

Adulthood and social participation/Expert

One important challenge for the health care system is "healthy ageing". Although women live longer on average, they spend as many years in good health as men (see also: life expectancy). This means that during the years that women live longer, they often suffer from chronic diseases and report a low disease-related quality of life with significant functional limitations. An enormous proportion of the health budget is spent on chronic diseases in older women. In later adulthood, men and women differ not only in the type of their diseases but also in the number of health restrictions. Women are significantly more likely to suffer from co-morbidity (simultaneous occurrence of several diseases).^[1] However, even if women and men suffer from the same number of health restrictions, the symptoms that women describe appear to be more severe. There may indeed be an underlying cause for this, and/or other factors (for example, gender) may influence perceptions of health and disease.^[2] There is little research evidence on this to date.

There is evidence of a higher proportion of women with somatic illnesses in the over-75 age group. Among other things, this can be explained by higher life expectancy among women. If we look at the prevalence figures for chronic diseases in this age group (≥ 75 years), 41 percent of men and 53 percent of women are chronically ill. The older a person is, the more likely he or she is to report one or more chronic conditions. Disorders resulting in the death of women on average more frequently than in men, are psychiatric and behavioral disorders (especially dementia), diseases of the skin and subcutaneous tissue (e.g. decubitus) and diseases of the muscles and joints (osteoporosis, osteoarthritis and arthritis).^[3]

Poverty is a key risk factor for health problems, especially among older women. Women receive lower pensions. In particular, women with a migration background often do not receive a company pension and are not fully entitled to a state pension. They are then dependent on social welfare. This often- overlooked financial problem is exacerbated by the fact that more and more migrants suffer from dementia and are dependent on continuous support.^[4]

Literature

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4. The Netherlands Organisation for Health Research and Development. Gender and Health: Knowledge Agenda. Den Haag; 2015.

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