

Gender Differences in Healthy Ageing in Switzerland

Understanding and reducing social inequalities in health have been a central challenge in the public health research and practice. The quality of life in the old age and social integration of the elderly may have to do with the ways societies provide or fail to provide health resources (economic, cultural, psychological, technical, and social) to be utilized by the individuals.

Although empirical evidence continues to show that the strongest predictor of health is socio-economic status, gender and age also constitute important dimensions of health inequality. Women live longer than men, but at the same time women are objectively less healthy than men. This fact demonstrates that there may be important differences between men and women in maintaining health in the old age. Elderly people retain high levels of subjective health, even when their objective health deteriorates. And subjective health is closely connected with the general quality of life and satisfaction with social environment. These two facts tell us that it is important to distinguish subjective health from objective one when studying the elderly.

The purpose of this research is to test empirically the gender differences in social network factors that influence the health of the elderly (50+ year olds). The analysis is based on the SHARE-Data (Survey of Health, Aging and Retirement in Europe, release 2006, N(Switzerland) = 1462), where health is measured objectively and subjectively. The data show that the social network factors that impact both objective and subjective health are different for men and women. Women and men utilize different social resources that influence their health outcomes. Involvement into both: primary (e.g. partnership) and secondary (e.g. professional) networks results in better health outcomes only for men. Also, ageing process for women is less abrupt than for men according to the dynamic of the grip strength indicator.

The contribution of this paper lies in (1) connecting social network factors and socio-economic status to objective and subjective health outcomes and (2) highlighting the importance of gender-sensitive interpretation of health indicators for understanding health inequalities. The different effect of social networks on women's and men's health shows the necessity of developing different support policies for these two groups of the elderly.

Key words: *health inequality - ageing - gender differences - SHARE*