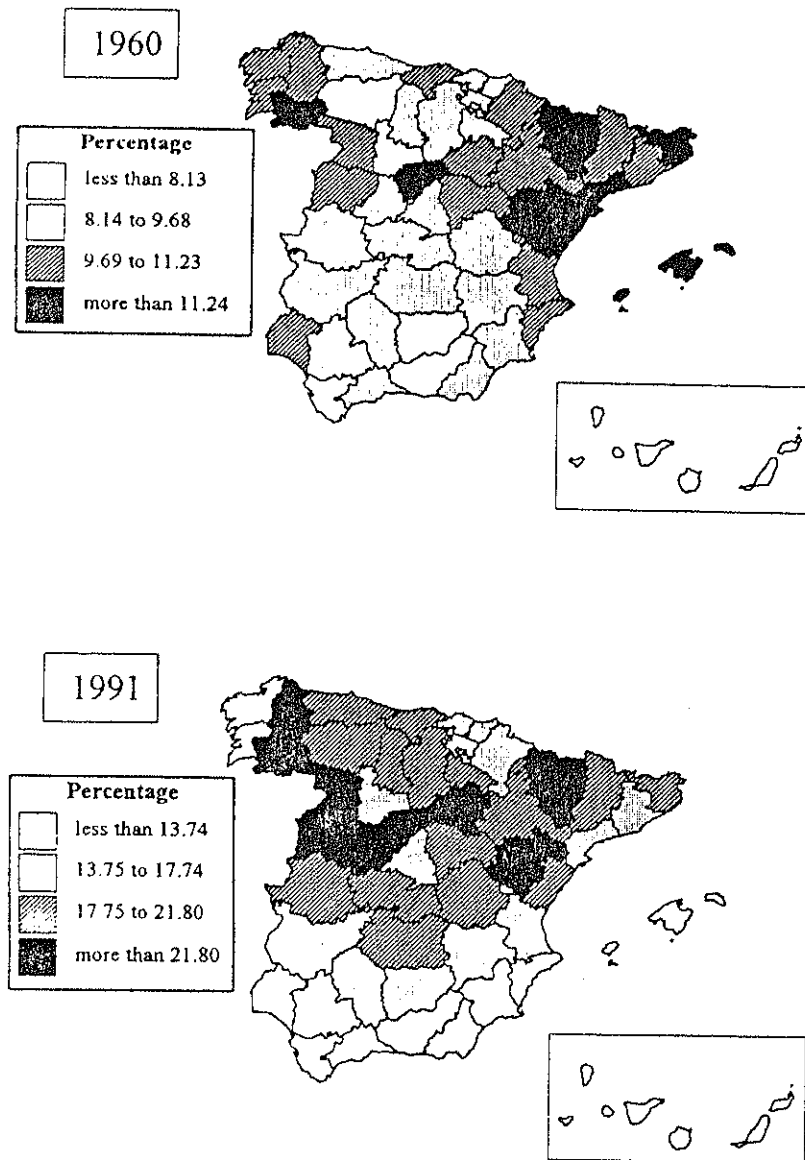
Table 5.1. Growth gradients. Evolution of the elderly population in Spain (1900-1991)

		Total population	Men	Women
65-74 years old	Gradient	0.0108	0.0087	0.0124
	Standard error	0.0012	0.0013	0.0010
	R ²	91.4	84.4	94.6
Over 75 years old	Gradient	0.015	0.0122	0.0169
	Standard error	0.0012	0.0014	0.0011
	R ²	95.1	90.7	96.8

Source: Drawn up in accordance with the Population Census (1900-1991)

The distribution of elderly women, like that of the whole group but with higher figures, reflects recent demographic developments in Spain. The percentage of older women grew by 8 percentage points between 1960 and 1991, from 8.7% to 17.7% (Figure 5.2). This is a reflection of the demographic changes in Spain in the past 30 years. However, three large regional groups are marked out. The first, in the South is characterised by a demographic vitality without noticeable ageing. In the nineteen sixties, this group covered the whole centre of the peninsula and several provinces of Castilla-Leon, which have since been ageing quite rapidly, particularly as far as its female population is concerned, in some cases reaching ratios of over 20%. The second, from 1960 onwards, covered the East with figures exceeding the Spanish average (approx. 10%), as a result of a more balanced demographic structure among the bigger age groups. By 1991, Spain's elderly population had concentrated more in the centre and the West of the peninsula, forming a very old population in rural areas, with often scant possibilities of generational renewal. In some provinces, up to 25% of the population consists of elderly women. The third area, which is less homogenous geographically, consists of the urban provinces, whose elderly female population had not reached the Spanish average by 1991 but had a high numeric volume (around 33% of the total of elderly women in Spain).

Figure 5.2. Ageing of the female population in Spain



The migratory movements of the '60s and '70s, the changes in the demographic structures of the provinces, the adoption of fecundity standards limiting natural growth, the differential mortality rates between women and men, and the increase in life expectancy, particularly among women, are some of the causes that have made female ageing a clear-cut part of Spanish society today.

However, even within the provinces there is no homogenous distribution. Using 1991 data from municipalities (Table 5.2), it was found that the smallest municipalities had a higher percentage of elderly people than those with bigger populations, although the smaller municipalities in the oldest provinces are older than those in the younger ones. The differences between the biggest municipalities are less noticeable. Two other elements, the higher percentage of farmers and the lower income rates, help to explain the high proportion of elderly people in the smaller municipalities (Abellán et al., 1987).

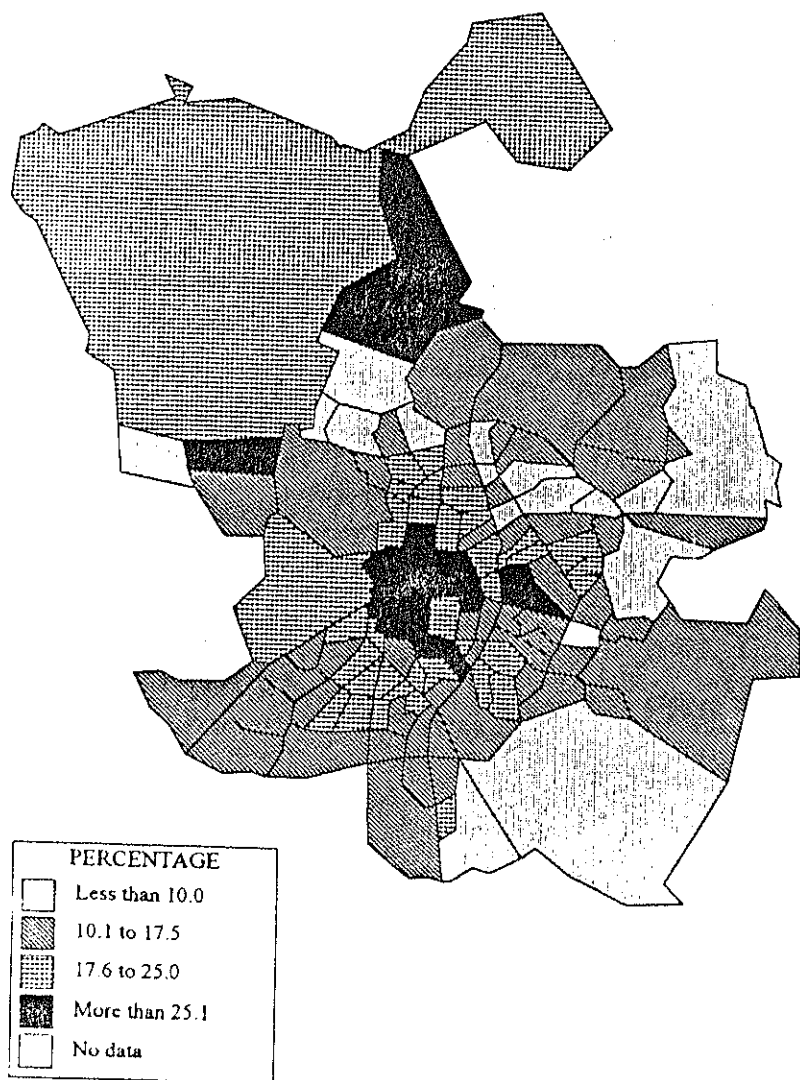
Table 5.2. Demographic structure per size of the municipality in 1981

Inhabitants	Municipalities in Spain	Sample	% Youngsters	% Adults	% Elderly
Under 5000	6,969	347	18.2	61.1	20.1
5,001-10,000	513	104	27.2	60.7	12.1
10,001-20,000	288	106	29.0	60.2	10.8
20,001-50,000	149	76	29.8	60.5	9.7
50,001-100,000	53	51	30.4	61.1	8.5
Over 100 000	50	50	29.7	61.3	9.0

Source: Abellán et al., 1987.

In big cities such as Madrid (Figure 5.3), elderly people are concentrated around areas in which the living conditions, demographic structure and urban morphology have allowed socially more deprived groups to survive. This is the case in the neighbourhoods in the centre of the city, as well as in those areas with homes for the elderly, like in

Figure 5.3. Elderly female population in Madrid (Census 1991, Barrios)



the North. In the outskirts, on the other hand, the demographic structure is much younger, since these neighbourhoods were formed only two or three decades ago by a young immigrant population. This pattern is similar to that of other Spanish cities.

5.4. | The images of old age

5.4.1. The search for new words

Although age has always been a powerful agent for the attribution of social roles, there have been few moments in history and few societies with a combination of social factors that have been so determinant for old age as the welfare societies of the end of the 20th century. Old age is not just an individual condition but a whole sector of society which, for the first time in the history of Spain, can become a social partner with its own representatives for the explicit or implicit every-day negotiation of a social contract or pact with Spanish society.

Furthermore, parallel to the demographic changes, the economic support of families has shifted from a patrimonial basis (largely agriculture and small businesses) to one with wages or non-wage incomes (pensions and subsidies). As a result of which elderly people now make up an administrative category that requires the creation of new and complex organisations.

These new conditions need to be referred to by new words. On an individual level, "viejo" (old) and "anciano" (elderly) are adjectives that can be made into nouns. But neither "vejez" nor "ancianidad" (both denoting old age) adequately describe the new structure of administrative relations that has arisen from the generalisation of the retirement system at the age of 65, for which the term "tercera edad" (third age) tends to be used.

A recent survey (CIRES, 1992) about the most adequate noun to refer to people of over 65 years of age showed the following preferences: "mayores" (elders) - 51%, followed by "tercera edad" (third age) - 23%; "ancianos" (elderly) - 14%; "viejos" (old people) - 5% and "others" - 5%. Women have a higher preference for the term

"*mayores*" (elders) than men (55% compared to 47%), reflecting a more negative attitude towards the connotations of old age.

5.4.2. *The vague boundaries of age*

There is no uniform idea among the Spanish population regarding the moment or the causes making a person "old". According to the same survey, age is the most important characteristic (54%). Other factors are also relevant, such as one's physical appearance (16%), attitude (8%), physical abilities (6%), retirement (3%), intellectual capacity (3%) or wisdom (3%). But for a quarter of the elderly people questioned, old age does not depend on age itself. This opinion varies according to their social position: 36% for those in higher positions and 18% for those in lower positions.

Only 19% mentioned the official retirement age or "third age" (65), although the same number of people (19%) put this age at 71 or at 61 (17%), while others even raise it to 75 (15%) or lower it to 60 (6%). The image of old age partly depends on one's own age: younger people mention lower ages as the threshold to old age than older people.

Freixas (1993) points to the motivational aspects of old age; many women ascribe old age to certain causes such as "the loss of hope or temperament". Women tend to believe that they can cope better with ageing than men, that they are better prepared. Regarding men, women believe that retirement precipitates ageing, with widespread biological decay (male "menopause"). Contrary to what is generally thought, women seem to have maintained a positive relationship with themselves during their own menopause, making them feel freer and more sure of themselves once they have gone through it.

5.4.3. *The images of old age*

Old age, however, is never considered a "good age" in Spanish society. Not even 1% believes that the best age in life begins at sixty. The "best age" lies between 21 and 30 years, or a decade later for those in a higher social position. Some 54%, on the other hand, believe that the "worst age" in a person's life comes after 60 years of age. In this respect, women and men express very similar opinions.

Out of a list of nineteen positive and negative attributions to differentiate the elderly from youngsters and adults, "economically active" is the one that best sets the three groups apart: only 1% would apply it to elderly people, 17% to youngsters and 29% to adults. "Wisdom" is another differential, although in the opposite way: 7% for the elderly, 3% for adults and under 1% for youngsters.

Old age is perceived as a time of decay: only 5% in the survey believe that old age does not lead to deterioration; over half (58%) indicate that it implies physical and mental deterioration; 28% believe that it implies physical deterioration and 8% mental deterioration.

The attitudes towards old age are diverse, but at the same time selective and precise enough to distinguish between some old people and others. Out of a group of nine expressions with which participants had to indicate their agreement (Table 5.3), there are two which are not supported by the majority: "the elderly have fewer friends than youngsters" and "there are posts of responsibility that should only be occupied by elderly people". Thus, elderly people are not perceived to be particularly lonely, nor are they given special rights of access to responsible positions in society.

5.4.4. *Retirement, capacity and power*

Three opinions which are clearly underpinned by the Spanish population are: "retirement depends on capacity, not on age"; "retirement is a good occasion to start new activities" and "if one's financial situation and health are in order, old age can be one of the best times of a person's life". In a way, these three opinions are related to each other because if one is still healthy after having reached the retirement age, retirement does not need to be compulsory nor prevent the start of new activities.

It must be pointed out that women are more critical, or can describe their own situation better, concerning the degree of influence their opinions have on others, although it is not easy to indicate the relative weight of age in this case. When talking about themselves, three out of four women (four out of five men) believe that their opinions are "always" or "almost always" taken into account. Women's self-perception is confirmed by others, whereas men are felt to have less influence than

Table 5.3. Attitudes among the participants regarding the following statements about the elderly

May 1992	Fully agree	Agree	Don't know	Disagree	Disagree completely	N.A.	Index
Almost no-one above 65 can perform a job as well as someone who is younger	11	33	9	36	10	1	98
Retirement should not be compulsory for reasons of age but because of the physical or mental capacity of a person	21	53	6	14	4	2	156
Whatever people say, retirement is usually a good time to embark on new activities	18	58	9	12	3	1	161
Since the number of elderly in Western societies is growing, they will take preference over younger people in future	7	37	14	26	6	10	112
There are jobs with particular responsibilities which should only be performed by older people	7	29	12	38	11	4	86
If one's financial situation and health are in order, old age or the Third Age can be one of the best times in a person's life	19	59	7	10	3	2	165
The opinions of elderly people are taken into account less and less	16	50	10	18	4	2	143
Older people have fewer friends than younger people	7	23	12	45	12	1	73
Centres for the Third Age (homes for the elderly, clubs etc.) only further isolate the elderly	11	35	10	29	10	6	107

Source: CIRES, 1992 "Survey on the Third Age"

they themselves perceive. The index for men drops from 172 to 161, whereas for women it only drops from 158 to 153.

There is currently no on-going debate in Spain about compulsory retirement, except for university lecturers, for whom the retirement age has been raised voluntarily to seventy. Other, bigger groups of public sector employees also demand non-compulsory retirement. In this, however, they clash with the major workers' unions who are opposed to this for as long as the compulsory age for the remaining workers is maintained. The current regulations apply both to women and to men.

Regarding the power or influence wielded by elderly people, most people agreed with the two opinions put forward (Table 5.3), even though they are to a certain extent contradictory. On the one hand, most people accepted that "the opinion of elderly people is taken into account less and less", on the other hand, it is thought that "there will be a growing number of elderly people in Western societies and in future they will be taken more into consideration than youngsters". Seen in the short run, today's elderly people in Spain are being stripped more of their powers than those in the past, who tended to have closer links with the ownership of means of production (land, houses, workshops, businesses). However, the organisational power of the elderly as a group in the developed world is perceived quite clearly today, particularly at times of elections, which explains why many people also agree with the second statement, seen from a long-term point of view.

5.5. | The use of time

Time is an essential element in man's existence, but the awareness of the way time passes is greater amongst those people who lack it most. Pensioners have a contradictory relationship with time: on the one hand many of them have hours of free time which they did not have before, while on the other hand they only have a short time left to live.

The market economy has placed such emphasis on the role of business, that any time not spent on business has been disregarded by economic and sociological analyses. Nonetheless, time and the way it is used are essential to understanding retirement and old age. Pensioners are ex-

tremely rich in free time, but they cannot buy extra time from others, even if they need it. In short, they have enormous time resources, even if a small group of them (the sick or disabled, in a social rather than in a physical sense) use up more time than they have at their disposal. Societies with an ageing population have not yet found a way to balance the use of time, which is why economic hardship has now been replaced by waste and boredom.

5.5.1. *The division of time*

Among the adult population, daily life is divided into three main blocks: rest, work and self-maintenance or social reproduction. The first tends to take up eight hours during working days, as does the second. Although the third has about the same size, it is broken up into different activities depending on the social group. In Spain, the distribution of time among elderly people was studied through surveys such as that of the New Social Demands of 1990 and the Survey of the Third Age, (CIRES, 1992).

This symmetrical division of time into three blocks does not correspond totally to reality. Retirement affects not just the pensioners themselves but also their spouse and children. The fact that one of the spouses may continue to work, paid or unpaid, has equally important consequences as the fact that the other does not.

For housewives, there is no break between before and after the age of sixty-five, except concerning access to pensions or other social benefits. Their daily life continues to revolve around family relations and domestic chores just like before their "retirement". But this positive aspect of continuity has a negative side to it: there are no legal or economic mechanisms to assist in cases where domestic activities are impossible or undesirable for women of a very advanced age. In fact, retirement pensions as a basic protection mechanism for ex-workers never covers the cost of home care and assistance at market prices. It is assumed implicitly that the elderly can either look after themselves or that other members of the family will do so for them. This is certainly true for most men, for their spouses are on average three years younger than they and live for longer. However, it is not true for women. The waiting lists for homes for the elderly and home care schemes are the

clearest expression of this supposition, which may have been relevant in the past, but is mistaken today.

In the self-maintenance block, the retired population differs from other groups by spending less time on self-improvement (only 2%) and consumption (especially of clothing or footwear and durable goods). They spend more time looking after their health (18%, compared to 11% of the population as a whole), both by way of prevention and because in general their health tends to be less sound than that of younger people. Cultural activities or reading (done by 35%) and physical exercise or sport (13%) are kept up among pensioners, whereas they are less frequent among the population at large. Unfortunately, this survey did not differentiate between the time spent on club or religious activities. A study performed almost at the same time in Bilbao, however, stressed that a large share of people over seventy-five (12%) go to church almost every day (Bazo, 1990). In the rest of the country (CIRES, 1992), religious activities are less common, but still twice as high among women than among men.

Other activities stand out less clearly, as is the case with domestic chores. People who have retired from working life, most of them men, spend an average of 3.25 hours a day on common domestic tasks (cleaning, cooking, eating, household repairs and maintenance, sewing, looking after plants and the sick), which practically corresponds to the figure for the population as a whole (3.84), excluding child-care. The men do not feel responsible for domestic tasks, although they do usually help to carry them out. For most women, however, retirement does not bring about a sudden change in their domestic tasks since these continue to make up their "job", although the number of hours spent on them per day diminishes gradually.

Analyses of old age focusing on retirement are biased because they disregard a considerable group of older people who never retire. Many women become "pensioners" but do not "retire" as a result of their family situation, not because of a change in their own activities. However, male archetypes are so strong that they create confusion between the concepts of "loss of job" and "loss of occupation". Although they grow old, women cannot, and often do not want to, give up their previous occupation as housewives. If they give up their job it is usually in order to spend more time on domestic chores than they did

when they were working. According to the Survey on the Third Age (CIRES, 1992), only 16% of men, compared to 60% of women, regularly perform domestic duties. Whereas 57% of men never perform any at all, only 17% of women can afford to do so. Thanks to the work carried out by older women, older men can live on their modest pensions without suffering dramatic drops in their quality of life. Despite their advanced age, women as a whole spend more time on domestic tasks than men. They do manual work (particularly sewing or knitting), go shopping, look after young children and take care of any formalities. The men, on the other hand, participate more in games with others, attend clubs and associations for the elderly more frequently, walk and read more, visit their friends more and listen more to the radio or watch more television (Table 5.4).

In old age, women continue to be defined by what they do, and men by what they once were.

The second block, rest, consists basically of time spent asleep. Spaniards in the nineteen nineties sleep rather little, over half an hour less than the recommended eight hours a day on working days. This is particularly the case amongst adults, whose manifold activities leave less time for sleep. Elderly people make up for this (they sleep 7.71 hours for the whole group of retired people, 7.84 for those over the age of 75). These figures contradict the widespread idea that the elderly need less time for sleep, or that they spend more time awake because they find it hard to fall asleep. Although perhaps this contradiction is more apparent than real since they measure the time devoted to sleeping and not the time actually spent asleep.

5.5.2. How time is spent

Although sleep at night is the main resting activity, there are other ways of resting which require little physical effort and which allow for different degrees of intensity. The availability of time does not guarantee that the hours recently gained will actually be used (Casals, 1982). As with any other human activity, leisure requires existing habits and culture while existing attitudes are not easily modified. That is why organisations, clubs and meeting places are so important, even if they are only the traditional "*carasoles*" [sunny meeting places out of the wind] of the villages in Castilla.

Table 5.4. Frequency with which elderly people carry out these activities according to others

	Women				Men			
	Often	Some-times	Never	No answer	Often	Some-times	Never	No answer
Read books-Newspapers	23	28	47	2	36	32	31	2
Go out	5	23	71	2	4	32	61	4
Visit friends, family	41	39	19	1	53	35	11	1
Go on a trip	13	27	58	2	17	31	48	3
Watch television	85	10	4	*	90	7	2	1
Listen to the radio	63	20	15	2	74	15	9	2
Walk	59	31	9	*	78	17	5	*
Play with others	16	24	57	2	36	27	35	2
Go to church	40	33	25	2	18	38	39	5
Look after children	14	26	57	2	8	24	65	3
Do handicrafts	29	26	43	2	9	9	79	3
Do chores	60	23	17	1	16	24	57	2
Do paperwork or take messages	42	24	33	1	32	36	30	1
Go shopping	51	23	25	1	29	35	34	2

source: Survey on the Third Age, CIRES, 1992 (Basis: general survey, 1004 interviews)

The retired population and the over 65s participate slightly more in passive leisure activities than the rest of the population, and they do so for more time, particularly in those activities that require little social and physical effort ("rest without doing anything" is mentioned by 48% of the over 75s, compared to 32% by the population as a whole, with 3.18 hours a day compared to 1.79 hours a day for the population as a whole). The frequency of "other forms of rest or leisure" is also higher than "being with friends" and "family" and "taking part in games" and "watching television" (Table 5.4).

Apart from sleep, six and a half hours of every working day are spent on rest by over five million people: that is to say, more than thirty-two million hours a day in which one can choose to do nothing or some other kind of activity, such as learning new things, being involved in politics or in cultural clubs or doing voluntary work.

Thus, the leisure industry has tremendous possibilities ahead, as do the service sector and voluntary work, which have little basis and are inefficiently organised in Spain, perhaps due to a long tradition in which people distanced themselves from the state (Moragas, 1991). In those countries that underwent their demographic shift longer ago, such as associationism has turned out to be an invaluable social resource. In the face of increasing demands for services which formal organisations, in particular Social Security, cannot meet, Spanish society is trying to find new ways of making use of these resources, which are currently restricted to a purely private level, in public life.

If, as seems likely, pensioners and elderly people turn from a category into actual population groups, they themselves will find the best way to make use of their capital, time. If not, they run the not inconsiderable risk that others might decide their day-to-day life and the way in which they spend their time for them. One way could be to provide informal support.

There are currently several new alternatives for elderly people in Spain through informal support, either via associations or via their own families. Spain does not yet provide enough support for elderly people outside the family. Hence, the family is the first source of assistance for this group. According to the survey *Informal Support for the Third Age* (CIS, 1993), elderly people ask for assistance largely from their

daughters (approximately 45%), particularly when they have no spouse, followed by the spouse (20%), brothers and sisters and other relatives. These percentages increase with the age of the person requesting help. Another aspect of this kind of assistance is that provided by elderly people to other members of the family of the same or a different generation. Out of the over 65s with children, some 35% assist in domestic chores and looking after children (around 10%). This is particularly the case for elderly people living with their family (44%), although it does depend on their health. Another important factor is the division of roles according to sex: over 40% of women (only 29% of men) spend time taking care of grandchildren and domestic chores.

5.6. | A place to live

5.6.1. *Legal and demographic factors in the housing market*

Living conditions are of particular importance for the elderly. Most Spanish women have spent their lives indoors, and after retirement, the men return to the physical space of the home, where they spend most of their time. This return to the same reduced space that for years was territory reigned over by the woman is by no means easy and can lead to tension and a hard coexistence (Moragas, 1989).

The increase in life expectancy and the improved economic circumstances of elderly people have changed the housing market and the distribution of home-owners according to age. Today, there are more elderly people who live alone or occupy their house as the main occupier, together with their children or other relatives. Between 1976 and 1991, the number of houses owned principally by a person over sixty-five has increased by one million. It is estimated that some 277,000 houses would have become free over this period if the age structure of home-owners had remained the same as in 1976 (Garrido, 1993). Real estate analysts estimate that this is one of the reasons, though not the only one, why prices of urban housing have gone up so enormously, increasing by 150% in general, and up to 250% in Madrid, between 1986 and 1991.

The legal conditions and the benefits of the Welfare State have encouraged elderly people to stay in their own homes for longer. In a way

to the detriment of younger people. In the Survey on the Third Age (CIRES, 1992), one of the reasons that explained why older people tend to live with other people turned out to be that they lived in their "own houses", which was the case for 15% of the people replying for themselves and for 12% of the people for whom others replied. It must be borne in mind that the homes of elderly people are increasingly brought in line with those of average homes in Spain. Another reason is the almost automatic passing of rented housing to widows and the inheritance of property in the event of death of the spouse, as pointed out in 8% of the cases for women and 16% for men.

However, the cost of maintenance of the house is hard to bear for many elderly people. According to the survey on the Social Situation of the elderly in Spain (CIS, 1989), 5% of the elderly people interviewed, regardless of sex, had had to "move house for financial reasons" after turning sixty-five. But the percentage of people being forced to do so increases parallel to the average age of the elderly.

Owing to the legislation protecting tenants, which has made it unprofitable to rent houses, most Spanish families (80%) own the house or apartment in which they live. That is why the legal and financial situation on the housing market is of such importance for elderly people.

Tenants living in houses on "old rents" [i.e. a low, fixed rent set in the time of Franco] pay much less than the real value of the house on the market, which explains why they rarely move out. Both for them and for their families, low rent is a kind of subsidy paid by the owner of the house. The negative side of this is that the houses and areas inhabited to a large extent by elderly people have deteriorated owing to a lack of adequate investment in maintenance. The widows and children of a deceased tenant prolong the terms of rent, which means these houses are often inhabited by women. Furthermore, taxes on the sale of real estate are extremely high. In general, very few people change house in these neighbourhoods. This has recently been leading to concentrations of people of a certain age and social class in Spanish towns. On the one hand, home-owning elderly people do not move, on the other their children do not live in the same neighbourhood, thus increasing the distance between parents and children. This matter is important if families are to offer partial support to their elderly

relatives, when the latter cannot look after themselves completely but do not need to move to a special home.

For Spanish families, the home is their main property, and in this respect elderly people are richer than the young. However, since the home is a consumer good that can not be sold in parts, the cost of its maintenance (bills, taxes, repairs) is too great for an increasing number of elderly people, above all for elderly women. These problems will become even more serious after 1995, with the implementation of a new law that will gradually adjust the "old rents" to the average prices on the housing markets.

5.6.2. *Satisfaction with the home*

According to the Survey on the Third Age (CIRES, 1992), both the participating elderly people and the population groups in general are very satisfied with their homes and with the way they are treated by society. Most people still recall the circumstances in which elderly people used to live in the past, when there was no generalised pension system or health service, and when the global state of health of elderly people and the access to health centres was much worse than is currently the case. At the time, family and neighbourhood networks were (and still are) quite closely-knit in Spain, even in the bigger cities. Much more so than in Anglo-Saxon or Scandinavian countries.

The index of satisfaction with the home currently lies around 193, while the satisfaction with the treatment by society lies around 196, with 100 corresponding to the average between "somewhat or very satisfied" and "unsatisfied". The facilities are similar to those of the average Spanish standard. The indices for women and men lie very close, although they are slightly lower for the latter and slightly higher for those men who live with their wives or with their wives and children or others than for those who live on their own or in homes for the elderly.

5.6.3. *Ways and reasons for the organisation of the home*

Spanish women "know" that, statistically, they will spend the last ten years of their lives without a partner as a result of their longevity and

because they tend to marry men who are slightly older than they are (on average three years).

According to the Survey on New Demands (Durán, 1990), 94% of the population of over 18 cohabits with other people. Only the groups of 25-34 year-olds (18%) and those of over 65 (20%) have a higher percentage of people living alone. The first owing to the number of singles (34%) and divorcees (2.5%); the second owing to the number of widows, amounting to 26% among the over 75s. Some 48% of those living on their own are over seventy-five years old. This proportion was 47.9% in the 1970 Census and 53.7% in the 1981 Census. Another study conducted around the same time (1989) by Bestline for the Ministry of Social Affairs, showed that 19.5% of people lived on their own, 52.8 lived only with their partner, 14.6 lived with underage children, 21.2 with adult children, 4.3 with a sibling, 9.3 with other relatives and 0.8 with non-relatives. The figures provided by the three studies are fairly similar. Their main difference is due to the fact that in the study conducted by the C.I.S., 5% of the sample was taken from *collective homes*, which was not the case in the others.

Collective homes will no doubt become more common in future. However, for as long as couples exist, so will independent homes. After the death of one of the partners, the survivor often starts to share more time and resources with other relatives. Among the over 65s, some 31% say that the death of their spouses put an end to a stage in their lives, just like other crucial events such as marriage (mentioned by 71%), the civil war (61%) and the birth of the first child (37%) (CIRES, 1991).

Both the Census and the Survey on the Active Population - SAP - show up the differences in the status of "main person" in the house according to sex. According to the EPA (1991, 2nd quarter), access to this status for Spanish women is only gained in old age, once they have been widowed. Over a million (1.2) women over seventy-five years old are the "main person" of their home, which is more than in all the other age groups taken together. However, the number of elderly women living in homes in which their husband is the main person is even higher (1.2 million) and it is quite similar to the number of women living in homes in which other relatives are the main persons (0.8 million). Men rarely appear as people living in homes in which their wife is the "main person" (six thousand cases), while those living in

homes in which other relatives are the main persons only make up a third (0.26 million) of the number of women in the same situation.

Old age is dominated by women. The sex ratio amongst the over 65s is of 70 men for every 100 women (1990 Census) and even lower in the bigger cities (63 in Madrid). This is perhaps the best indicator for the demographic evolution of women, contrasting with that of underdeveloped countries, where the ratio is the opposite. It must be said, however, that this is only pyrrhic victory, since for most people, survival has an extremely negative side.

Some 51% of elderly men (but only 18% of elderly women) live with their partners; 19% of men, compared with 42% of women, live with their children without their own partner. Whereas most elderly men live either alone with their wives or with their wives and other relatives, the majority of elderly women have no husband. After the husband has died, many women live with their children, as long as these have not yet left home - as is frequently the case since the age of marriage has gone up (to 24 years for women and 27 for men). However, widows not infrequently move in with one of their children (usually a daughter), and at times one of the children moves into her house.

According to CIRES (1992), being able to live in one's own home is usually considered as something positive, stressing the advantages of being "independent" as opposed to those of having "company". But being able to live in one's own home is contingent upon three powerful constraints: economic and affective constraints and that of fending for oneself.

Among elderly people living alone, some of the main reasons for doing so are their "independence" (38%) and the fact that they can "fend for themselves" (34%). Fending for oneself and independence are two sides of the same coin. The first is related to physical/mental aspects while the second has to do with attitude, but they are applied in different ways to women and men. Both of them use the argument of independence, but the women resort more to the idea of being able to "fend for themselves" (31% compared to 11% for men when replying for themselves; 38% compared to 23% for men when someone else replies for them). None of the elderly women said she lived alone because "she liked it", although this reason is generally attributed equally to men as

to women (10%). Women place less stress on the economic capacity to live on their own than men (1% and 6% respectively).

The perceptions of elderly people when they speak for themselves do not coincide with those of other people speaking for them, which makes research more difficult, as happens with other social groups. In the CIRES survey (1992), some 16% of the over 65s spoke for themselves, while the remainder referred to an elderly person whom they knew well. The "indirect" opinions about elderly people are more optimistic, which may be due both to the fact that the elderly people about whom other people speak do indeed have more social relationships than those speaking for themselves, and to the fact that their social relationship is seen in a better light. It appeared that 13% of the elderly people about whom others spoke "had no-one", while this was the case for 24% of those elderly people speaking for themselves. In 2% of the cases, and this coincides for both, it is pointed out that those "others" do not want to live with them.

Some of the reasons why elderly people live with others are positive (46% of men and 48% of women share their homes because "they like it"), but others are negative (10% because "they have to"; 6% because "it is the only way"; 1% because "housing is expensive"). When these reasons are interpreted by others, the values barely differ, except for "it is the only way" (which goes up from 6 to 11%) and for "the person needs help" (increasing from 4 to 11%). There are no outspoken differences between women and men. However, women tend to underline the positive reasons ("they like it") and the shortcomings ("they need help") and place less emphasis on the legal aspects or constraints ("own home" or "they have to").

5.6.4. *Attitudes towards homes for the elderly and collective homes*

Homes for the elderly or collective homes are not yet a common form of residence among Spain's elderly people. Few reasonably priced places are available in public homes, while prices in private ones are unaccessible for people living on a retirement pension. Homes for the elderly have never had a very positive image in Spanish history either, since they were seen rather like old men's homes run by charity.

In the past ten years, considerable changes regarding the "place to live" have occurred, and even bigger changes look set to arrive in the next decade. Higher rents and real estate taxes have made it more difficult for pensioners to keep their own homes, while the relative cost of alternatives has decreased. Other factors, such as the increase in the average age of the elderly and of the number of middle-aged women on the labour market, will also play their part.

According to the Survey on the Third Age (CIRES, 1992), the elderly person's state of health and economic capacity are of great relevance to her or his home (whether living alone or in company). Among the higher socio-economic levels, elderly people frequently live alone, while the population in this social segment tends to prefer to continue living at home rather than move into a home for the elderly. In the lower strata, in which the marginal costs are proportionally higher, both the circumstances and the attitudes tend towards sharing with other relatives, whether in the elderly person's own home or in that of other relatives. Health is an even more important factor, although it varies enormously in the person's own perception and in that of others. Beyond a certain limit it is difficult for the elderly person to continue to live at home alone, particularly if her or his family lives close by. Out of the elderly people living with somebody else, almost twice as many of those who are in good health do so "because they like it" than of those in bad health (53% as opposed to 30%). Those who explain that they "receive" or "need" assistance increase from 13% to 30%, while those who state it is "the only way" go up from 9% to 21%.

Only 2% of elderly people have applied for a place in a home for the elderly, but 9% of those speaking for themselves say that they will do so in certain circumstances, a figure that reaches 17% for those elderly people currently living alone. The men are aware that their chances of remaining alone are fairly low, and they insist that homes for the elderly are for "people without relatives". The women, who know that they are likely to lose their partner, resort less to this opinion and prefer to stress the idea that these homes are for "disabled people" or that they are "unhappy places".

Although the majority prefer other ways of life to homes for the elderly, on the whole the treatment provided by both public and private

homes is regarded positively. Women and men express similar opinions in this respect.

5.7. | Social relationships at an advanced age

5.7.1. Relationships with other age groups

In the eyes of the Spanish public, elderly people do not give the impression of being more alone or isolated than other age groups. Over half stated that they frequently had contacts with children or youngsters, while 76% said they frequently had contacts with adults and elderly people, according to the Survey on the Third Age (CIRES, 1992). Women have slightly fewer contacts with their peers (there are many widows among them and few widowers), but they do have more contacts with youngsters and children. Naturally, these contacts were most frequent among those who live together with their partners and children (75% of the cases), and were much more limited among those living in homes for the elderly, particularly with people of a different age group (12%). Age, to what extent the person is active, her or his quality of life and attitude are all aspects that determine the frequency of contacts, although they are both cause and effect: amongst the over 75s, there is a noticeable drop in the frequency of contacts (from 80% to 68% with people of the same age). This figure also drops for those who live a less active life, of lower quality or who are unhappier. Regarding contacts with peers or middle-aged people, there is a participatory relationship (88% and 86% resp.), but this participation decreases somewhat in the contacts with youngsters.

Regardless of their frequency, only 2% of the sample assess the contacts as bad or very bad, while over a quarter felt they had "excellent" contacts with all age groups. There are very few differences regarding the satisfaction index between women and men: women are slightly more positive about children under fifteen and slightly less so about the remaining groups. Since elderly women are on average older than elderly men, these conclusions refer to the whole of the elderly population, not to elderly women and men of the same age.

5.7.2. Sexual relationships and gender archetypes

One aspect of social contacts about which it would have been difficult to ask Spanish women some decades ago, and elderly women even more so, is how often they have sex. However, public opinion has been liberated to such an extent that the percentage of "no answer" is barely higher than in other questions, and is quite similar for women and men (19%). It is a topic dominated by gender archetypes; it is not only a matter of recognising a fact, but also of transmitting an image of a "self" that was quite different at the time when today's elderly received their social education, before the nineteen thirties.

According to CIRES (1992), out of the group of elderly people speaking for themselves, 73% of men and 39% of women live with their partner: out of all these, 70% of women and 39% of men say they "never have sex". The remainder, 34% of men and 10% of women, say they have sex "occasionally".

These figures must be treated with the same care as those for other subjects, such as a feeling of concern, energy or sadness (table 5.5). Since, compared to men, elderly women live longer, are less healthy and are worse off financially (lower pensions), these women tend to be less cheerful, although a comparison between women and men of the same age would lead to different conclusions. On top of all this, the archetypes they encountered during their upbringing mean they express their feelings differently than men. The extent to which this occurs can only be determined by comparing the results of the survey with other modes of observation.

The expression of fear is practically prohibited amongst men (6%), compared to a quarter of women. However, seen from the outside, the figure for women's fear remains stable, whereas that of men triples. Only a third of women state that they are energetic, whereas over half of the men say so of themselves. Seen by others, the figures are practically the same. Women lament the fact that they have become less useful, but seen from the outside the figure is no higher than for men.

One of the feelings which most differentiates the two genders is that of loneliness; and women do not lack objective reasons to state they feel lonely more often than men. Happiness and sadness are also part of

Table 5.5. Statements regarding the over sixty-fives, according to sex

May 1992	As seen by themselves (196 interviews)				As seen by others (1004 interviews)		Total
	Men	Women	Total	Men	Women		
As (s)he gets older things get worse	59	78	70	54	61	58	
(S)he is just as energetic as last year	57	37	45	49	42	45	
Things bother her/him more than in the past	29	24	26	31	35	33	
As you get older you become less useful	45	56	52	45	44	44	
(S)he is sometimes worried because (s)he cannot get to sleep	24	33	36	19	29	24	
(S)he sometimes feels life is not worth living	12	13	13	11	16	14	
(S)he is/seems just as happy as when (s)he was little	39	19	27	25	18	21	
(S)he has many reasons to be sad	17	33	26	12	22	18	
(S)he gets annoyed more easily than in the past	13	14	14	22	23	23	
Life is tough and difficult most of the time	32	34	33	22	24	23	
(S)he takes things too seriously	23	26	25	27	34	31	
(S)he get angry easily	17	28	23	27	31	29	
As (s)he gets older (s)he feels lonelier	20	34	28	18	28	23	
(S)he is afraid of a lot of things	6	25	17	18	24	22	

Source: CIRES, "Survey on the Third Age", 1992. Basis: 1004 interviews.

elderly men's and women's lives, both according to themselves and in the image perceived by others: 39% of the men (only 19% of the women) say they are just as happy as when they were young, while 33% of the women (and 17% of the men) state they have reason to be sad. This has been corroborated by many other surveys (Durán, 1991). Younger people show precisely the opposite figures; here it is women who tend to be more optimistic. The figures for extreme sadness, which leads to the conclusion that "sometimes life is not worth living" are low, but certainly visible, and they vary little between the opinions of the elderly themselves and those expressed by people who know them well. More than one out of ten feels this way, slightly more women than men. This figure would no doubt be higher if those elderly people who were not reached by this survey as a result of bad health and living conditions or because they live in collective homes had been included.

5.8. | Retirement

5.8.1. Secondary retirement

Age and retirement are related but do not necessarily go hand in hand. Despite the fact that the legal retirement age in Spain is 65 years, many people have taken early retirement in the past decade, encouraged by their companies, while many others, particularly the self-employed, have continued to work beyond the age of sixty-five. Moreover, retirement has a very different meaning for women than for men. The majority of women do not hold a job when they reach the age of sixty-five and many did not have jobs during the biggest part of their lives, whereas men did. For men, retirement entails giving up their work, a clear-cut and sudden transition. For women, on the other hand, it is actually the retirement of their partners which takes place and which predates their own accession to the administrative category of "third age" or "pensioners" by several years. This is called secondary retirement or "partner pensioner".

5.8.2. The impact of retirement on the daily life of elderly people

According to the Survey on the Third Age (CIRES, 1992), 7% of elderly people carry out some sort of working activity; 4% of women

and 13% of men. From the age of seventy-five onwards, this figure falls by a quarter compared to the group of "young elderly".

The moment of retirement usually coincides with the age set by law for most occupations, i.e. 65 (63%). The remainder (37%) retire either before or after: 5% after 65, 16% before 60 and 9% between 61 and 65. Illness, unemployment and redundancy are the main reasons for early retirement.

Retirement can have varying consequences for the living conditions of the person in question. Most people continue doing what they had been doing before; only 11% of both men and women embark on a new activity.

But their incomes drop while their free time increases. Regarding health and state of mind, which are closely related, it is difficult to separate the effect of physical ageing and the interruption of labour relations.

As far as other aspects are concerned (social contacts, concerns, social status, responsibility), there are an equal number of people indicating improvements and deteriorations. Family life also improves, although not dramatically. The state of mind and quality of life of those who continue working partially or sporadically, as is usually the case, is markedly better than for those who do not. This is relevant information but it cannot be generalised into the idea that working activities are the cause of well-being because cause and effect work both ways: those who are healthy and in a good state of mind find it easier to stay active than those who are not.

5.8.3. *The quality of life*

Both those elderly men who speak for themselves and those for whom others speak express a high level of satisfaction with life (11% "very satisfied", 69% "satisfied"). The image of their own activeness projected by the men speaking about themselves is stronger than that expressed by others. This difference may be partly due, however, to the fact that only those elderly people fit to be interviewed took part. The women, who are much more active than the men, nevertheless do not show a similar increase in satisfaction. They are slightly less satisfied with their situation than the men.

Elderly women, as said, are generally less satisfied than men, and this is also true regarding the quality of their lives. The Survey on the Third Age (CIRES, 1992) put forward a dozen aspects to see which ones most contribute to the quality of life: health came out first, chosen by seventy percent of the participants. Other conditions, such as "being able to fend for oneself", "receive a good pension" or "get on well with the family" were also widely indicated. The differences between women and men were small and were partly due to the ways in which the questions were put. Thus, the women stressed "being able to fend for oneself" somewhat more, while the men underlined "stay active", whereas the two conditions are in fact very similar, except that the first one usually refers to the private aspects of daily life, while the second one to daily life both in public and in private. Furthermore, the population as a whole sees maintaining a good pension as the main concern of elderly men, while slightly more stress is placed on keeping good contacts with family and friends for women.

When the participants were asked which aspects they would apply to themselves or the people they were speaking about, the higher figures for men stood out most: good health (70% of men, 54% of women), being able to fend for themselves (82% compared to 75%), availability of good services (61% and 48%), good pension (38% and 31%), self-satisfaction (65% and 54%) and so on. Even the environment, which one would think would be the same for all, reaches higher figures among men than among women (60% compared to 46%). The opinions provided by people speaking for others show the same tendency. The overall index for the quality of life amounts to 6.1 for men and 5.3 for women, when speaking for themselves; and 6.0 and 5.4 respectively when described by others. According to these figures, almost half of the elderly population enjoy a high quality of life, but one out of four can be said to have a low quality of life.

5.9. | Economic situation

5.9.1. *Income and availability of work*

A number of factors influence the economic situation of elderly people: income, property, expenses, security and stability of the former, size

of the income compared to the past, future expectations of expenditure on health and the financial relationship with relatives.

The main indicator of the economic situation is an analysis of the income level, although it is not the most adequate way of understanding the economic situation of elderly people, which is determined basically by the availability of labour resources, whether theirs or those of others. Their economic situation, and in particular that of elderly women, cannot be understood unless more attention is paid to the availability of unpaid work provided for them by relatives, the state or volunteers. Numerous studies have pointed to the care for ill relatives as one of the cause of the increasing feminisation of poverty, given that women are often forced to support their relatives and give up their jobs or reduce their possibilities to work or be promoted (Durán, 1989).

Retirement pensions are not sufficient to cover two basic needs which are implicitly referred back to the family and their accumulated wealth: the need for care for the ill or disabled and the need for housing, which is supposed to have been covered by a previous acquisition, or by the protection of artificially fixed rents and taxes.

Elderly couples usually have two kinds of resources: monetary income (retirement pension or other pensions) and a contribution in work (domestic tasks) provided by the women. The couple's self-sufficiency is guaranteed not so much by money as by work, the market value of which far exceeds the monetary value of the pension. As a result of our patriarchal culture, however, there is still a widespread idea that it is the man who "maintains" the woman or the one who "brings home the bacon".

According to Freixas (1993), the women see the men as their "shelters" and remain dependent on their husbands' wages or pension. They also express uncertainty about their financial security in future. Only 9% of women (47% of men) say they take care of relatives financially (CIS, 1989). Those men who provide an income for other relatives do so mainly for their wives (86%), whereas women do so for their children (69%). The number of dependent relatives increases with the socio-economic level, since at a higher level, the children join the labour market at a later age. Women not infrequently contribute to the income of other relatives apart from their children or partners (16%, compared

to 2% of men). The more intense family relations between women and the more frequent regroupings among female relatives explains this situation, which is confirmed by many other studies. Thus, for example, the Survey on Inequality within the Family (CIS, 1981, analysed in Durán, 1989) showed that the number of ancestors from the maternal side sharing a home is twice as great that those from the paternal side. It is often the children who offer economic support to such ancestors. Wherever parents share the home of their children they usually contribute to the family expenses (62%). However, the proportion of women who depend financially on their children or relatives is practically double (22%) that of men.

Despite the fact that they have higher incomes than women, men find it difficult to survive on their own. Owing to demographic reasons they do not often remain alone (few bachelors, lower longevity than women and marriage with younger women), when this does happen they cannot afford to pay market prices for the care that they need and have not been prepared by society to provide for themselves. Elderly women, on the other hand, continue to work for themselves and their relatives until physically they can do so no longer. This is one of the reasons why only one out of ten men live on their own, whereas one out of every four women do so.

5.9.2. *Subsistence levels and the border with poverty*

According to the Survey on the Social Situation of the Elderly (CIS, 1989), 82% of the over 65s receive some sort of pension, the most common ones being retirement pensions (67%) and widows' pensions (23%). The latter are almost exclusively drawn by women and are lower than the former. It is not easy to estimate the number of people in each situation. In some cases, one and the same person can draw different amounts of income from different sources (compensation, pensions, private insurance, fixed private means etc.), while in others one home may receive several pensions. For fear of losing a pension, the declarations regarding economic situation made in surveys are consistently lower than those obtained by the pension-providing institutions.

Most of those not receiving a pension are married women who never paid pension contributions and are not eligible for a state pension

Many retired couples do not get married for fear of losing their pensions. Some 28% of women and 4% of men do not receive any kind of pension. However, following this survey an aid scheme was implemented to help families with incomes below subsistence level, reducing this figure, particularly among those who are not supported by relatives. Some 5% of elderly people receive additional private pensions, particularly those in higher socio-economic levels (almost 20%).

Nearly 70% of pensioners receive less or much less than they earned during their working life. Fewer than half had calculated relatively accurately how much they would receive after turning sixty-five. The comparison with their working days is more unfavourable among the higher socio-economic levels. In fact, the Social Security pension system imposes ceilings that are considerably lower than the average income of a highly-skilled worker.

One out of three elderly people find it difficult to make ends meet. Some 31% indicated that they had needed to reduce spending on food and clothing (34% of women, 28% of men); 34% had stopped going on holiday or trips; 4% had been unable to pay a pending bill of exchange or instalment. Women more than men pointed out that they had had to give up something extremely necessary (27% compared to 22% for men) or that they had been forced to borrow money from relatives or friends (14% compared to 11%).

5.9.3. *Property*

The most common property owned by elderly people is their home. Over half of them live in their own or their partners' home, while only 16% live in a rented house. Of the remainder, 15% live in the home of their children (amongst women this percentage, 18%, is almost twice that of men) or in state or private homes for the elderly (5%).

The system of drawing an income or lump sum against an anticipated sale of one's house is not common in Spain, although some banks have embarked upon combined schemes of acquisition and life annuity similar to those provided in other countries. Neither do people share houses, whether it be elderly people accepting boarders or families taking in elderly people, although some local councils started to

experiment with this in 1994. This has, however, been a traditional way of subsistence for widows, particularly amongst the middle classes and in towns and cities.

There is limited data about movable property, and even less about the differences in this respect between women and men. In a sense, the link between liquidity and accumulation has become lost among elderly people since they have a low income compared to their real estate property. This is even more noticeable amongst elderly widows.

Expenditure on housing no doubt accounts for one of the main expenditure heads for elderly people, together with those derived from the size of the family and their health. If the family home was bought at a time of economic activity or if the rent is below market prices or falls under a low tax regime, the elderly person will be able to maintain it with her or his pension; if not, she or he will not. Unfortunately, given the inflexibility of the Spanish real estate market and the high cost of moving house, moving into smaller or cheaper housing is just as difficult. The most common alternatives are living in homes for the elderly or with other relatives. The past decade has seen another kind of mobility, the so called "return" of pensioners who have spent years outside Spain or in big cities in other regions to their places of origin in rural areas, where the cost of living is lower. This alternative is least common among women.

5.9.4. *Economic relations within the family*

Economic relations with the rest of the family are another vital aspect of the situation of elderly people and they vary considerably according to sex. The situation of those people who today live with their families will probably be modified in the coming years. The course followed by men and women in this respect is quite different. A 65-year-old woman living with her husband and child will probably be living only with her husband by the time she is 70; at 75 she will be alone; at 80 she will be sharing the house of her children whilst at 85 she will be living in a home for semi-disabled elderly people. Most of the men, on the other hand, will stay at home, accompanied by their wives, until they die.

The Survey on the Social Situation of the Elderly (CIS, 1989) provided a cross-section of Spain's elderly population. A fourth of all elderly

women currently live alone, compared with a tenth of the men. Only 40% of women live with their partners with or without children, whereas the same is true for 70% of the men (who "receive" the domestic work of their wives). Almost a fourth of elderly women have gone to live with their children, whereas only 11% of men do so. Some 7% of women, and only 4% of men, live with other relatives (usually sisters or female cousins). Homes for the elderly account for 5% of both elderly women and men. Out of the elderly living with their children or other relatives, 15% do so temporarily. In Madrid, this ratio lies around 26%. This last figure is not particularly conclusive as an economic indicator. "Temporary stays" have always been, and still are, a common way of sharing the care and economic support for parents amongst the various children. Thus this figure is seen as indicative of their precariousness. However, in today's society this does not always point to the same conclusion. Increased internal migration and improved living conditions for elderly people means that they can be more choosy in their stays with other relatives. The integration of women into the labour market also means that their company has become more desirable, particularly in the case of "young grandmothers". In some farming areas with only one harvest a year, or in areas with high unemployment, the liquidity provided by pensions can give elderly people a relatively privileged financial position compared to their economically active relatives.

5.10. Socio-sanitary conditions

One of the most typical features of elderly women, and hence of all those over 65, is their health and its many facets - whether measured objectively or as perceived by the individual. Health cannot be considered as unique or unchangeable. It is closely linked to "the kind of society in which (women) work and live and their economic and cultural situation, ..." (Onis, 1992,6), which (together with the economy) undeniably influence the quality of life in old age.

The health of elderly people is usually perceived as being characterised by aspects that constrain activity (illnesses, disability, limits) rather than being valued positively. This gives a global overview that does not necessarily reflect reality, since it should be based on the person's health from day to day. However, statistical sources aimed at providing general figures (morbidity, fertility) and those assessing health

conditions (health surveys) only leave room for this kind of methodology.

The 1987 and 1993 Health Surveys are an invaluable tool for assessing the health of the population at large (and that of elderly women in particular) through its various, mostly subjective, components. Other, objective indicators will be used to test the opinions of the individuals.

5.10.1. Health figures

The first aspect to take into account is that of the perception of a person's health. Elderly women perceive their health as "good" or "excellent", or as "bad" or "very bad" in a very different way compared to men of the same age group or if the group is divided into older and younger women, separated by the threshold of 75. Their data could provide a negative assessment associated with an increase in real health problems among women (Onis and Villar, 1992), which on a social level may be accompanied by "a drop in financial resources and a weakening of social and family ties" (Abellán et al., 1992,234), which only reinforces the feeling of a deteriorating standard of living.

Table 5.6. Valuation of elderly women's health in 1993

Age	Excellent - good	Reasonable	Bad - Very bad
15 - 64	69.8	24.4	5.7
65 - 74	37.1	45.2	17.6
> 75	43.5	34.9	21.7

Source: Drawn up by the author on the basis of the 1993 National Health Survey

Investigation of other social parameters shows that this is not just a differences between the sexes.

Over 40% of women over 65 have received little education (many of them are illiterate). The number of those who perceive their health as bad is much higher among these women than among those with a university education (only 5%). These values are slightly less pronounced among elderly men (32% and 6.5%). It must be borne in mind, though, that almost 80% of elderly women have a low social status and perceive their health as worse than the women of a higher status.

However, perhaps the way in which they cohabit and the activities they perform determine the role of elderly women in today's Spanish society. Almost 42% of women over 65 still state their occupation as "housewife", compared to 45% as retired - i.e. receiving a retirement pension after having had a job - or as profiting from a pension they receive as a result of their family situation (for men the corresponding figures are 0.4% and 86% respectively).

All these factors reinforce an often real but sometimes simply perceived tendency towards a more precarious health.

The above becomes even clearer when analysing other health parameters pertaining to elderly women, such as **chronic diseases**. It is difficult to define a chronic disease in individual questionnaires. They could lead to the conclusion that more than 60% of over 16s (sic) (SEPAS, 1993, 65) and more than 87% of over 65s (Onis and Villar, 1992, 114) suffer from such an illness. This may be due to "cultural factors or the increased access to medical information", which influences people's perception (Abellán et al., 1990). Differences can be observed between women and men and, amongst women, between those over and under 65 years of age (Rodríguez, 1994). Thus, in 1987, the most frequent disorders amongst elderly women were rheumatism (58%), high blood-pressure (29%), varicose veins, headaches and painful feet (Onis and Villar, 1992, 115). In 1993, using another definition of chronic diseases, the National Health Survey provided information about the most recurrent pathologies suffered by elderly women in Spain, on the basis of information provided by practitioners (Table 5.7).

Table 5.7. *Chronic diseases. National Health Survey, 1993.*

	Under 65		Over 65		Prevailing population	
	Men	Women	Men	Women	Men	Women
Blood-pressure	5.7	8.6	20.3	34.1	7.9	13.3
Cholesterol	6.5	6.4	12.4	18.8	7.4	8.5
Diabetes	2.4	2.8	8.1	14.8	3.3	8.1
Bronchial disorders	3.8	2.8	15.4	8.0	5.6	3.8
Heart complaints	2.5	2.1	11.3	11.4	3.9	3.9
Stomach complaints	4.4	2.7	6.1	4.2	4.6	3.0
Allergies	5.9	8.0	3.7	6.3	5.6	7.7
Overall population	8529	8752	1573	2111		
	40.9	41.6	7.5	10.0		

Source: Drawn up by the author on the basis of the 1993 National Health Survey.

High blood-pressure is the most common health disorder in general, particularly among elderly women, of whom one third state that they suffer from this problem, compared to only 20% of elderly men. High cholesterol levels (18.8%) and diabetes (14.8%) show similar developments. Other chronic organic disorders (of the respiratory system, heart or stomach) do not lead to noticeable differences between the sexes. They arise slightly more frequently among men, and increase with age in both sexes. The biological deterioration of elderly people and the change in their living conditions when they reach retirement age affect the chronic diseases from which they suffer. Other factors, such as their level of education, social status, activities or the people they live with, always closely related to elderly women, may also to a certain extent influence their perception of chronic diseases.

All the above may explain the high consumption of medicines among the elderly population, which increases even more among elderly women (77%, compared to an average of 53% among women in general), to just above the level for men. Whether this consumption is due to the chronic disorders perceived is not easy to demonstrate since the National Health Survey does not link chronic disorders to the kinds of medicine taken. Seen from a generic point of view, however, there does appear to be a link between the more frequent use of medicines.

and certain chronic diseases (high blood-pressure, rheumatism and pain in general).

5.10.2. Use of health services

Apart from the general parameters for morbidity among elderly women, their demand for health services is contingent also upon concepts such as the potential or perceived accessibility (Fernández-Mayoralas and Rodríguez, 1992) or supply of health services, although the latter does not ensure they are actually used by the demanding party. There is an additional factor: the assessment made by professionals of the need to use health services and their actual usage as a result of a health problem. This last aspect depends on the kind of service in question. In Spain, the information available about hospital services is sufficient, whereas that about non-hospital services is not.

The lack of basic information about the usage of the various health services is conditioned by the use of general sources (Health Surveys) based on accessibility as expressed by the individual, as opposed to that filtered by professionals in the sector. Hence, only the four health services studied in the National Health Survey following the Andersen method will be mentioned, with three kinds of variables: predisposition, ability and need.

Table 5.8 shows the frequency with which health services are used by elderly women. In the case of primary care, within the fortnight before the interview, in the case of hospitalisation and emergency care within the past year, and for dental treatment within the past 6 months.

Two health services take up a prominent position in the Spanish health care system: primary health care and hospitalisation. Both are covered by the Spanish National Health Service. The first can be considered as a filter to higher levels of health care, which is also determined by the accessibility to the step below. The second provides a good measurement of the efficiency of the health care system since it draws attention to those parts of the system which require further priority.

Table 5.8. Access to various health services

Age/sex	Primary care	Hospitalisation	Emergency services	Dentist
Under 65				
Men	18.0	6.3	14.4	14.2
Women	25.2	7.4	13.5	18.3
Over 65				
Men	30.7	10.6	14.3	9.3
Women	38.-	9.6	15.9	9.4

Source: Drawn up by the author on the basis of the 1993 National Health Survey.

In both cases usage goes up with the patient's age (Rodríguez, 1994). Only in the case of primary care, however, does a clear difference between the sexes show up, with higher rates for women (38%) than for men (30.7%). Frequency is also higher among women: over 30% of those resorting to primary care do so more than once, compared to just over 21% for elderly men. According to Onis and Villar (1992, 167-9), the main reasons for using health services are chronic pathologies such as those of the respiratory system (no difference between the sexes), high blood-pressure (higher incidence among elderly women) or appointments to renew prescriptions related to these same disorders or other health problems (of the digestive system, rheumatism, endocrinological and so on).

Elderly women do not use hospital services much more than men (9.6%). Neither is there much difference in the frequency (25% of elderly women admitted into hospital in 1993 were admitted more than once, compared to almost 22% of elderly men).

The factors that affect both contacts with the health system are, naturally, some of those already analysed: perceived health, the level of education and age (Fernández-Mayoralas and Rodríguez, 1992). The proportion of elderly people resorting to primary care is lower when their perceived health is reasonable or good. This figure does not show a particular rise when their perceived health is bad, which proves that

primary care works as a filter for hospitalisation (Fernández-Mayoralas, Rodríguez, Barrios, 1993).

Usage of emergency services does not increase noticeably with the age of the users, although more women over sixty-five tend to resort to these services than men (15.9% compared to 14.3%). Neither are there any noticeable differences between the sexes in the repeated usage of emergency services. Again, women reach slightly higher rates: 27% of women compared to 22% of men used these services more than once in 1993. There is an inversely proportionate relationship between age (the older, the fewer first aid services are used) and perceived health. Thus, as age goes up, frequency goes down, in the first place as a result of the need as assessed by the user, and in the second place owing to the seriousness of the problem.

Visits to the dentist are not covered by the public health service. It is the only service studied whose number of users actually decreases as the age of the user increases, without there being any noticeable difference between elderly women (9.3%) and elderly men (8.6%). However, there is an increase in the frequency of use, with almost 40% of elderly women (and 36% of elderly men) going to the dentist more than once in 1993. The deterioration of mouth and teeth and the specific nature of the curative aspects all encourage the continued use of these treatments among the elderly. Looking at these factors, it can be said that this is the only service that is not influenced by the person's health but by her or his degree of education: in younger people there is a link between higher usage and higher level of education, so they have no socio-economic obstacles preventing them from going to a private dentist (Fernández-Mayoralas and Rodríguez, 1992) for preventive treatment. The breaking point lies around the age of 60, when the need for curative treatment leads to a higher use of public health services.

5.10.3. *Healthy consumption habits*

The definition of health given by the World Health Organisation does not only take into account physical and mental aspects but also social ones, for health is a multidimensional phenomenon which combines both the curing of pathologies and preventive action. For the latter, healthy habit are essential for a good quality of life, particularly among

elderly people. Defined by Abel (1991) as models of behaviour, values and attitudes regarding health, as adopted by individuals in reaction to the social, economic and cultural conditions, his study provides an essential basis to the understanding of health inequalities.

One of the best known inequalities is due to the biological deterioration of elderly people in general, and, as pointed out above, of elderly women in particular. This gives them "a certain social fragility as a group" (Fernández-Mayoralas, Rojo et al., 1993b, 1) which has established itself during their lifetime and is indicative of probable current or future pathologies. Among the elements making up a person's lifestyle are those regarding consumption habits (alcohol, tobacco, drugs), activities (physical exercise) and aspects involved in the sensorial functions, given that monitoring these will have healthy effects on the individual. Again, these factors have been assessed through the National Health Survey.

The consumption of tobacco has always been a largely masculine habit in Spain. In 1987, only 23% of women smoked, going up to 24.4% in 1993, as was shown by various indicators (Onis et al., 1992; Fernández-Mayoralas et al., 1993b). The number of masculine smokers decreased in the same period from 54.7% to 48.8%. However, these figures are influenced to a large extent by younger age groups. If the analysis is restricted to elderly people (Table 5.9) it will become clear that this habit has not historically been associated with elderly women, owing to obvious cultural and social reasons.

Three out of every four women do not smoke (one out of two men). This percentage goes up to almost a hundred when dealing with women over 65, regardless of the kind and frequency of consumption studied. Tobacco consumption is to a certain extent related to education and social class, which confirms its "social role" even more. It is not usually associated with elderly women whose social stereotype does not allow for the use of tobacco.

Table 5.9. *Healthy consumption habits*

Age/Sex	Non-smokers		Teetotallers	
	1987	1993	1987	1993
Under 65				
Men	42.2	47.4	15.2	31.1
Women	53.7	70.6	35.7	64.7
Over 65				
Men	65.6	72.2	37.6	49.6
Women	97.7	96.1	66.2	83.6
Total (%)				
Men	44.5	51.2	17.9	34.-
Women	76.5	75.6	41.3	68.4

Source: Drawn up by the author on the basis of the 1993 National Health Survey.

As far as the intake of alcohol is concerned, the general model provides a higher percentage of consumers than for tobacco, again with the traditional difference between the sexes: over 68% of women did not drink alcohol in 1993, compared to 34% of men. In both cases, teetotallers are clearly gaining ground compared to 1987. Neither men nor women tend to drink dangerously high quantities of alcohol.

There can be no doubt that the habit of drinking has traditionally been associated with men, whose intake barely decreases with the advance of age, something which does happen among women: only 16% of women over 65 continue drinking, compared to 50% of men, although both drink only moderately. As with tobacco, the intake of alcohol is related to the educational level, "as a result of the fact that women with a higher educational level tend to develop activities that are similar to those of men" (Onis et al., 1992, 238). Similar remarks can be made about the income level: when the income goes up, so does the amount of alcohol intake, which takes on "an air of social prestige" (Fernández-Mayoralas et al., 1993b).

From the point of view of the use of time, physical exercise is also related to an individual lifestyle, which does not necessarily imply healthy behaviour. There are obvious benefits for one's health if exercise is taken regularly during a prolonged period of time. This is inevitably linked to the way an individual divides his time, with the kind of urban life typical of the largest part of the population in Western societies as well as with the characteristics of the population (Fernández-Mayoralas et al., 1993b). Moreover, the acceptance of physical exercise and a healthier way of spending time to a certain extent influence the perception the individual may have of her or his own health, its controlling mechanisms and the educational level of the population. The health benefits provided by regular physical exercise are easily found in scientific literature, particularly where they are linked to cardio-vascular diseases, obesity, lung disorders, stress and anxiety (Onis et al., 1992).

In the case of elderly people, this approach is influenced by the psychological components derived from the transition from a working life to retirement, the background of each population group and the sex structure per group. Elderly women are, once again, in quite a different situation. It must be borne in mind that among women of over 65, 41% still state the occupation of "housewife" as their main activity.

Hence, what should be an analysis of physical exercise in free time, as an expression of a voluntary healthy habit, could in reality be hidden in the case of elderly women, whose leisure time is not always clearly separated from the time spent on the joint and domestic tasks they usually perform. Their time is broken down quite differently to that of men. Moreover, there is another problem, linked to the way in which the information in question is obtained, since it is difficult to differentiate the various kinds of physical activities, as was done in the National Health Survey.

The elderly population as a whole is characterised by little physical activity (three quarters of women and over half of men), thus contrasting clearly with the younger population. This means that almost 75% of elderly women do not specifically plan their leisure time as time spent outside the home. Apart from simply not wishing to carry out physical exercise, this is also due to the physical constraints which prevent them from exercising.

Table 5.10. *Physical activities during leisure time*

	Almost sedentary	Some sport	Regular physical exercise	Weekly training
Under 65				
Men	46.1	32.8	14.-	7.2
Women	59.3	31.4	9.6	2.5
Over 65				
Men	54.-	42.-	2.5	1.4
Women	75.8	22.6	1.2	0.2
Total				
Men	47.3	34.2	12.2	6.3
Women	2.5	29.7	5.7	2.1

Source: Drawn up by the author on the basis of the 1993 National Health Survey.

It is not easy to find a link between the use of leisure time and concomitant factors owing to the fact that physical activities cannot be measured with sufficient precision. However, factors such as a higher educational and income level have been related to higher percentages of physical activities in a person's leisure time (1987). The same happens when looking at more intensive exercise: the low percentage of elderly women taking physical exercise (and the same goes for men) increases when educational and income levels go up.

5.10.4. *Functional skills*

One important component of elderly women's living standards are the consequences of the constraints imposed on the performance of daily tasks by problems involving health, life habits and, in short, all other socio-economic conditioners. The importance of these constraints is becoming increasingly clear in societies with a high life expectancy, longer lives and epidemiological patterns concentrated around chronic illnesses which do not lead directly to death (Ministry of Health, 1993).

Despite their importance the assessment of these constraints is conditioned by the sources of information available. Surveys are the only adequate tools in this case. Not only the specific ones (the 1986 Survey on Deficiencies, Disabilities and Handicaps for example), but also the more general ones (Health Surveys).

Owing to the kind of population covered by the surveys (able-bodied elderly people not in homes or hospitals), over 80% of these can be considered to be self-sufficient in their daily activities, except where more complicated skills or higher mobility are required. Nevertheless, the over 75s are less able than younger people, women less so than men (except for domestic chores) and widowers less so than married men (Rodríguez et al., 1994). Furthermore, the worse a person's health, the less self-sufficient they will be. This is particularly true for activities which require tools or mobility.

There is another important conditioner: the social role played by men and women. Men are unlikely to perform traditionally female tasks. However, this is not a physical but a social disability, because they are simply not used to performing them. All these factors reinforce the role divisions between men and women, the former acting outside the home, the latter inside.

From an objective point of view, the lack of ability to carry out certain activities increases from the age of 45. The rates for women are always higher than those for men, especially where activities requiring mobility are concerned. The causes, as has already been pointed out, are found in the differences in the incidence of certain chronic diseases and the social division of roles between men and women.

5.11. | **Social policies and services**

As the population ages, the Administration becomes increasingly responsible, as opposed to the family, for taking care of the needs of its elderly citizens (Survey on the Third Age, CIRES, 1992). Not only are the needs, and the problems of meeting them on an individual or private level, more clearly perceived they also receive a higher priority over those of other social groups (Durán, 1990). The general population is not particularly familiar with the social services provided for

elderly people, apart from the general pension system, nor with the institutions that provide them. However, from a list of services included in the Survey on the Third Age it transpired that two thirds of elderly people had used specialised medical services, one third had used preventive medical services, one fourth had been to clubs and centres set up for people of their age, while just under a fifth had been on specially organised holidays and trips. There were no significant differences between men and women. When speaking about themselves, the women pointed to a slightly higher use of preventive medicine and holidays than visits to clubs and special centres. When asked to choose the three most important services, the population at large, showing a big difference, pointed to specialised medical services (78%), home help (42%), preventive medicine (31%), clubs (27%), holidays for the elderly (23%), economic support to families caring for elderly (23%) and day centres for the disabled (15%). Homes for the elderly were only mentioned by 10%. The gender of the participants did not greatly influence the opinions given in this case. Most of the opinions are conditioned by the provision of social services to the elderly population by the Spanish public administration.

In 1993, the Spanish public administration designed a global strategy for elderly people, the so-called *Plan Gerontológico* (Gerontological Plan), as a guideline for the assistance that was to be provided in the following years. Its content and underlying thought can be summarised as follows: "The problems affecting older people must be dealt with in a social, human and cultural context which reaches far beyond the merely economic or the provision of assistance, so that the moral and civic heritage borne by the elderly as well as their usefulness for society as a whole may be valued as highly as possible. Their economic, social, educational and cultural skills must be acknowledged and protected, while the active participation of the elderly within a renewed framework of beneficial interrelationships must be encouraged" (INSERSO, 1993). The main goals of the plan are the development of a system of economic benefits that will cater for all individuals regardless of their working background; an increase in living standards; the promotion of health among elderly people and the improvement of their physical, mental and social well-being; to guarantee primary and hospital care and better access to the existing social, cultural and leisure services. With this aim in mind, measures

have been drawn up focusing on 5 main areas: pensions, health and health care, social services, culture and leisure and participation.

The implementation of these measures will require a considerable effort from Spanish society if it is to care adequately for its increasing number of elderly people, both via the public administration at its different levels (national, regional and local) and via private organisations providing care and assistance for the elderly.

Today's Spanish society, as well as that of the future, with its noticeably ageing population, will force the public administration to focus its social policies on groups of people, such as elderly women, whose living standards must be brought in line both with the masculine population as a whole and with that of elderly men in particular. This task should not just be carried out in the public sphere but also in the private one, within the framework of social and family relationships. After all, it is they who are closest to all women's anxieties, problems and even expectations of better living standards in the last stage of their lives.

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