# A GENDER PERSPECTIVE OF HEALTH IN AN AGEING POPULATION: A PORTUGUESE STUDY FROM THE NHS

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This ongoing research project aims to identify and analyze the similarities and differences in health needs between men and women, as well as to identify and analyze the gender-based obstacles that prevent women and men from realizing their potential health.

Relevant knowledge of the specific characteristics and determinants that qualify health in each life's cycle phase become important to the restructuring of social organization, public and private intervention required, so that groups and societies can age actively. Indeed, and throughout the life cycle, how individuals represent their own health, as they understand it and practice it, is constantly in change.

Population ageing brings with it new issues related to health and important challenges to social systems. Elderly's health status depends, in part, on the health capital built up over a lifetime, but also on the resources (personal and social), it's social and individual capacities to prevent the disease or mitigate its consequences and the individual current context.

Health is a particular field where social and cultural differentiation of individuals has been studied. Gender is used to describe those characteristics of women and men, which are socially constructed (WHO, 2008). Gender as social construct, is one of the supports for the conceptual analysis of social differentiation between men and women rather than biological. Being a recent conquest of knowledge systems and in particular for the health sector, the first studies published according to a gender perspective, are from the 1970's (Krieger, 2003), its application to the world of health is more complex because of the confounding factor of biological factors, ie the biological differences between the sexes. The concept has been gaining relevance when analyzing health equity and health care equity because it focuses the attention on a specific type of iniquities: those that are a result of the wider social inequalities that exist between women and men. For the WHO (2002) gender equity means fairness and justice in the distribution of benefits, power, resources and responsibilities between women and men. The concept recognizes that women and men have different needs, power and access to resources, and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes. In the course of time women and men played different social roles and positions, which inevitably creates differences in

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their life trajectories and in the accomplishments achieved. The opportunity to develop and maintain one's health is undoubtedly part of this reality.

Thus, a gender-based analysis seeks explanations of socio-cultural order that can (or not) explain certain events or situations in the path of life of women and men.

Current literature indicates the need to study the world of health through "lens" of gender but there are also vast problems referred to its implementation and the way to operationalize it. Most attempts to carry out gender analysis in relation to health care, ended up to be the description of differences between sexes, without taking into account the complexity and influence of gender in the life of men and women and in organizations and providers of health care, gender analysis will allow to disentangle the influence of organization and delivery of care and health outcomes.

In Portugal, the demographic indicators for 2007 reveal that the main recent demographic trends have remained unchanged: slower population growth and demographic ageing (INE, 2008). Demographic ageing is due to the decrease in fertility, with the total fertility rate standing at 1.33 children per woman in 2007, the lowest value ever in Portuguese demography. On the other hand, there has been an increase in longevity, which has contributed to ageing at the top of the pyramid (INE, 2008). The relative inaction of social systems when confronted with demographic ageing will undeniably aggravate its social and economic impacts. Jacobozne et al. (2000) highlight that demographic changes alone are not sufficient to project potential future social needs. In their opinion, health and long-term care policies can certainly make a difference in transforming the pure demographic effect of ageing into very different social outcomes. This way, a gender equity analysis in health and in health care among the Portuguese elderly may disclose important knowledge so that adequate policies may be formulated and services may better be organized.

The project used a sample of individuals aged 50 years old and more from both sexes; from the NHI (2005/2006). The NHS is a tool of measurement and observation in health that collects population representative data, creates estimates on health conditions, diseases and its determinants, and studies their evolution through time.

During its initial treatment, research project integrates both a descriptive and an analytical component. The descriptive component includes the statistical analysis of the variables that relate to the health condition, health care utilization and demographic, social and economic characteristics of women and men aged 50 years old and more in the last decade. For that specific purpose, a meticulous selection of the variables of the NHI that inform the dimensions in analysis was conducted, based on the last version on the

questionnaire 2005/2006). The demographic, social and economic characteristics of the participants can be illustrated by variables such as sex, age, region, marital status, level of education, type of work and health insurance existence, only to mention a few examples. The health condition analysis was composed by variables such as: health condition self-perception, existence of chronic diseases and reported depression symptoms. Finally, the health care utilization analysis used variables such as the number of medical consultations. The treatment and analysis of the selected data alloweed to identify the differences (and the similarities) between women and men, in what relates to their health condition, health care utilization and demographic, social and economic characteristics. On a second phase of the research, the goal was to look for significant associations through statistical analysis between the variables or group of variables that inform each dimension of analysis. The search for relevant associations between health condition and health care utilization attains the health care equity analysis, one of the elements of this research project. The research also explored the associations between the demographic, social and economic characteristics and the health condition and the health care utilization, in the female and male participants. At this stage of the work we chose to perform a categories principal component analysis, which is an adaptation of principal component model to allow the inclusion of qualitative variables. This methodology is named Categorical Principal Components Analysis-CATPCA. In this specific case, the use relates to the fact that the database in question contained essentially categorical variables and in large numbers (hence the need to reduce the size of the data). Thus, since we wished to obtain profiles of the population 50 years or more, this method has emerged as the most appropriate.

The main results of this research show that in general, the oldest Portuguese population has unfavorable social conditions for health (eg low levels of education, low income). However, there is obvious gender differences associated with aging, portuguese old women, report lower levels of education, mostly illiterate and even greater risk of poverty associated with lower income and status. Women have poorer health, but are older and have higher levels of comorbidity. Evidence shows that women have a healthier lifestyle than men, however the implementation of healthy practices does not match with a good state of health. Individual health state and unhealthy behaviors aren't directly associated with men or with women, but seem to be to have a positive association with lower income and unskilled labor activity.

However this characterization fails to give us a fair image of elderly's capacities, concerns and current context, so individual in-depth interviews are being conducted in order to explore and characterize individual trajectories and social context, namely community relationships and activities and it's relation to health and disease management. This analysis is based on WHO's active ageing paradigm, and an interview script was developed in three central categories: health behaviours and lifestyle; social participation and environmental context.

The study adopted a semi-strutured interview format, as we were interested in eliciting individual accounts of health behavior, and help-seeking behavior, as well as daily activities (leisure, work, etc), social interactions (family and community), community resources and environment characteristics.

This qualitative data will give us the insight vision of gender influence in men and women's life and it's relation to individual health status and health care utilization, that wil contribute to promote changes in actual political and social context.