

GENDER INEQUALITY IN HEALTH
AMONG ELDERLY PEOPLE IN A COMBINED
FRAMEWORK OF SOCIOECONOMIC POSITION,
FAMILY CHARACTERISTICS AND SOCIAL SUPPORT

Ageing & Society, 29 (625-47)

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May 2009

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1. INTRODUCTION



INTRODUCTION (I)

- Research about the social determinants of health among elderly people has only recently started to integrate three different approaches that were usually studied in parallel: socio-economic position, family characteristics and social support.
- Whereas health variations among men have traditionally been studied using a social class framework, women have been forgotten or studied through the role approach, emphasising their role in the domestic area.



INTRODUCTION (II)

- Household composition is considered to be one of the most basic and essential determinants of the well being of older adults.
- However, research focusing on the living arrangements of elderly people is mostly centred on samples made up of women exclusively assuming their traditional role in family responsibilities, especially in the potential risks of those living alone.



INTRODUCTION (III)

- Providing direct care to other people has been associated with presenting worse health, above all among women in relation to stress.
- Although informal care to family members has been traditionally related to women, the literature about caregiving and its impact on health is increasingly incorporating men as important providers of care inside and between the household.

INTRODUCTION (IV)

- Regarding social support, several epidemiological studies have found a positive association with both physical and psychological health among elderly people and these associations to vary by socio-economic position and gender.
- Two types of mechanisms have been described when studying the relationship between social support and health: the direct ones (positive effects of support) and the buffering effect (social support moderating the impact of acute and chronic stressors on health).
- Filial obligation in Spain, as in other Mediterranean countries, is a strong value and it has been stated that breaking the intergenerational contract of support has consequences for the physical and mental health of older adults.



INTRODUCTION (V)

- The aim of this study is to analyse the social determinants of health in a combined framework of socio-economic position, family roles and social support in the Autonomous Community of Catalonia, Spain.

A close-up photograph of a person's hands writing on a document with a pen. The person is wearing a white shirt. The background is a solid light green color. A dark teal horizontal band is overlaid across the middle of the image, containing the text '2. METHODS'.

2. METHODS

METHODS (I)

- **Data:** 2006 Catalonian Health Survey (ESCA 2006).
- **Population under study:** 2597 people aged 65-85 years who had no paid job (1113 men and 1484 women).
- **Dependent variables:**
 - Self-perceived health
 - Mental health
 - Limiting long-standing illness (LLI)



METHODS (II)

- **Predictor variables:**

- Socio-economic position:

- Educational attainment
 - Material deprivation

- Family characteristics:

- Living arrangements
 - Living with a disabled person
 - Caring for a disabled person

- Social Support:

- Confidant Social Support
 - Affective Social Support

METHODS (III)

- Multiple logistic regression models were fitted in order to calculate adjusted odds ratios (aOR) and 95 per cent confidence intervals (CI).
- Models were separated by sex.
- The analysis was carried out following a hierarchical modelling strategy in which the explanatory variables of the conceptual framework were added in three steps:
 1. Adjusted for age and socioeconomic position.
 2. The type of household and the caring tasks were added.
 3. The Confidant Social Support and the Affective Social Support indexes were introduced.



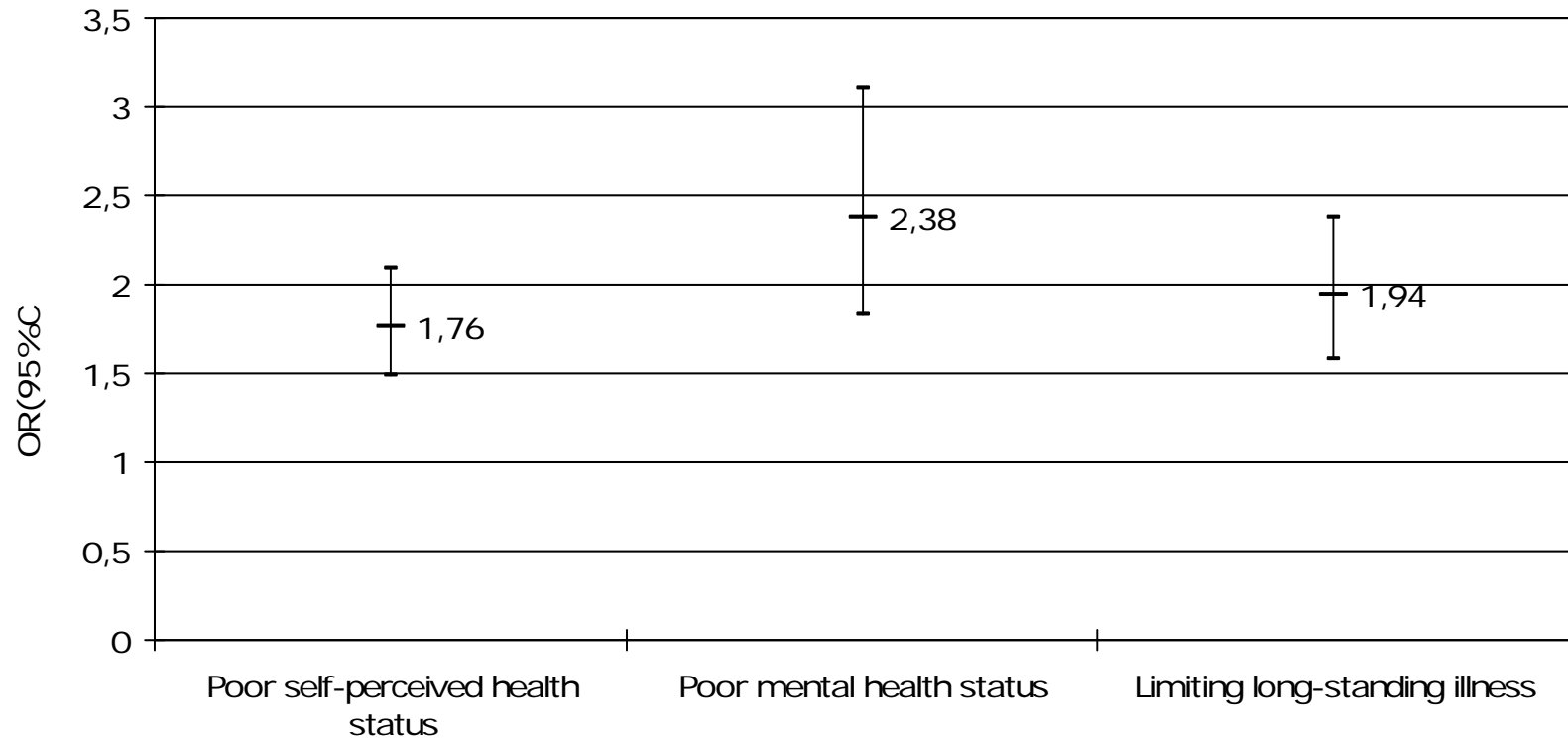
3. RESULTS

RESULTS (I)

- Gender differences in health status:
 - Prevalence of poor health outcomes is significantly higher among women for all three indicators, but especially regarding poor mental health status.
 - After adjusting for age and socioeconomic position, women are more likely to report poor self-perceived health status, poor mental health status and LLI.
 - Gender differences in the three health indicators remain after additionally adjusting for household characteristics and social support.

RESULTS (II)

Odds ratios (aOR) and confidence intervals (CI) comparing health outcomes of women to men. Catalanian Health Survey, 2006



Adjusted for age, socio-economic position, household characteristics and social support

RESULTS (III)

- Relationship between the socio-economic position and household characteristics with the health outcomes:
 - Model 1 (adjusted for age and socio-economic position):
 1. People with less than primary education have the highest probability of reporting a poor self-perceived health status and a poor mental health status compared to those with more than primary education.
 2. Low educational attainments are not significantly associated with having a LLI among men, whilst there is a positive relationship with a gradient for women.
 3. Lacking one of the household resources is only positively related to poor mental health status among women, whereas lacking two or more items is only positively related to having a limiting long-standing illness among men.

RESULTS (IV)

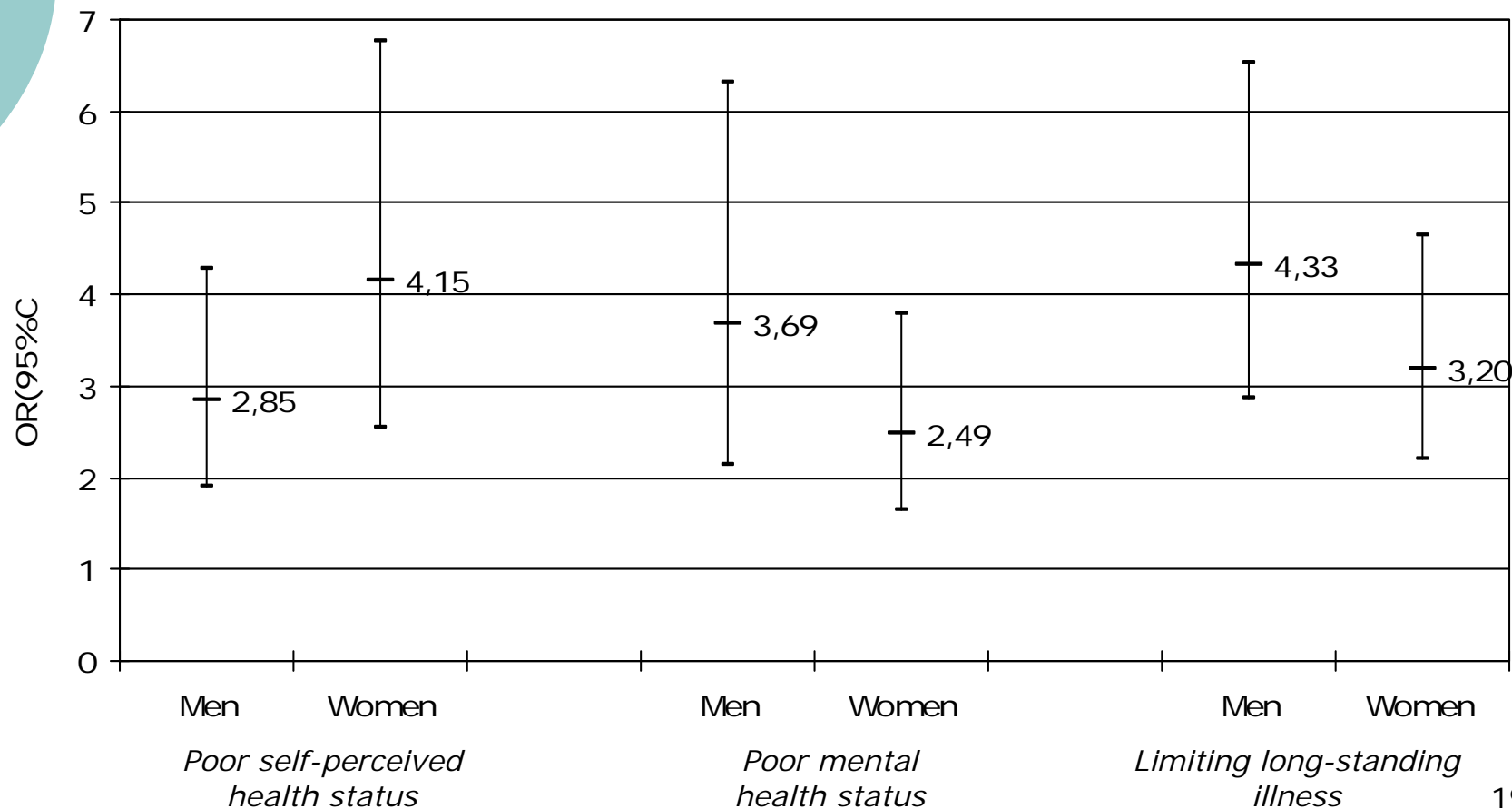
- Model 2 (adjusted for age, socio-economic position and household characteristics):
 1. Living alone is the only type of living arrangement significantly associated with health status. Both men and women in this situation are more likely to report poor mental health status as compared to those living with the partner, and only among women is it positively associated with LLI.

RESULTS (V)

- Model 3 (adjusted for age, socio-economic position, family characteristics and social support):
 1. Living with a disabled person is positively and strongly associated with all the health indicators in both sexes, even after adding social support.
 2. Taking care of disabled people at home, however, is negatively associated with having a LLI in both sexes and with having a poor self-perceived health status among women.
 3. Confidant social support is negatively associated with all the health indicators in both sexes, whilst affective social support is only negatively and significantly associated with poor mental health status among women and positively associated with poor self-perceived health status among men.

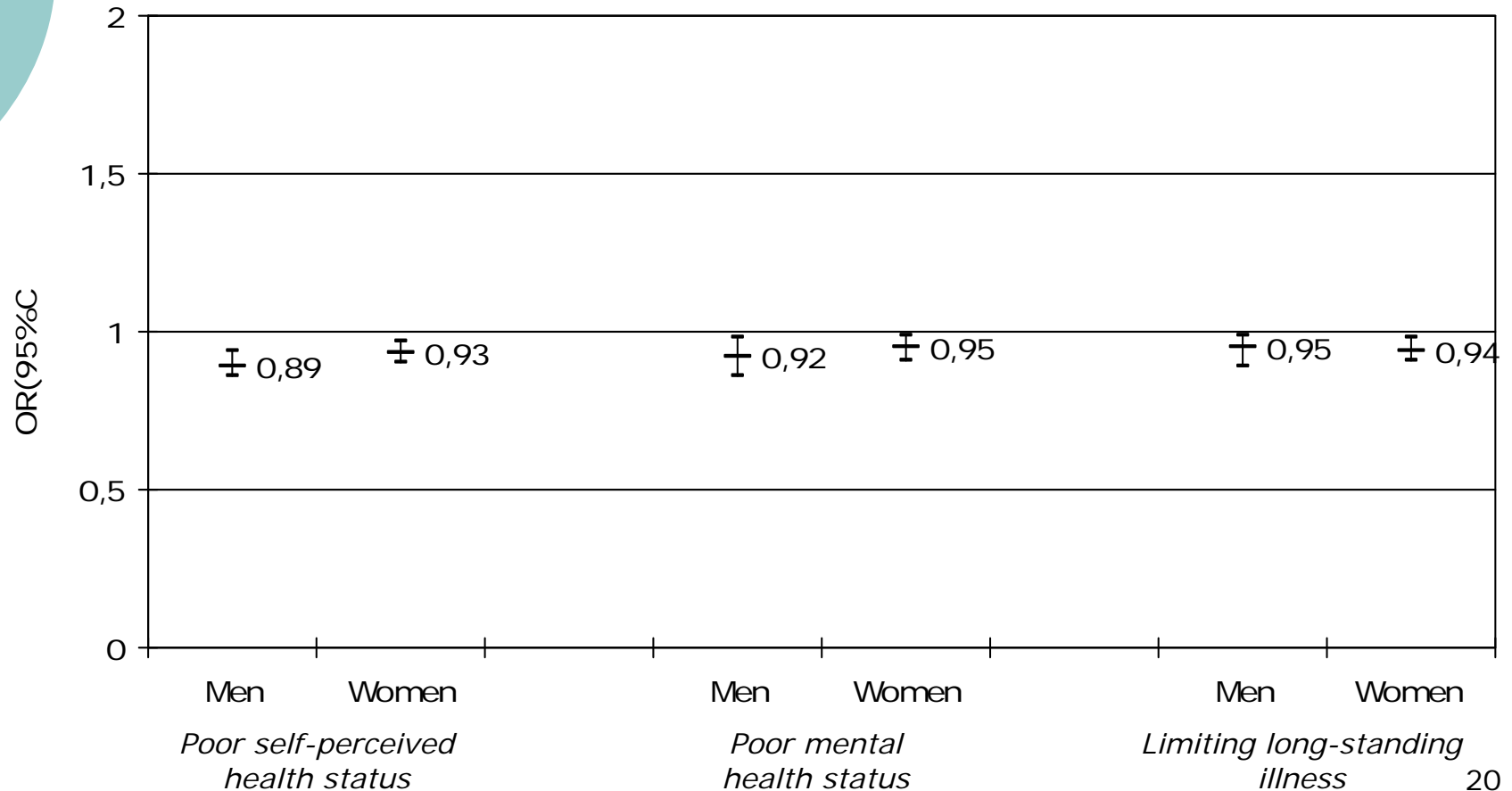
RESULTS (VI)

Odds ratios (aOR) and confidence intervals (CI) comparing health outcomes of people living with a disabled person with those not living with a disabled person. Catalonian Health Survey, 2006 (Model 3)



RESULTS (VII)

Odds ratios (aOR) and confidence intervals (CI) comparing health outcomes of people with confident social support with those with not confident social support. Catalanian Health Survey, 2006 (Model 3)



A photograph of a living room scene. In the foreground, a man with grey hair and glasses, wearing a white button-down shirt and khaki pants, is using a grey upright vacuum cleaner. In the background, a woman with short grey hair and glasses, wearing a black top, is sitting on a dark grey sofa reading a newspaper. The room has light-colored curtains and a grey coffee table.

4. DISCUSSION

DISCUSSION (I)

- Main findings:
 1. As is also in the case in younger adults, health status among elderly women is poorer than among the men in the three dimensions of health considered.
 2. Even after controlling for social support, living with a disabled person is positively related to all the health indicators considered and in both sexes, whereas taking care of disabled people at home is negatively associated with poor mental health status in both sexes.
 3. Whereas living alone was associated with poor mental health status in both sexes, the association disappeared among men after adjusting for social support.
 4. Confidant social support is negatively related to poor health status, whereas affective social support only behaves this way with poor mental health among women.

DISCUSSION (II)

- Gender differences in health status:
 - The higher prevalence of mental health problems among women in all age groups have been reported in other studies (Sonnenberg et al. 2000 Zunzunegui et al. 1998).
 - The different gender patterns depending on the health indicator analysed, as well as the differences in factors associated with each of them point out the importance of examining different health indicators in trying to fully understand the complexity of inequalities in health (Lahelma et al. 1999; Macintyre et al. 1996; Matthews, Manor and Power 1999).



DISCUSSION (III)

- Relationship of the socio-economic position, household characteristics and social support with the health outcomes by sex:
 - Educational attainment was more related to the health of women and especially to self-perceived health status, in line with authors describing educational level as a better indicator of health inequalities for women (Arber and Khlat 2002).
 - The socio-economic gradient in health among elderly people according to educational attainment found in the present study is consistent with previous research (Dalstra et al. 2006; Huisman, Kunst and Mackenbach 2003).



DISCUSSION (IV)

- The findings suggest that living alone can have different meanings for elderly men and women, having a higher impact on women's poor mental health.
- Surprisingly, whereas taking care of a disabled person presented a negative association with having a poor self-perceived health among women and with having a LLI in both sexes, living with a disabled person was positively and strongly related to all the health outcomes considered both among men and women, even after controlling for social support.



DISCUSSION (V)

- In a study carried out in Spain, it has been found that those elderly people with more social links presented lower risks of mortality, cognitive deterioration, depression and disability, and even higher probabilities of recovering after a disability situation (Otero et al. 2006).
- This study, however, shows that affective social support is positively related to poor self-perceived health status among men. A possible explanation of this outcome is that those elderly men with poor self-perceived health are getting more attention from their couples or other family members.



DISCUSSION (VI)

- Some studies describe the existence of a hierarchical order in the effect of the provision of support on depressive symptoms among elderly people, emotional support from friends being more important than that from the family (Dean, Kolody and Wood 1990; Harlow, Goldberg and Comstock 1991).
- In line with this literature, in this study both affective and confidant social support protect elderly women against poor mental health, whereas in the case of men only confidant social support is significantly and negatively related to poor mental health.



LIMITATIONS

1. The cross-sectional design of the study.
2. The limiting of the study to community-residing people.
3. The construction of the variable taking care of a disabled person.


A photograph of an elderly couple in a park. The man is on the left, wearing a light-colored shirt, and the woman is on the right, wearing a white shirt. They are both looking towards the right. In the foreground, the rear wheel and handlebars of a bicycle are visible. The background is a blurred green lawn. A dark teal horizontal band is overlaid across the middle of the image, containing the text "6. POLICY IMPLICATIONS" in white, bold, sans-serif font.

6. POLICY IMPLICATIONS



POLICY IMPLICATIONS

- An integrated approach to socio-economic inequalities, simultaneously studying indicators of household living standards, household structure and social support is needed both in the search of inequalities in health as well as in social and health policies addressed to elderly people.
- The results of this study show the importance of developing specific policies oriented towards elderly people facing disabilities and their families, as the Act for the Promotion of Personal Autonomy and Care for Dependent Persons, passed in Spain in 2006.
- 'Ageing at home' requires the expansion of public care services, to date very underdeveloped in Spain.



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