

## **Gender and healthy ageing**

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The interaction between gender and healthy ageing is complex and in many regards paradoxical. In current cohorts of older people, women are generally poorer and less well educated than men, but they live longer, so much so that in France and, until recently in Britain, men of the highest social status had a shorter life expectancy at birth than women of the lowest. Although their mortality is lower, older women do not enjoy better health than older men; on the contrary they spend proportionately more of their later lives affected by disability. Largely because of their longer life expectancy, older women are much less likely than older men to be married and much more likely to live alone. Nevertheless some studies suggest that it is among men that the proportions lacking emotional support or with few social ties are higher. Even so, older women appear to be at higher risk of depression, or at least depressive symptomatology, but suicide rates are much higher among older men. Given these paradoxes, and the feminisation associated with population ageing, it is perhaps surprising that associations between gender and ageing have not been studied more extensively. Although the literature on this topic is growing (including extensive work by Arber and colleagues), Barer (1994) has pointed out that gender in old age has received relatively little attention and that many of the influential early studies of ageing processes were based on male only samples. In this presentation these paradoxes are explored and gender differences in various dimensions of healthy ageing examined. The areas of life important to older people have been identified in empirical research as good physical functioning, psychological well-being, having relationships with others, and social activity). I will therefore focus predominately on these domains of life drawing mainly on British data but including some comparative results.