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- The impact of happiness, social relationships and economic inequality on health and longevity
- Happiness and health care policies

Social Resources for Healthy Ageing: Gender-Generation Health Dynamics in West European Countries

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Gender difference in longevity is an important indicator of the quality of ageing that changes over time. Although men are literally stronger than women, women live longer than men in most countries. Recent studies show that besides physiological differences, this discrepancy may be related to different psycho-social factors such as social relationships, gender conformity, intergenerational ambivalence, "relational happiness" and subjective dimensions of ageing. Interactions between collective experiences (e.g. behavioural welfare economics in different welfare regimes) and demographic life course events (e.g. intergenerational transitions) lead to relevant questions: What is optimal social and gender balanced condition for healthy ageing in the long term? How can we imagine intergenerational relationships as social resources for ageing and their health impact for women and men in West Europe after 50 years old?

The purpose of this study is to test empirically whether and how the pattern of decline in objective health ("weathering") differs by gender among the population at the age of 50+. I perform a cross-country panel data analysis in 10 West European countries from the four waves of Survey of Health, Ageing and Retirement in Europe (SHARE-project, waves 1, 2, 4, and 5) released between 2004 and 2013 (N=31,350).

My study uses intersectional, intergenerational, and country-comparative approaches to find out (1) how sex-differences in biomarker (functional health indicator "grip strength") vary in different welfare regimes; (2) what are the patterns of functional health dynamic for women and men, and (3) how intergenerational and family configurations are related to particular health outcomes. The independent variables used in this analysis refer to (1) the family ties, socioeconomic and health status on the micro level and (2) the generosity of welfare context (care regimes) on the macro level.

The data and preliminary analysis show that social factors that impact the decline of functional health are different for men and women. The difference in "weathering" trajectories for women and men stems from the gender-related accumulation of resources, especially the resource of family ties that has a long-term impact on well-being and physical health. The impact of (traditional) family structure is not equally beneficial for women's and men's health, especially in countries with a high level of intergenerational care and high family obligation norms (e.g. Southern European countries).

Studying the interaction between family structures in different settings of intergenerational exchange and health status will help us understand the complexity of healthy ageing. The results of this study could be used (1) to identify the social factors that are most important for maintaining physical health under the condition of demographic change; (2) to prevent the emergence of health deficits by vulnerable life course events, and (3) to better understand the socio-biological transition of women and men from the early old age to the "fourth" age.