

Why we need ageing research sensitive to age and gender



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I work in the field of sex-sensitive and gender-sensitive medicine, and I am frequently asked why my colleagues and I worry so much about women, given that they outlive men almost everywhere in the world. Although this statement is true,¹ the two ideas are incorrectly equated, and together imply that longer life—regardless of its attributes—unfairly advantages women.

The type of measurements researchers have used for the analysis of ageing might contribute to this perception. Historically, we counted the number of years lived, and women fared better than men. We then realised that longer life did not necessarily mean “a state of complete physical, mental and social wellbeing”,² and developed the concept of disability-adjusted life-years. Women still fared better than men using this measure, but to a lesser extent.³ Regardless of this adjustment, the socioeconomic underpinnings of health and their effect on quality of life in later life were not captured by these indices.

Our health and our quality of life are affected by our opportunities for education, work, and access to health care. Healthy lifestyle choices are linked to social opportunities and economic means⁴ across society. Unfortunately, worldwide, the distribution of these opportunities and means is segregated along gendered lines. Gender norms and roles affect our life choices, both as individuals and as societies. Access to education, admission to the labour market, and earned wages are all intertwined with gender.⁵ Although progress has been made, in most countries men still dominate the labour market and out-earn women in similar positions, leading to a higher incidence of poverty in older age in women. The effect of the COVID-19 pandemic is not yet fully evident, but a potential role in the exacerbation of existing gender gaps has been proposed.^{6,7} If we take further drivers of segregation into account, such as racialised inequalities, homophobia and transphobia, ableism, and many others, these gender inequalities in access become even more pronounced.^{8,9} Instruments measuring ageing were not designed to take society's impact on health in later life into account, and made this impact invisible.

In *The Lancet Healthy Longevity*, Cynthia Chen and colleagues¹⁰ present an instrument to make the effects of these societal dynamics visible. By designing an

index that does not solely focus on health and ability, Chen and colleagues capture different dimensions affecting longevity and the quality of ageing. To define this successful societal ageing, the authors assess five domains; namely, wellbeing, productivity and engagement, equity, cohesion, and security. Each domain is composed of two to five subdomains spanning from access to the labour market to public expenditure on long-term care. Their findings show that men fare better than women in most of these domains worldwide, although regional differences exist.

Although the index succeeds in making visible the underlying inequalities of the ageing process and highlights potential areas of intervention for policy makers, some domains suffer from an absence of sex-disaggregated or gender-disaggregated information. For example, in the equity domain, the effect of gender with respect to the Gini coefficient or food security in people older than 65 years could not be measured. The responsibility to provide sex-disaggregated or gender-disaggregated data lies with the organisations collecting statutory information and not with the authors. Access to disaggregated data should not be a limiting factor in an area of research in which harmonisation between databases is already a challenge.

14 experts were consulted to develop a concerted weighing of the five different domains within the index. Most emphasis was placed on wellbeing, and productivity and engagement. As a consequence, the equity domain, which might be the domain that best captures age-related poverty, contributes less to the overall index. This might lead to a potential underestimation of the effect of poverty on healthy ageing and ignores the causal interrelations between domains. Limited participation in the labour force, or lack of retraining captured in the productivity and engagement domain, can lead to lower income and pensions. Living alone, part of the cohesion domain, will also affect economic means, especially for those women who had no access to the labour market and outlive their partners. The downstream consequence of these life-course events will be poverty and food insecurity. Hence, the weight of the equity domain on the overall wellbeing might be substantially greater than is portrayed in the current form of the index.

Taken together, despite potential opportunities for improvement, the work by Chen and colleagues is a significant contribution to the investigation of the gendered domains of ageing. The developed index is an important instrument for everyone working in the field of sex-sensitive and gender-sensitive ageing research, and highlights that simply considering life duration does not do women any justice.

I declare no competing interests.

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