WOMEN AND AGING:

A REPORT ON THE REST OF OUR LIVES

by

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This report was prepared

with the assistance of

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INTRODUCTION

Whereas man grows old gradually, woman is suddenly deprived of her femininity; she is still relatively young when she loses the erotic attractiveness and the fertility which, in the view of society and in her own, provide the justification of her existence and her opportunity for happiness. With no future, she still has about one-half of her adult life to live.

Simone de Beauvoir, 1949 (1)

Although one out of every three adult Canadian women is over the age of 50, this study is the first attempt ever made at presenting a general overview of the status of aging and old women in Canada.

The task of preparing this report has proved to be a difficult one, partly because it is not easy to cover such an enormously broad subject in a very condensed form, but even more because middle-aged and old women have until now been almost completely ignored by Canadian writers and researchers.

By using the most relevant Canadian statistical and other material available, as well as a very select number of American texts which were felt to be applicable to the Canadian context, the author has attempted to make her readers feel and understand what women experience when they grow old in our society.

Because women's life circumstances differ greatly during their middle years, that period is studied by choosing specific age-related situations that many or all women experience, such as re-entry to the labour market, menopause and the children's departure from home, for example, and by focussing

on society's attitudes and women's needs at these particular times.

Women's old age, on the other hand, is dealt with by subjects (income, housing, etc..). It is not defined as starting at any particular age, although most of the material presented in that chapter reflects the fact that government programs for the aged are generally aimed at the 65-and-over age group.

Having thus reviewed women's lives through middle and old age, the present report will hopefully have fulfilled its double objective, which is to stimulate interest and further research in this area and to indicate measures which, in the short and the long term, could be taken to improve the status of one-third of Canada's adult women.

CHAPTER I - THE DOUBLE STANDARD OF AGING

"Mirror, mirror on the wall, lie to me"

A recent television commercial warned young women and girls that they could expect to have wrinkles by the age of 25. Current issues of popular women's magazines are full of ads with titles such as: "Would He Like A Younger-Looking Wife?", "Would He Love You Looking Younger?" and "Do People Guess Your Age Too Easily?". The accompanying pictures invariably show lovely women with very, very faint laugh wrinkles — they are never a day over 30.

The message is loud and clear and women are bombarded with it from all directions: Youth = Beauty, Beauty = Love, Aging = Evil. The rest of the message, barely more subtle, is that these truths apply almost solely to women.

By the time most girls reach their teens, fairy tales (where princesses are invariably very young and beautiful) and countless ads, movies and magazines have already well taught them that their fates depend on a frantic race with time. They must catch <u>him</u> before they reach the age of 25, or risk losing all.

The majority goes on to win the race and, until about twenty years ago, that was the end of the story. Fortunately or unfortunately, depending on your point of view, the script has now been completely re-written. It is now increasingly recognized that couples do not always live happily ever after, and that marriages are far from always made in heaven.

The situation could still have been saved if divorced and widowed men and women remarried mainly among themselves, inside their own age groups. We would then have had several plateaus of

marriages, and overall order could still reign.

As we know, that is not how things worked out. Divorced and widowed men, not being affected by the age taboo, and being on the contrary often considered more desirable in their thirties and forties, marry much younger women. The absurd but quite logical conclusion is that no woman can now afford to be other than young, and the cosmetics and plastic surgery businesses are thriving.

The only way out of this dilemma is an out-and-out war on the Youth = Beauty = Love myth, and every year in greater numbers women are joining the fray. Some have pointed out the essential relativity of all beauty standards, as evidenced by the fact that classic black features were considered (and thought by blacks themselves) to be ugly until the Black is Beautiful campaign of the sixties. Others have described the tragic lot of the "discarded" woman and have called for an end to the attitudes that create such unhappiness. Divorced writer Zoe Moss was one of the first, in an article that appeared in the 1970 anthology "Sisterhood is Powerful": (2)

What, fat, forty-three, and I dare to think I'm still a person? No, I am an invisible lump. I belong in a category labelled a priori without interest to anyone. I am not even expected to interest myself...

Listen to me! Think what it is like to have most of your life ahead and be told you are obsolete! Think what it is like to feel attraction, desire, affection towards others, to want to tell them about yourself, to feel that assumption on which self-respect is based, that you are worth something, and that if you like someone, surely he will be pleased to know that. To be, in other words, still a living woman, and to be told every day that you are not a woman but a tired object that should disappear. That you are not a person but a joke. Well, I am a bitter joke. I am bitter

and frustrated and wasted, but don't you pretend for a minute as you look at me, forty-three, fat, and looking exactly my age, that I am not as alive as you are and that I do not suffer from the category into which you are forcing me.

Una Stannard and Susan Sontag also denounced the double standard of beauty and aging. Stannard vividly describes how the beauty prescription affects every stage of a woman's life ("When a mother unwraps the pink blanket from her tiny bundle, we say, 'My, isn't she pretty'"), and reviews how women through the ages have alternately bound, painted, twisted, plucked, kneaded, starved, fattened, crippled, tatooed and mutilated themselves at the altar of a supposedly immutable standard of beauty. (3)

Both authors agree that the standards are totally artificial, that modern rules of beauty bear no relation to what women really look like, and that it is only for a few years, in late adolescence, that a small percentage of women come close to the "right look". This double standard, they say, perpetuates the view that women have nothing to offer but their bodies, and that no amount of intelligence, learning and wisdom can make up for their lost bloom of youth.

Sontag adds that although old age can be a genuine ordeal, which both men and women must undergo, growing older is mainly an ordeal of the imagination. This is evidenced, she says, by the fact that women who keep their youthful appearance the longest are also the ones who feel the defeat of age most keenly. She ends on this note: (4)

Each time a woman lies about her age she becomes an accomplice in her own under-development as a human being.

Women have another option. They can aspire to be wise, not merely nice; to be competent, not merely helpful; to be strong, not merely graceful; to be ambitious for themselves, not merely for themselves in relation to men and children. They can let themselves age naturally and without embarrassment, actively protesting and disobeying the conventions that stem from this society's double standard about aging. Instead of being girls, girls as long as possible, who then age humiliatingly into middle-aged women and then obscenely into old women, they can become women much earlier - and remain active adults, enjoying the long career of which women are capable far longer.

Women should allow their faces to show the lives they have lived. Women should tell the truth.

CHAPTER II - FROM MID-LIFE TO OLD AGE: SELECTED STAGES

Although there is no doubt that our society is obsessed with youth, it would certainly be an exaggeration to say that the majority of middle-aged women spend a great deal of time worrying about aging and wrinkles. Most of them are so busy with children, husbands, outside jobs or all three that little time is left to take care of their looks.

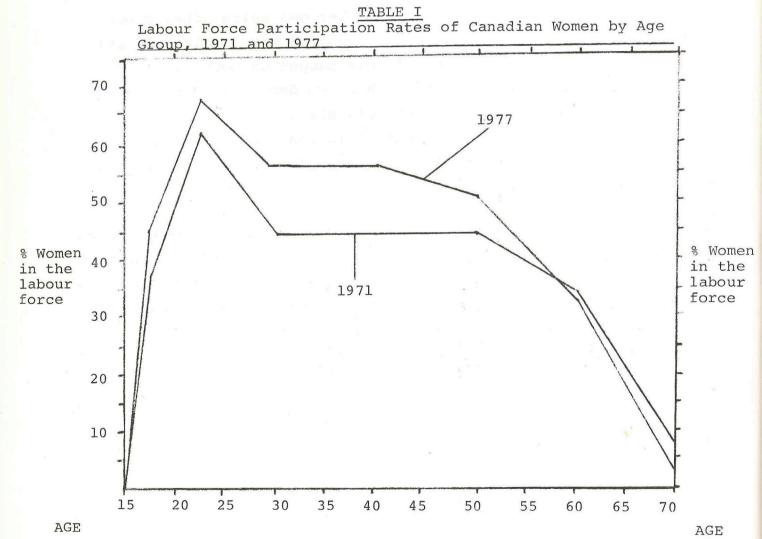
Because of this, the realization of her own aging often comes to a woman as a shock on the occasion of a more or less drastic event or change in her life. It may happen on meeting an old friend who hardly recognizes her, on deciding to return to outside employment and being told she is too "mature" for certain jobs, on seeing her last child leave home, or on being told by her husband that he has a 22-year-old mistress and would like a divorce.

The present chapter will look at some of the more common changes in circumstances of women in their middle years and attempt to assess to what extent the difficulties women face at these times can be attributed to the aging process itself, to women's own lack of foresight and/or preparation, and to society's stereotypes and lack of concern for the aging woman.

A) SECOND CAREERS

Fittingly it was in 1975, during International Women's Year, that the labour force participation rate of Canadian women aged 20 to 64 surpassed the 50% mark for the first time in our country's history.

As shown in the following table, and as confirmed by economist Morley Gunderson in the Canadian anthology "Opportunity for Choice", the fastest growth in female labour force participation in the last ten years has occurred among middle-aged and upper-middle-aged women. (5)



SOURCES: Figures for 1971 computed from 1971 Census of Canada,
Labour Force and Individual Income, Cat. no.94-704,
October 1974, Table 9. Figures for 1977 from Statistics
Canada, The Labour Force, monthly Cat. no. 71-001,
December 1977, Table 45.

In a book entitled "Passages", American author-journalist Gail Sheehy, in a chapter sub-titled "The Crossroads for Women - The Re-Potting of Priscilla Blum", offers the view that re-entry to the labour market is often the result of women's mid-life crisis, which she says occurs sometime around age 35-40. This mid-life crisis, says Sheehy, sets off a "my last chance" urgency in women, making them review the roles and options they have already tried against those they have set aside, and those that aging and biology will close off in the now foreseeable future. (6)

For women whose children have all set off to school, this often translates itself in a decision to return to outside employment. Married women, adds Sheehy, are then greatly shocked to realize that they are likely to be part of the work force for the next quarter century or more: (7)

Few homemakers are prepared for that thunderbolt. There is no mention in high school of what comes after the proper selection of a husband, household appliances, and schools for the children: twenty-five years of using the skills she had the good sense or accidental fortune to acquire before she got married - or - twenty years of being a sales fixture or operator 47. No one tells girls that motherhood is only half a lifework.

According to workers at the Women's Career Counselling Service in Ottawa*, another important reason for married women's return to paid employment is that their families need the money. This is confirmed by Morley Gunderson's finding that married women of all ages are much more likely to seek outside work when their family incomes (minus the women's own salaries) are very low. (8)

^{*} The Women's Career Counselling Service is funded on a temporary basis by the Outreach Program of the federal Employment Commission.

Career counsellors also report that a large proportion of women who stayed home for ten or fifteen years simply have no marketable skills. When they do possess skills that are not too rusty, it is often in traditionally female fields such as teaching and nursing for which there is now very little new demand.

Another group of re-entry women has little choice but to return to paid employment. They are the widowed, separated and divorced women who make up almost 10% of the female labour force. Although it is common knowledge that divorce rates have been growing by leaps and bounds in the last few years, not many people realize that 45% of divorced women are 35 years old and over at the time of their divorce.

Older divorced and separated women, along with the majority of widows, are at a great disadvantage in the labour market. Often left with few if any means of subsistence, they are competing for jobs against younger and better-educated women. Not surprisingly, 1971 census data show that almost two-thirds of widows in their fifties who are in the labour force hold low-paying unskilled jobs. A disproportionate number of them work as sales or cleaning "ladies". (9)

Most re-entry women have a great need of support services. Some need accessible and low-cost child-care services to free them from worry and guilt. Many could benefit from training programs and sessions with specially-trained counsellors who could help them rebuild their self-confidence, show them how to assess their abilities and identify their goals, and provide them with tools and practical advice that would enable them to achieve their objectives.

More than anything else, however, re-entry women need jobs. The good news on that front is that mature women workers have a substantially lower rate of unemployment than their younger counterparts. The bad news, on the other hand, is that older women suffer longer periods of unemployment than do younger women. In 1977, 40% of unemployed Canadian women over the age of 45 were out of work for 14 weeks or longer, compared with 33% for women in other age groups.

This phenomenon has received very little attention in Canada, but it has been extensively studied in the United States where it was found to be at least partially due to age discrimination. This is probably also the case in Canada, but although isolated incidents of combined age and sex discrimination are continually mentioned, no one has yet attempted a systematic review of our employers' practices in this regard. Awareness of this problem is much greater among feminists in the United States. Tish Sommers, Coordinator of the Task Force on Older Women of the National Organization for Women (N.O.W.), wrote the following in the Civil Rights Digest in 1974: (10)

Sex and age discrimination are a poisonous combination, because employers look for qualities in most female employees which have no bearing on the job per se, but which reflect their own or community prejudices. One such prejudice is that a woman should be pretty (i.e. young) for certain jobs, such as bank teller, airline hostess, or receptionist. Yet such work could be done just as adequately by a woman 40 or over, and a re-entry woman at that. To hire women exclusively for such positions is now considered discrimination against men. It is equally discriminating toward older women, because the custom of hiring only young women for such positions is based on a sexist interpretation of the job.

Another aspect of the same problem is that employers often hold inaccurate negative stereotyped views on older women. Virginia R. Allan, deputy assistant secretary of the U.S. State Department, gave an overview of the real capacities of older women in a speech she delivered at the 26th annual University of Michigan - Wayne State University Conference on Aging: (11)

Mature persons often make good, even superior, employees. Mature women are found to have stronger job attachments than younger women. They are also less likely to be absent because of illness -- a U.S. Civil Service Commission study revealed that women between the ages of 41 and 60 used less sick leave than younger women.

Nor do mature women tend to change jobs as often as those who are younger. In fact, the rate at which women change jobs seems to have an inverse relationship with their length of time on the job.

As for the learning ability of older persons, studies prepared for the 1971 White House Conference on Aging found evidence that age has little to do with the ability to learn. Older persons can learn as well as young adults, and studies have shown that people tend to do better on tests measuring conceptual thinking as they grow older...

Finally, the argument that customers and clients prefer to deal with younger women has little substance unless one is willing to believe that the public generally no longer wants service based on knowledge and experience.

There is no doubt that this type of information needs to be widely circulated among Canadian employers and personnel managers. In the meantime, laws against age discrimination in employment, which are found in all Canadian jurisdictions except Quebec, Saskatchewan, the Yukon and Northwest Territories, need to be given sharper teeth.

B) MENOPAUSE AND PORTNOY'S MOTHER'S COMPLAINT

It is unfortunate for women that two milestone events in their lives, menopause and the departure of their last child from home, should happen almost at the same time. As a result of this coincidence, many women shuttle between gynecologists, psychiatrists, family counsellors and social workers without a clear idea of what is wrong or of who is treating what.

One thing is certain: These women's problems are not uncommon. Statistics show marked increases in suicides, mental illnesses and deaths due to alcoholism among women in their late forties and early fifties. (12) A large majority of Victoria physicians surveyed in December 1976 reported that they frequently encountered depression, anxiety, fatigue and marital problems among middle-aged women, and that women of that age approached them with emotional or interpersonal problems more often than any other group of patients. (13)

What share of these problems can be attributed to menopause? The answer is, we don't exactly know. Menopause has two kinds of effects: first, there are the symptoms women experience because their ovaries drastically reduce their production of the estrogen hormone. Second, there are the long-term physical transformations that estrogen deficiency causes in women's bodies in the years that follow the beginning of menopause.

The most obvious immediate change brought about by menopause is the cessation of menstruation (that is what the word menopause means). Other physical symptoms reported by women are hot flashes, sweats, itchiness, insomnia, tingling of the hands and feet, headaches, breathlessness, bloated feelings and heart palpitations.

Psychological problems most often associated with menopause are moodiness, forgetfulness, anxiety and depression.

Fortunately, no woman ever suffers all these symptoms at once or without interruption. In fact, 20% of women report feeling nothing but the end of their periods, while most of the rest seem to be able to cope well enough without special assistance.

Results of preliminary studies indicate that hot flashes and night sweats may be the only symptoms that can be directly attributed to menopause. (14) This is partially confirmed by writer-gynecologist Lucienne Lanson, who reports (in the book "From Woman to Woman: A Gynecologist Answers Questions About You and Your Body") that many women's symptoms, and more particularly depression, persist even after estrogen treatments have restored their pre-menopausal hormone balance. (15)

Why, then, do middle-aged North American women get depressed? Sociologist Pauline Bart decided to find out. After extensive research including a cross-cultural study of women in 35 different societies, an analysis of the records of more than 500 middle-aged women hospitalized for depressive conditions and intensive interviews with twenty patients in two hospitals, Bart concluded the following: (16)

- Depression in middle-aged women is <u>not</u> due to the normal changes of the menopause; in the many societies where women's status rose at this stage of life, middle age was not usually considered an especially stressful period;
- 2) Maternal role loss (the last child leaving home) <u>is</u> associated with depression; middle-aged depressed women are more likely to have suffered maternal role loss than non-depressed women;

3) Although other women are not immune, it is housewives who had overprotective or overinvolved relationships with their children who are most likely to suffer depression in their post-parental years.

Bart warns against interpreting her data as simply reflecting women's sadness at seeing their children go. Many women who adapt well to the change ("I don't feel like I've lost a son; I feel like I've gained a den") are very close to their children, while a number of women who get depressed did not get along well with them. It is the loss of role itself that is to blame, and the way it was linked to these women's self-concepts: (17)

The traditional woman bases her self-esteem on a role, motherhood, that she must finally relinquish. Some do this with ease; some others, especially those with inflexible personalities, cannot. But the problem is not hers alone: society has provided no guidelines for her, no rites of passage. There is no bar mitzvah for menopause. The empty nest, then, may prompt the extreme feelings of worthlessness and uselessness that characterize depressives. One can think of these women as overcommitted to the maternal role and then, in middle age, suffering the unintended consequences of this commitment.

Bart and Lanson also mention another type of woman who doesn't react well to menopause. Lanson says: "The woman who has attached too much importance to being youthful and sexually attractive may regard the menopausal years as a prologue to old age, with its attendant loss of everything she considers worthwhile." (18) Bart calls these women the Penelopes, husband-centred wives who are often happy to be rid of the constraints of motherhood. (19)

Unfortunately for Penelopes, says Bart, the middle age period during which they need most reassurance often coincides with the time when their Ulysses are more than ever involved in their careers. Insecure in the relationship that is everything to them, these women will spend a considerable portion of their time getting facials, massages and hair-dos, and using whatever happens to be this season's miracle cream. Terrified of being left for a younger woman, they are the answer to every plastic surgeon's dreams.

The Penelopes' fears of losing their looks are not without foundation. Although it may take some years and happen very gradually (because ovaries and other organs continue to produce some estrogen for ten, fifteen, and even twenty years after menstruation has ceased), the ultimate changes brought about by estrogen deficiency can be quite profound.

The authors of the book "Woman's Body - An Owner's Manual" describe them as follows: (20)

Estrogen deficiency largely explains why muscles lose tone and skin loses elasticity and becomes wrinkled. Deprived of estrogen, the breasts gradually flatten and droop. The womb and ovaries shrink, and the vagina is also likely to become drier and lose some of its natural protective acidity, making it more prone to infections. In addition, sexual intercourse may become difficult and even painful...

Changes in secondary sexual characteristics include the loss of some pubic hair, and growth of hair on the upper lip and chin. More serious, the risk of heart attack increases, while obesity, if it occurs, increases the risk of arthritis.* Finally, well after the menopause, calcium loss from the bones can produce a curve in the spine (called dowager's hump).

^{*}According to a doctor who read the draft of this report, obesity does not cause arthritis although it makes arthritic pains worse.

According to French gerontologist Anne Denard-Toulet, none of these changes need occur. In her book "La Ménopause Effacée" (No More Menopause), she defends the view that menopause is no more nor less than a hormone deficiency condition that should routinely be treated by the administration of estrogen and progesterone in various forms. (21)

American and Canadian medical authorities disagree. Ever since the publication two years ago in the New England Journal of Medicine of study results indicating that estrogen replacement therapy may lead to an increased risk of cancer of the lining of the uterus, health departments in both countries have issued directives to doctors recommending that estrogen be prescribed with great restraint and preferably only to cure specific disorders. (22)

The authors of the book "Our Bodies, Ourselves", report that the estrogen therapy situation resembles that of contraceptive pills — which also contain estrogen: "It looks as though you're damned if you do, damned if you don't take estrogen." (23) They also suggest that if every male doctor went through menopause, research would no doubt be much more advanced in this area.

Another danger middle-aged women face, according to these authors, is scalpel-happy doctors who remove women's ovaries unnecessarily as part and parcel of a hysterectomy. (24)

This is a real problem in Canada, as evidenced by the following recent statement attributed to Dr. Ken Milne, obstetriciangynecologist affiliated with London's St. Joseph's Hospital: (25)

Whenever possible, doctors try to leave the ovaries behind, especially in younger women who are still in need of natural supplies of estrogen. But in a woman nearing menopause where the ovarian function will stop anyway,

the ovaries may well be removed at the same time. There is always a chance, albeit low, of cancer of the ovaries in all women, both those who have had hysterectomy and those who have not. (Emphasis added)

This needless (and very possibly harmful) removal of a woman's healthy ovaries to prevent a remote chance of cancer is precisely one of the practices that a sub-committee of the U.S. House of Representatives condemned last year as "plainly excessive treatment". (26) Until the Canadian medical profession adopts precautionary measures (such as more efficient monitoring of operations) or, even better, until women learn enough about their bodies to participate as equals in the medical decision-making process, middle-aged women in this country should remain on their guard.

Getting back to normal menopause, there is another school of thought which believes that the <u>positive</u> aspects of menopause and the empty nest phenomenon have not been emphasized enough. As a result of their studies on this subject, Bernice Neugarten and her colleagues at the University of Chicago have concluded that although many menopausal women are annoyed by their symptoms, they are also relieved to have the menstrual nuisance end. (27)

The University of Chicago team also found that as a result of no longer being afraid of pregnancy, of having acquired more privacy with the children's departure and of having achieved a greater acceptance of their bodies, many post-menopausal women report a renewed interest in sexuality and better relations with their spouses.

The group which benefits most from middle age, according to psychologist Florine Livson, is made up of the intellectual, achievement-oriented and unconventional married women who were never well suited to their domestic roles. Often

depressed and irritable in their thirties and early forties, they are now free to revive their youthful intellectual interests and pick up the threads of their earlier ambitions. (28)

Middle age, says Livson, offers a second chance to a generation of women conditioned to live traditional lives. Hopefully, she adds, the current generation of young women will not need to wait so long until it can reach towards its full potential.

C) DISPLACED HOMEMAKERS

The Alliance for Displaced Homemakers was created in the United States in May of 1975. Its goal is to defend the interests of the more than two million American women who have spent most of their lives fulfilling a role lauded by society to find themselves "displaced" in their middle years through widowhood, divorce or separation.

Too old to start a new career and too young to retire, displaced homemakers are the victims of women's greater life expectancy, of our society's dictate that husbands should be older than their wives, of rising divorce rates and of the fact that men who remarry are likely to choose younger brides.

Although this issue has not yet attracted much attention in our country, Canadian women are far from immune. Close to half a million of them are presently in this situation, the majority because of early widowhood.

More than a third of Canadian widows are under the age of 65, and one often hears that widowhood is more difficult to bear when it is premature. For one thing, younger widows are more likely to still have children at home, complicating matters with their own grief and need for attention.

Another problem of younger widows (and of divorced and separated women as well) is that they don't fit in a world of twos. Social relations with couples often become awkward and hard to sustain, especially when the original contact had been through the husband. If the husband died before retirement, there might also be a sudden loss of the status which the woman had been granted because of his position.

Even more important is the fact that younger widows are generally less well prepared. Helen Williams, author of a Canadian booklet entitled "Planning for Tomorrow Today", explains how this work was inspired by her own anguish when faced with the emotional, legal and social implications of widowhood: (29)

It became apparent that the problems of widowhood would be much reduced if all men and women took time to think, discuss, and plan for the future. The needs of families are all different, but planning ahead is the key to the satisfaction of a full life.

Gerontologist Alex Comfort adds that even grief can be much reduced by thoughtful preparation: (30)

Bereavement can be prepared for, and not only when a lifetime partner becomes ill in a threatening way. Thinking through each other's possible deaths at least once - economically, practically, emotionally - isn't ghoulish or bad luck. It is loving, because each partner is considering the preservation of the other. There is nothing loving in asserting that if X dies you will die of grief. You won't, and you do X no honor by promising to go on living in a state of misery.

Comfort says that women, especially, because they face a much higher chance of being widowed than men, often feel deeply relieved after going through such a rehearsal.

According to sociologist Helena Lopata's research findings, widowhood is most difficult for middle-class women whose identities and lives lay in their marriage. (31) Author Lynn Caine echoes this in her book "Widow", where she tells the story of a woman in her forties whose life is shattered by her husband's death: (32)

We draw our identities from our men, we add ourselves to them, pour ourselves into them and their lives. We exist in their reflection. And then...? If they die...?

One alternative for widowed, separated and divorced women in their middle years is to remarry quickly, but the chances of that are very slim. The hard truth is there are almost three unmarried women for each unmarried man between the ages of 45 and 65, and in the unlikely event that all these men decided to marry at once, we already know that many would probably do so with women of younger age groups than their own.

Jobs are another way of developing new interests, and in fact an absolute necessity for a large number of displaced homemakers. Table 2, which is drawn from 1971 census data, shows that in spite of their very modest incomes, employed 55 to 64 year old widows are the best off in their group. The average income of the 41.5% who worked outside the home was \$4,500, compared with \$1,400 for the 26.2% who lived mainly on government transfer payments (social assistance and Canada/Quebec Pension Plan widow's benefits), and 11.3% who had no income at all. The 21% who had private income (from savings, husbands' private pension plans, etc.) had a meager average income of \$3,400. Table 2 also indicates that widowers' incomes are almost twice as high as those of their female counterparts.

TABLE 2

Average Income of Widows and Widowers Aged 55 to 64 by Major Sources of Income, 1970

	Average income source of inco	Average income of	% without		
	1) Employment	2) Government transfers	3) Other sources	those with income	any income
Widows					
Widows					
Income	\$4,536	\$1,448	\$3,434	\$3,363	
9	41.5%	26.2%	21.0%		11.3%
Widowers	> - * e *				
Income	\$6,553	\$1,439	\$5,183	\$5,686	-
90	72.7%	13.8%	8.5%		5.0%

SOURCE: 1971 Census of Canada, <u>Income of Individuals by Sex</u>,

Age, Marital Status and Period of Immigration,

Cat. no. 94-760, June 1975, Table 1.

These figures also reveal a dismal picture of poverty, and those widows are the living embodiment of the slogan that members of welfare rights groups often address to their contemptuous female critics: "Most women are only one man away from welfare".

How could this have happened? What made this large group of highly-deserving, hard-working and dedicated wives and mothers become one of the most destitute classes of citizens in Canada? One answer is that as long as women marry men who are three years or more older than they are, and whose life expectancy is seven years less than theirs, they should not be surprised to find themselves alone for a good number of years at the end of their lives.

What about pensions? Aren't they supposed to protect older housewives who lose their husbands? The answer is, yes and no. The federal Old Age Security Pension (OAS) and Guaranteed Income Supplement for the needy aged (GIS), which will be seen in greater detail in the next chapter, are only payable to people who have reached the age of 65.

The federal Spouse's Allowance, which is given to the 60-to-65-year-old spouses of old-age pensioners to bring those couples' incomes up to the guaranteed OAS-GIS level (see next chapter for more details), is discontinued if the pensioner-spouse dies before the younger one has reached the age of 65. In practice, this means that every month about 200 newly-widowed women aged 60 to 65 receive a letter from the federal government offering condolences and advising them that they will no longer receive a federal government allowance (until they reach the age of 65 when they will become eligible for OAS-GIS benefits in their own right).

Taken to task for this by many women's groups, former Health and Welfare Minister Marc Lalonde said that the Spouse's Allowance is strictly meant to supplement the income of couples living on one pension, and that it would be even more unfair to allow these widows to retain this benefit when other needy widows (who never got the Spouse's Allowance) and poor single or divorced women of the same age have no recourse other than provincial social assistance. (33)

Mr. Lalonde added that the only satisfactory solution would be to extend the OAS-GIS to everyone aged 60 to 65, which he says is politically impossible at the present time. In his recently-published study entitled "Women and Pensions", prepared for the Canadian Council on Social Development, Kevin Collins disagrees with Mr. Lalonde's politics and recommends that the Spouse's Allowance be abolished and replaced by the extension of fully income-tested (depending on need) OAS-GIS benefits to everyone aged 60 to 65. (34)

Another federal government argument against maintaining the Spouse's Allowance when the pensioner-spouse has died is that the widow becomes entitled to Canada Pension Plan and private pension plan survivor's benefits. To use this as an argument amounts to misrepresentation as these plans do not even come close to providing widows an OAS-GIS-level income.

Starting with the public plans, one finds that the province of Quebec is much more concerned about its widows than the rest of Canada. The Quebec Pension Plan's (QPP) minimum survivor's benefit is \$1,483 per year for widows between the ages of 45 and 65 in 1978, compared with \$578 for the Canada Pension Plan (CPP). Maximum benefits to which widows aged 45 to 65 could be entitled (depending on their husband's income throughout his life) are \$2,358 under the QPP and \$1,453 under the CPP. All of these benefits are substantially lower than the OAS-GIS guaranteed income level of \$2,972 per year for single people in 1977.

Furthermore, not all widows get the maximum CPP and QPP survivors' benefits, and many get none at all. CPP statistics indicate that the average benefit paid to 50-to-64-year-old widows was less than \$96 a month in the third quarter of 1977 - which means a pension of about \$1,150 per year. (35) Nor can this be attributed to the fact that full benefits under the CPP only became payable in 1976: widows who had just applied for benefits were getting similar amounts. More serious still, a comparison of these statistics with population figures shows that less than 45% of widows between the ages of 50 and 64 get any benefit at all from the Canada Pension Plan. (36)

The reasons for this are not clear. It may be that some of these women's husbands were already retired or dead when the CPP was introduced in 1966, or that for whatever reason they or their wives didn't meet the Plan's eligibility requirements (including four years of work at an income entitling them to contribute to the Plan). Still, this could hardly account for such an enormous discrepancy, and research should be undertaken to

find out how many women have never applied for benefits because of lack of knowledge that they were eligible for them.

Hard to believe but true, the situation concerning private pension plans, which are supposed to make up Canada's primary pension system, is considerably worse. Unlike the CPP/QPP, in which almost all members of the Canadian labour force participate, only 40% of salaried workers are covered by employers' pension plans.

According to the Statistics Canada publication "Pensions in Canada", the first fact to be known about private pension plans is that they are very unlikely to be of assistance to widows of low-income workers: (37)

Revenue Canada data show that private plan participants were largely confined to workers in the higher-income groups. Pension plans covered barely half of the employees with annual incomes of \$8,000-\$9,000, while well over half of those with incomes over \$9,000, had coverage; and in the higher-income levels, particularly at the \$20,000-\$24,999 bracket, as many as 60% were contributors to pension programmes.

This is hardly new. It is a modern version of "The rich get richer and the poor get poorer", and provides confirmation that it is the widows least in need who are most likely to get benefits from a private pension plan.

However, the worst is yet to come. Of all employees who take part in a private pension plan, 52% belong to plans that provide no pension to a widow whose husband dies before retirement, while 58% are in plans that will not pay survivors' pensions if the pensioner-husband dies after retirement.

Where they do exist, widows' pensions are usually 50% of what the husband would have been entitled to (which may be very little if he has changed jobs many times during his life).

A closer look reveals an even more clear-cut situation. In cases where governments were the employers, 83% of participating members had pension plans that provided widows' pensions when the husband died before retirement, compared to only 23% of the employees covered by private enterprise plans. For pensioners who died after retirement, these figures were 74% and 17% respectively.

Employers' argument against providing widows' pensions is that they are expensive (employers contribute to their employees' pension funds) and can increase the cost of a pension plan by as much as 35% to 40%. For small businesses, it is said, compulsory widows' pensions might be the straw that would break the camel's back and lead to bankrupcy.

Another criticism is that it is unfair to force unmarried employees to pay higher contributions to subsidize widows' pensions for their co-workers' spouses. This cross-subsidization is the unavoidable result of a system where contributions are the same for everyone but where only one group of employees (the married ones, in this case) has access to a particular type of benefit.

In view of these divergent needs and interests, Kevin Collins concluded in "Women and Pensions" that it would be preferable not to recommend mandatory widows' pensions at the present time. Instead, he recommended that all private pension plans be at least required to provide for the sharing of pension benefits based on the spouses' two lives, which means that the pension of the participating spouse would be lowered to provide a pension for the surviving partner. Collins also recommended that this feature be automatic and capable of being altered only upon the consent of both spouses. (38)

Lowering the age of eligibility for income-tested OAS-GIS benefits to 60, increasing the Canada Pension Plan's payments to widows and widowers, requiring the sharing of pension benefits by the spouses and providing an adequate guaranteed income to all Canadians: these are all measures that could improve the situation of Canada's widowed displaced homemakers.

As for older divorced and separated women, they could greatly benefit from a state-run system of collection of alimony and maintenance payments, while future older divorced women, whose numbers will certainly increase considerably in the coming years, would be in a much more secure position if equitable matrimonial property laws existed everywhere in Canada.

With such an overwhelming program of legislative changes to promote, Canadian women would be well advised to adopt the standard rallying cry of Laurie Shields, co-ordinator of the American Alliance for Displaced Homemakers: "Don't agonize...organize!"

D) RETIREMENT: HIS AND HERS

"What happens to the older housewife when her husband retires?", asked Gordon Streib in his address to the 26th annual University of Michigan/Wayne State University Conference on Aging. The answer, he said, was as follows: (39)

For some, this is a time of great joy and companionship. They take trips as the whim seizes them. They plan projects together, shop together, cook and clean the house together, garden together.

But another type of woman may feel that she has an intruder in her comfortable domain. She cannot keep her schedule of doing things - she cannot enjoy extended shopping tours and meet her friends for lunch - she must be concerned with preparing another meal. She may even be so unfortunate as to have a "management-type" husband who decides to reorganize her household on the lines of plant efficiency.

She may have to become an amateur psychotherapist if her husband suffers severe depression or maladjustment on retirement. She may even become a full-time nurse if her husband becomes sick... For some women, the retirement of the husbands may mean almost full-time work for the wives.

One woman who had encountered some of the above problems wrote to Streib setting out her own solution to them:

It was a shock when my husband was suddenly home all the time. Unconsciously, I guess I had regarded the house as 'mine'. Now here there was suddenly someone around all the time interfering with my way of doing things. I finally went back to work, and that made our personal relationship a lot easier.

Another common source of problems, says Streib, is the sharp decline in family income that accompanies the husband's retirement. If the couple was relatively well off in the decade or two before he stopped work, it can be quite a disagreeable change for the wife to have to go back on a budget and account for her purchases.

According to a study carried out at Duke University in 1966, only one factor seems to have any relationship to both husband and wife's good adjustment after retirement, and that is the sharing of household tasks. The study results don't provide more details, but there is a good chance that its findings are in fact circular: to share household tasks, spouses need to be quite flexible, and flexibility is an important trait in making adjustments to all new situations.

On the other hand, the debate is continuing on the effect of retirement on married or unmarried women who worked outside their home. The traditional view was that retirement was much less difficult for them than for men. Simone de Beauvoir expressed this position in the following way: (41)

Most women commit much less of themselves to their calling than men: and because of the number of young women who do not work outside the home, retirement does not automatically class them in a certain age group. Also, they have a part to play in their homes and families that allows them to remain active and to retain their identity.

Gordon Streib disagrees, citing a 1971 Cornell University study which concluded that single women were slightly more apt to have problems adjusting to retirement than married men. (42) Robert Atchley and Sherry Corbett, in an essay entitled "Older Women and Jobs" express the belief that retirement may be even more difficult for re-entry women: (43)

First, a job may be just as important for a woman as for a man. She is just as likely to be committed to it. Retirement could therefore result in 'withdrawal symptoms' for women as well as for men. Second, the assumption that women can easily refocus to 'in-home' roles ignores the fact that it was partly because of the loss of such roles in middle age that they initially became involved in jobs. Most women at retirement have no children living at home and 30 percent are widows...

Third, because they have gotten a late career start, their retirement is likely to come before their job goals are achieved.

Whatever the answers in this debate, they are not to be found in the joint Health and Welfare/Statistics Canada country-wide retirement survey whose results were made public last spring. (44) Those who prepared the survey and its two-volume report did not think marital status was an important factor in determining when and why women retired, with the result that they failed to take it into account in their analysis. Also indicative of the deficiencies of this survey is its "finding" that almost half of all women who retire do so for unspecified reasons.

The retirement survey did, however, establish that approximately one-third of women as well as men did not find compulsory retirement a desirable practice, and that women, for unstated reasons, generally preferred an earlier retirement age than men.

The first of these findings is somewhat surprising as women have been very silent while the public debate on compulsory retirement has been raging about their ears for the past several years. If they don't want to be passed over once more in the drafting of public policy, women should speak up soon to defend their own interests in this issue.

The second finding, to the effect that women prefer earlier retirement ages than men, may simply be the result of not differentiating between marital statuses. A more comprehensive survey might discover that single, widowed, divorced and separated women prefer to retire as late (or maybe even later) than men, while many married women like to retire at the same time as their husbands. It may also be that women prefer to leave work sooner because their jobs are less interesting than men's.

Overall, the retirement survey found that women are much less likely than men to plan for their retirement years. Women are less well informed about government programs such as the Canada Pension Plan and Old Age Security. Many don't even know whether or not they are participating in a job-related pension plan. And almost half of women nearing retirement age cannot say what their income will be after they retire.

According to the authors of the survey report, women's conduct may be due to two factors: 1) married women of that age still believe that they are "secondary earners" and that it is their husbands' responsibility to provide for them in old age; and 2) because a large proportion of female workers hold low-paying jobs and do not have access to job-related pension plans, they already know that they cannot provide themselves with adequate financial means for their retirement, and consequently believe that planning is a waste of time. (45)

Unfortunately, the word that best describes many women's state when they approach retirement and old age is "unprepared".

CHAPTER III - THE WORLD OF OLD WOMEN

As a personal experience, old age is as much a woman's concern as a man's -- even more so, indeed, since women live longer. But when there is speculation upon the subject, it is considered primarily in terms of men. In the first place because it is they who express themselves in laws, books and legends, but even more because the struggle for power concerns only the stronger sex.

Simone de Beauvoir, 1970 (46)

A) OLD AGE: MYTHS AND REALITY

Gerontologist Alex Comfort, in his book "A Good Age", expresses the belief that negative views of old age and old people are a fairly recent phenomenon. "Throughout history and in most cultures", he writes, "the old person is a figure of recourse. There is the fisherman, now retired from fishing, whom the village nevertheless consults if the fishing goes sour, because he is the only one who saw this happen before. There is the woman who has ten children and has delivered hundreds, who knows what to do with a difficult labor. Any infirmity such people have is considered a misfortune to the community, because it limits their contribution." (47)

In Simone de Beauvoir's extensively-researched book on old age, this widely-held view of a Golden Age of love and respect for old people is largely exposed as a myth. Except for brief periods in Puritan England and Humanitarian France (the first in the 17th and the second in the 18th century), she writes, the senior citizens of the world were almost everywhere and always abandoned, maltreated, feared or ridiculed. (48)

As for the wise country midwife and her medicinal herbs, she was the prime target of the Inquisition's witch-hunting in Catholic and Protestant Europe for 500 years, during which time it is estimated that over one million women were killed through torture or burned alive at the stake. Although these facts are now well documented, it is almost impossible for us to conceive the horror of this collective madness that lasted well into the 17th century.

From primitive times, write de Beauvoir and historian Amaury de Riencourt (in his book "Sex and Power in History"), (49) women, and more particularly old women, were seen and feared by men as being closer to nature and possessing fearful magical powers.

Modified, diluted, and by now mainly transmitted through children's fairy tales, the myth of the Witch is still with us today. It explains why almost every one of us, as a child, was afraid of (and therefore often persecuted) an old woman who lived alone in a house down the street, and why even as adults, although many of us would deny it, we are still ill-at-ease in the presence of arthritic, crooked-nosed and strange-looking old "ladies".

The Witch isn't old women's only role model, however. English poet Coleridge said that she was only one of the three categories into which all old women could be fit. The other ones, he said, were either 1) that dear old soul; or 2) that old woman. (50)

The "dear old soul" is no doubt the good old grandmother or spinster aunt who sits quietly by the fire waiting for her grandchildren's or nephews' and nieces' visits. When they come, at least once or twice a year, she bakes innumerable cookies and clucks over them like a fussy old hen. When

the children aren't there, she spends all her time sewing, knitting and quilting useful things for her family. "Dear old souls" are never idle or unhappy.

"That old woman", on the other hand, unlike the witch and the "dear old soul", is a totally neutral symbol. What many of us feel towards her is set out in Alex Comfort's description of the standard North American stereotype of old people: (51)

She* is a white-haired, inactive person, making no demands on anyone, least of all her family, docile in putting up with loneliness, rip-offs of every kind and boredom, and able to live on a pittance. Although not demented, which would be a nuisance to other people, she is slightly deficient in intellect and tiresome to talk to ... She is asexual, because old people are incapable of sexual activity, and it is unseemly if they are not. She is unemployable, because old age is second childhood and everyone knows that the old make a mess of simple work. Some credit points can be gained by visiting or being nice to a few of these subhuman individuals, but most of them prefer their own company and the company of other aged unfortunates. Old women's main occupations are religion, grumbling, reminiscing and attending the funerals of friends ...

The problem with such stereotypes, according to both Comfort and de Beauvoir, is that they make us see old people as aliens, almost as members of a foreign species. We speak of old people as "They", but in a few years "They" will be "Us". De Beauvoir also suggests that our society is treating old people the same way it treats women, and that when we ask "What are old people like?", we are only echoing Freud's famous question "What do women want?"

^{*} The pronouns "He or she" have been replaced by "she" only.

After having been treated like second-class citizens all their lives, women in old age lose the only thing society ever identified them with: their sex. Activist Tish Sommers protested against this ultimate unfairness: (52)

Curious how we lose our sex when we reach sixty-five! Not just sexuality, or sexiness, but more basic than that. We even lose our gender. No longer are we older women and men, but we suddenly join a new category - senior citizens (or old folks, or the elderly). New bureaucracies are concerned with our welfare, new laws cover our rights (such as they are), and new councils make recommendations to an unresponsive government.

Most statistics lump us together, male and female,... masking tremendous differences between the sexes, and above all obscuring how much aging is a woman's issue.

Sommers was speaking for the United States, but the situation is at least as bad in Canada. Statistics Canada's data on low-income families and individuals, published on an annual basis since 1971, to this day fail to distinguish between old women and old men. And the federal Health and Welfare Department, which has been administering the Old Age Security and Guaranteed Income Supplement for the aged programs for more than twenty-five and ten years respectively, is still incapable of providing information on the numbers of recipients by sex.

When asked the reasons for this, representatives of the Health and Welfare Department said that they were in the process of preparing a new system that would give that information, but that "No one was interested in knowing things like that before".

The results of this almost universal sex blindness, as seen in the following chapters, are government policies and programs that have continually ignored the needs of old women and consistently underestimated their plight.

The reality is that men's and women's lifestyles are as different in old age as they ever were, and that elderly women are as different from one another as they were throughout their lives. We do not substantially change when we grow older; it is only other people who treat us differently.

In refutation of the tendency to treat the elderly as a separate and unequal class, Alex Comfort has said: (53)

So-called 'old' people are people who have lived a certain number of years, and that is all... In the absence of ill-health, such as untreated blood pressure, aging has no adverse effect on intelligence or learning power; sexual response is normally lifelong in both sexes; and working capacity, unless it is impaired by ill-health, is retained and performance in it is high.

The ultimate truth about old women, then, is that they are no different in essentials from all other women. Every one of the differences that have been perceived and exaggerated, such as older women's lower levels of formal education and different beliefs about religion and the role of women, is in fact quite superficial and simply due to the historical circumstances under which these women grew up and lived.

As Alex Comfort concluded, old women's needs are the same as everybody else's: interesting work to do, money to live on, a place to live in, and other people to care whether they live or die. (54) The purpose of the rest of this report is to find out to what extent old women are presently able to satisfy these needs in Canada.

B) INCOME

To be old and female is the best combination to ensure being poor in Canada, says the Canadian Council on Social Development's Fact Book on Poverty. (55) It could have added that to be old and a widow is an even better one.

As Table 4 demonstrates (comparing, for example, the percentage of people of each sex and marital status who made less than \$3,000 in 1970), married men over the age of 65, who make up almost three-quarters of all men in that age group, are by far the least poor among senior citizens.

Single women come next, closely followed by widowed and single men. A comparison with Table 3 indicates that the incomes of these three groups were exceedingly low: 56% of single women had incomes which did not even reach the poverty line for rural areas, while in fact more than 80% of women aged 65 and over live in high-cost urban centers.

TABLE 3

Revised Poverty Lines, Statistics Canada, 1970 Size of area of residence

No. of people in the family	500,000 and over	100,000-	30,000- 99,999	Less than 30,000	Rural
1	\$2,686	\$2,515	\$2,442	\$2,247	\$1,953
2	\$3,895	\$3,647	\$3,541	\$3,257	\$2,833

SOURCE: 1971 Census of Canada, Families - Statistics on Low-Income 1970, Special Bulletin, Cat. no. 93-773, September 1977, p. 14.

SOURCE: 1971 Census of Canada, Income of Individuals by Sex, Age, Marital Status and Period of Immigration, Cat. no. 94-760, June 1975, Table 1 and Population:

Marital Status by Age Groups, Cat. no. 92-730, April 1973, Introduction.

^{*}Includes separated.

^{**}Not available.

Much further behind, and living in financial circumstances that the word "poor" is too weak to describe, come the widows, who make up the largest group among women over the age of 65. The vast majority of them struggled to survive on incomes incapable of providing the most basic of necessities to anyone anywhere in Canada.

The main cause of widows' destitution, as shown in Table 4, is the extreme financial vulnerability of most elderly married women. Subtracting the \$950 old age pension these women received during the year 1970, we find that at least one-third had no personal income at all. More revealing still, as the incomes of married women over the age of 65 are affected by those of their husbands, are the statistics showing that more than half of all married women aged 55 to 64 have no income at all. (56) When their husbands die, it appears that most of them will inherit nothing other than poverty.

Why are old women's incomes so low? Are they benefitting from all the various government transfer programs for which they are eligible? Are these programs adequate? What other programs exist for senior citizens and why don't women have access to them? These are the questions we will seek to answer in the rest of this section.

i) Old Age Security (OAS)

The most basic source of income of senior citizens is the federal government's Old Age Security program (OAS), which gave \$1,747 to persons aged 65 and over in 1977. (All figures mentioned will be rounded to the nearest dollar.) OAS benefits are paid regardless of personal income, and a comparison of population figures and numbers of OAS recipients shows that about 99% of Canadian residents over the age of 65 are

receiving it. (57) For many women, no doubt, their OAS cheques represent the largest sums of money of their own they have ever handled in their lives.

Since 1973, OAS benefits are increased four times a year to reflect changes in the Consumer Price Index.

ii) Guaranteed Income Supplement for the Aged (GIS)

The second source of income of senior citizens is the Guaranteed Income Supplement for the aged (GIS), which is paid to people who have little or no income other than the OAS. The maximum supplement in 1977 was \$1,225 for unmarried people (including widowed, single and divorced) and \$1,088 each for married pensioners. The supplement is reduced by \$1 for every \$2 of private income. As the incomes of both spouses are calculated together to determine eligibility for the GIS, one spouse's private income can prevent the other, poorer spouse, from collecting the GIS. The GIS is also increased quarterly to reflect changes in the cost of living.

According to a special study of 1972-73 GIS statistics by the federal Health and Welfare Department, 64% of all women aged 65 and over get all or part of the supplement (ranging from 31% for 65-year-olds to 96% for women aged 95 and over), compared to 51% of the men (ranging from 19% for 65-year-olds to 83% for men aged 95 and over). Table 5 confirms once again that married men are by far the least poor among the aged, and that widowed women are the poorest. As married women's GIS eligibility is greatly affected by their husbands' incomes, it is impossible to conclude anything about them from these figures.

TABLE 5

Comparison of GIS recipients and Total Population aged 65 and over 1972-73

	Married		Unmarried		Total
	M	F	\underline{M}	<u>F</u>	
GIS Recipients	23.4%	17.1%	16.1%	43.3%	100%
Population over 65	32.2%	21.6%	12.6%	33.6%	100%

SOURCES: Canada, Health and Welfare Department, Welfare Information Systems Branch, Special Projects Division, Special Statistics for the Guaranteed Income Supplement, Unpublished, 1972, and 1971 Census of Canada, Population: Marital Status by Age Groups, Catalogue no. 92-730, April 1973, Introduction

iii) Spouse's Allowance

The federal government's only other direct payment program for senior citizens is the Spouse's Allowance, which guarantees to one-pensioner couples with a younger spouse aged 60 to 65 a combined income equal to the OAS-GIS received by two-pensioner couples (\$5,669 in 1977). The Spouse's Allowance is fully income-tested (meaning that only low-income people are eligible) and is reduced through a formula taking first 75¢ and then 50¢ off for every dollar of personal income (both spouses' benefits are reduced equally in the second stage).

As discussed in the previous chapter (under Displaced Homemakers), the Spouse's Allowance is discontinued if the pensioner-spouse dies before the younger spouse has reached the age of 65.

iv) Provincial Income Supplements for the Aged

The next income source for senior citizens after the OAS-GIS and the Spouse's Allowance is a collection of provincial income supplementation programs of varying scopes and designs. All provinces except Quebec, New Brunswick, Newfoundland and P.E.I. have such programs, and their stated purpose is to guarantee a minimum standard of living to senior citizens with no income other than the OAS-GIS. The Canadian Council on Social Development has described their main drawback: (58)

These schemes are more readily available to the retired in affluent provinces than in marginal ones. The proportion of the retired who needed federal supplementation in 1973 was 83% in Newfoundland, 75% in P.E.I., in contrast to 46% of Ontarians and 51% of British Columbians. Residents of the latter two provinces benefit from substantial provincial supplementation programs. Newfoundlanders and Prince Edward Islanders do not.

Nevertheless, these programs do provide much-needed additional income to the poorest senior citizens of six provinces.

When the Old Age Security, Guaranteed Income Supplement and provincial supplementation programs' benefits are added together, we get the following picture of total guaranteed income for the unmarried aged in Canada in 1977:

TABLE 6

Guaranteed Income for the Unmarried Aged in Canada, 1977

Benefits for the unmarried

	% of OAS recipient receiving the GIS	OAS-GIS	Provincial supplement	Total
Newfoundland	81.4%	\$2,972	\$ 0	\$2,972
P.E.I.	73.2%	2,972	0	2,972
Nova Scotia	66.2%	2,972	150	3,122
New Brunswick	66.6%	2,972	0	2,972
Quebec	63.1%	2,972	0	2,972
Ontario	45.8%	2,972	470	3,442
Manitoba	57.0%	2,972	94	3,066
Saskatchewan	55.9%	2,972	240	3,212
Alberta	56.4%	2,972	540	3,512
B.C.	52.5%	2,972	470	3,442
N.W.T.	79.7%	2,972	0	2,972
Yukon	58.6%	2,972	0	2,972

SOURCES: Canada, Health and Welfare Department, Old Age Security
Program Statistics, December 1977, and provincial social
services departments.

What Table 6 shows is that after a lot of trouble and government forms, widowed, single and divorced old women get very little in the end. A comparison with Table 7 indicates that the only poverty line that gets surpassed anywhere is the one set for rural areas, and that only in Ontario, Alberta and British Columbia.

TABLE 7

Revised Poverty Lines, 1977

Size of area of residence

No. of people in the family	500,000 and over	100,000-	30,000- 99,999	Less than 30,000 Rural
1	\$4,446	\$4,161	\$4,041	\$3,717 \$3,231
2	\$6,443	\$6,033	\$5,859	\$5,388 \$4,688

SOURCE: Derived from Statistics Canada's revised poverty lines for 1976.

Beyond these programs, the main source of income of old people is pensions from employment. As we will see, most of these plans are of the made-by-males-for-males variety, and all provide greater benefits to those senior citizens who need them least.

V) Canada/Quebec Pension Plan

The first is the Canada/Quebec Pension Plan, which was introduced in 1966 by the federal and provincial governments "to make reasonable minimum levels of income available to members of the labour force when they retire after 65 or become disabled, and to their survivors". (59) This consists in fact of two similar but separate plans, one administered by the province of Quebec for its own residents (Quebec Pension Plan, or QPP), and the other run by the federal government for the rest of the Canadian labour force (Canada Pension Plan, or CPP).

The CPP and QPP, which together cover almost all members of the Canadian labour force, guarantee a pension equal to one-quarter of a worker's average earnings up to a maximum level. This maximum, which is set at \$10,400 for 1978, will continue to rise

rapidly every year until it reaches the average Canadian wage (currently around \$13,000), to which it will thereafter be pegged.

As women's average earnings are much lower than men's, this direct relation between pension levels and wages ensures right from the start that female pensioners will receive considerably lower benefits. Similarly, as benefits for surviving spouses aged 65 and over depend totally on the deceased spouse's income throughout his/her life, the present system ensures in advance that wives of low-income workers will get the lowest widows' pensions.

Another factor which enters into consideration in the calculation of the amount of the pension is the number of years a worker has spent in the labour force. First, one must have been in it for at least ten years to be able to get a full pension. As the CPP/QPP only started operating in 1966, people who retired before 1976 (as well as their surviving spouses) are getting reduced benefits, and those who retired before 1966 get nothing at all.

Second, a worker's "average earnings" - on which the amount of the pension is based - depend on the number of years she or he was in the labour force. For this purpose, the lifetime earnings are averaged over all the years a worker could have been in the labour force between the ages of 18 and 65, and not only over the period of time she or he actually earned an income. The only exceptions to this are: 1) the periods during which a worker was disabled are excluded; 2) a person who continues working after age 65 can use these extra years to replace lower-income ones; and 3) everyone is allowed to drop out 15% of the period included in his or her lifetime calculation.

As June Menzies pointed out in 1974, this 15% drop-out period, which was meant to make up for the normal low or zero earning years of a man's life (such as those spent in school after age

18, or sick, or retraining for a new job, or unemployed), is totally inadequate to cover the periods during which married women normally drop out of the labour force to take care of their young children. (60) As a result, almost all married women, even if they worked outside their home for the greater part of their lives, end up with drastically reduced pensions.

To correct this unjust situation, the federal and Quebec governments adopted parallel CPP and QPP amendments that would allow mothers (and fathers) to drop out of the calculation of their pension the zero or low-income periods of time they spend at home caring for children under the age of seven. The drop-out provision is now in force in Quebec, but it cannot come into effect in the rest of Canada until the province of Ontario, which has an effective right of veto over changes in the CPP (because these changes require the approval of two-thirds of the participating provinces having two-thirds of the population, and Ontario has more than one-third of the population of Canada minus Quebec), withdraws its objection to it.

Ontario has provided many spurious reasons for being against the drop-out amendment, contending that it would ruin the earnings-related basis of the Plan (are widows' and orphans' benefits earnings-related?), that it would discriminate against women who do not drop out (it is not clear how) and against those who always stay home (presumably because they would not be affected) and, finally, that it would have the bad effect of encouraging other worthy groups such as people who take care of aged parents or disabled children to request the same treatment.

The real reason for Ontario's opposition to the drop-out amendment is that Ontario is vetoing all changes to the CPP involving additional expense to force the federal government

to agree to its proposals on the future of the CPP fund. As the biggest borrower from the fund, Ontario wants a substantial premium increase that would allow it to borrow indefinitely without even paying back the interest on its ever-increasing loan. Women are being used as a pawn in this political game.

Another new amendment, which has already come into effect because all provinces agreed to it, calls for the splitting of pension credits between the spouses upon divorce. This aims at correcting the injustice of the former system, which left a divorced wife with no future financial protection or survivorship rights after divorce, even though she might have spent as many as 30 or 40 years helping her husband build his career.

Other features of the CPP/QPP which have been criticized by women relate to the conditions for eligibility to widows'(ers') pensions. At the present time, these pensions vary according to the surviving spouses' ages and to whether or not there are dependent children. When there are no children, only widows aged 45 and over get full benefits. Most controversial of all, however, is the provision that makes widows lose their survivors' pensions upon remarriage.

These criticisms address themselves to the very nature of the CPP/QPP surviving spouses' pensions. Are they charity, or are they a right to which spouses have access because they were their husbands' (or wives') partners? This question is hard to answer at the present time, because an analysis of CPP/QPP practices only reveals a total inconsistency in that regard.

On the one hand, provisions such as discontinuation of benefits upon remarriage and disqualification of young childless widows would seem to indicate that the purpose of widows' benefits is to provide a "dependent" wife with some sort of replacement income because she needs it. On the other hand, the fact that even rich widows get these pensions, and that male surviving spouses are now also eligible for them, denies this notion and implies that survivors' pensions are in fact an earned right. Clearly, these points need further analysis.

Everything considered, the worst problem with the CPP/QPP is that their pension levels are much too low. Keeping in mind that a pensioner's GIS will be reduced by \$1 for every \$2 of CPP benefits received, the maximum CPP/QPP benefits of \$2,333 for pensioners and \$1,400 for widows aged 65 and over in 1978 seem paltry indeed. And very few pensioners and widows are getting that much.

Population and CPP statistics for 1976 show that only about 60% of men and 18% of women aged 65 and over (outside of Quebec) were receiving CPP retirement pensions. (61) Among new recipients, who were almost all eligible for full benefits as they had participated in the plan for ten years, average retirement pensions were \$1,400 a year for men and \$972 a year for women. For the fewer than 10% of widows aged 65 and over who were getting surviving spouses' pensions, the average payment was \$859 a year.

The consensus for expanding the scope of the CPP already exists. The Canadian Labour Congress called for it more than three years ago, asking that CPP pensions be increased to 75% of average earnings. (62)

The Canadian Council on Social Development made similar proposals in its statement on retirement policy in 1976. (63) Last but not least, the Liberal Party of Canada, at its 1975 policy conference, adopted a resolution calling for CPP pensions to be increased to 50% of average wages by 1985. (64)

If everyone agrees, what are we waiting for? In fact, why were CPP benefits set at such a low level to start with? Joan Brown, in the massive study on retirement policies she prepared in 1975 for the Canadian Council on Social Development, answers by quoting the federal government's 1971 White Paper on Income Security: (65)

Contribution rates and benefit levels in the public pension plan have been set having in mind the many private plans that had been developed over the years. The benefits have been designed to provide substantial protection and at the same time not to be so generous as to discourage the provision of private protection.

As we have just seen, this reference to the CPP's "substantial protection" was more than a slight exaggeration. To see whether government's decision to curtail the CPP in favour of "private protection" was in women's favour, we will now address ourselves to the situation of women in the private pension industry.

vi) Private Pension Plans

In chapter II C), while examining the financial situation of younger widows, we have already seen that: 1) only 40% of Canada's salaried workers are covered by employers' private pension plans; and 2) participation in these plans is largely confined to upper-income workers (those earning \$20,000 or more). Given these facts, it is not

surprising to find, as shown in Table 8, that only 29% of all female members of the labour force participate in such plans.

TABLE 8

Female Participation in Private Pension Plans, by Industry, 1974

Industry	Women as % of all employees	% of employees covered by a pension plan	% of female employees covered by a pension plan
Community, business, personal service	59.0	28.7	24.9
Finance, insurance, real estate	54.5	42.8	33.6
Trade, retail and wholesale	37.5	14.4	9.9
Public administration	n 28.9	98.0	98.0
Manufacturing	24.2	44.6	28.2
Transportation, communication, and			
other utilities	17.1	47.5	46.8
Agriculture	16.1	1.0	0.1
Construction	5.4	44.3	28.0
Other	5.2	* . * <u>-</u> -	
ALL INDUSTRIES	34.6	40.7	29.3

SOURCES: Canada, Labour Department, Women's Bureau,

Women in the Labour Force - Facts and Figures,

1975 edition, p. 47, and Canada, Statistics Canada,

Pension Plans in Canada - 1974, Biennial Cat. no. 74-401,

pp. 28, 87.

The most interesting characteristic of the private pension business is that not much of it is in the private sector: almost 45% of all members of private pension plans are employed by governments or crown corporations, even though such employees comprise only about 15% of the labour force as a whole. Brown concludes from this that "government has taken its responsibilities in this sphere more seriously than private sector employers". (66)

Even more striking, almost 60% of all women who participated in private pension plans in 1974 were employed by governments or crown corporations. Only 15% of female private sector employees were covered by private pension plans, compared to 30% of their male counterparts.

Part of this enormous difference between male and female pension coverages is due to the fact that more than 60% of women in the labour force work in the service and trade industries, whose levels of unionization are among the lowest of all. Brown's study demonstrated that although the relationship between pensions and unionization is not absolute, the figures certainly suggest a strong union influence. (67)

Another important factor is that many employers have taken deliberate steps to exclude women from their pension plan membership. Some of these measures have been quite subtle, such as having plans that only cover earnings above a certain level (attained by few if any women) or plans restricted to occupational categories in which very few women are found.

Other employers have been quite blunt. According to Statistics Canada's "Pensions in Canada" study, in 1974 "400 pension plans were exclusively for men and specifically stated that women were not eligible". (68) Of these 400 employers, 47

operated separate plans for their female employees, 93 had plans restricted to male executives only, and 270 were in industries such as transportation and construction which have predominantly male employees.

Another way of restricting women's participation is to have different minimum and maximum ages for membership in these plans. In 1974, reports "Pensions in Canada", 1,400 plans had different minimum membership ages for men and women, the usual requirement being age 21 for men and 25 for women. (69) Also, 1,200 plans imposed different maximum ages, retirement usually being set at 60 years for women and 65 years for men. (70)

Sylva Gelber, former director of the federal Women's Bureau, denounced these practices in the International Labour Review in 1975: (71)

The most obvious difference (between women and men) in old age pensions concerns the age of retirement, which is not uncommonly as much as five years lower for women workers than for men. Sometimes this differential is referred to as an advantage for women workers. This is to ignore the fact that, where the level of the pension is based on the number of years of contributions, a five-year reduction inevitably lowers the pensions available to women workers.

In private pension programmes the diminution of the period of contribution is often further exacerbated by the requirement that women employees are not eligible for membership until they have completed a period of employment exceeding that of their male colleagues. Thus, the woman worker's span of pensionable employment is further reduced and the total number of years during which she may contribute occasionally falls short of that of her male colleagues by as much as ten years.

In addition to these handicaps, it must be recalled that a woman worker outlives her male

colleagues by an average of some seven years. Thus, although she has to live on her pension for considerably longer than a man, she is denied the opportunity to build up substantial equity for herself.

Many other differences exist, most of which are found in the plans of private employers. The most important of these, which feminists and human rights promoters have been grappling with for many years, is the very controversial issue of equal cost and equal benefits for men and women under all pension plans.

The problem, if one can call it that, is that women live longer and therefore collect pensions for a longer time than men. This means that on average the same pension costs more for women than for men. The question is, should the providers of pension plans (usually insurance companies) be allowed to claim higher contributions from women (or their employers) for the same pension or, alternately, should they be allowed to pay smaller pensions to women than to men for the same contributions?

This issue has not yet attracted wide public attention, perhaps because the vast majority (close to 90%) of women who now participate in private pension plans belong to "unit benefit" types of plans which have pre-determined contribution and benefit rates that very seldom vary by sex. The plans that would be most affected by equal cost/equal benefit laws are of the "money-purchase" type, in which each employee's pension is calculated separately and the pension amount is whatever annuity the contributions for that employee can buy when he or she retires.

Even though less that 5% of women participants were in moneypurchase plans in 1974, it is likely that they will be increasingly important for women in the years to come as these plans are highly favoured by small employers who are attracted by their simple administration and predictable costs. The main argument in favour of equal cost and benefits is that sex should be no more relevant to pension calculation than are race, ethnic origin, state of health or colour of hair, and that it is discriminatory to punish individuals for belonging to a group of which they are not necessarily representative. Marianne Bossen illustrated this point by citing U.S. data indicating that of 1,000 white men and 1,000 white women reaching age 60, 68% would have an identical year of death. (72) If these 1,000 men and women had contributed to pension plans that distinguished on the basis of sex, more than two-thirds of the women would have been unjustly penalized.

The arguments against, on the other hand, are that unisex actuarial tables would be very difficult to establish, that equal cost and benefits for men and women amount to unequal pay (if pensions are seen as deferred wages), and that things have always been done this way. The last word in this debate has yet to be heard.

Even assuming, through an effort of the imagination, that all the problems mentioned above settle themselves in the course of time and that women in the labour force will have equal access to a non-discriminatory private pension system, there are still other reasons making it unlikely that private pensions will ever play a very important role in guaranteeing old women's financial security.

One of the most important of these reasons, as discussed by Kevin Collins in "Women and Pensions", is the question of vesting. (73) "Vesting" usually refers to the "locking in" of an employer's contributions to an employee's pension, together with the employee's own contributions, to ensure that the employee will receive a pension at normal retirement time. If an employee's pension has "vested", he or she can change jobs and still be assured of a pension, however small, when

he or she reaches retirement age. If the pension has not "vested", however, the employee who leaves a job loses all rights to the employer's contributions on his or her behalf, and simply gets back his/her own contributions, usually without interest. In this last case, of course, no pension is due at retirement time.

In 1974, according to Statistics Canada, 95% of women who participated in private pension plans were in plans that did not provide full vesting until the employee had ten years or more of service. (74) A comparison of this with turnover rates, which show that three-quarters of women aged 22 to 44 change jobs at least every five years (compared to two-thirds for men), demonstrates that very few women who participate in private pension plans are likely to get a pension when they finally retire. (75)

As mentioned by Kevin Collins, this also has interesting incidental effects: (76)

The simple return of employee contributions when they do not meet vesting requirements, while perhaps seen as a windfall by some women at the time, in reality often amounts to a system of forced saving at zero rate of interest. While data are not available to allow a precise estimate, the overall effect is a fairly massive subsidization of the private pension system by female workers.

It is not realistic to expect this situation to change by itself in the coming years, at least not as long as women keep occupying the least interesting jobs and are still held primarily responsible for taking care of the children. Collins sees no solution other than to enact legislation that would force employers to change their pension plans to grant full and irrevocable vesting rights over all contributions as soon as these are made (as is already the case with the Canada Pension Plan). (77)

Another reason why private pensions are unlikely to become very important for old women is the much-discussed issue of indexation of pension plan benefits to cover increases in the cost of living. This is of crucial importance to women, who have many more years to live after their retirement (the life expectancy of women who are 65 years old now is around 18 years). To understand what non-indexation means to old people one may want to keep in mind that \$100, at an annual rate of inflation of 8% (which is the average now) will be worth \$24.87 in eighteen years.

The argument against indexation is that employers cannot afford it. This has been answered by Robert Crozier, senior economist at the Conference Board in Canada: (78)

Would someone please explain to me the logic of a position that argues society can afford to pay a retired pensioner \$5,000 a year in terms of a fixed basket of goods and services today, but cannot also afford to pay him the same fixed basket of goods and services 10 or 15 years later?

The basket comes out of a growing pool of goods and services which our society as a whole has available to it. The pensioner does not share in the growth of this pool of goods and services even when his pension is indexed, but at least with indexing he is able to maintain the status quo ante.

It is surely a curious commentary on morality and conscience that any part of our society should actually endorse the undermining of the purchasing power and living standards of people outside the workforce who are no longer able to protect themselves - and yet find no anomaly in annual increases of 10%, 12%, or 14% (or higher) in the money incomes of those who still command power in the work place. The transfer of real income from the old to the young would certainly be looked upon as a particularly vicious form of robbery if it took place in the open and not secretly under the cover of inflation.

The last and maybe most important reason why private pension plans cannot come to play an important role for women is that, as pointed out by Joan Brown, they could never be extended to benefit women who are outside the paid labour force. (79) Obviously, women would never have gotten anywhere with their child-rearing drop-out proposals if they had been obliged to negotiate them with more than 3,000 private sector employers.

vii) Savings

The next source of income of senior citizens is savings, which, from what we have seen so far, must be very low. In an attempt to find out why, Joan Brown has analyzed the expenditure pattern or people aged 45 to 64, who, their children being grown and educated, are most likely to be saving for their retirement years. Brown's conclusions were as follows: (80)

- Families in the lowest 20% income group, in spite of modest expenditure in all areas, have no margin for savings at all. Indeed, the contributions this group has to make to such programs as unemployment insurance, CPP/ΩPP, life insurance, etc. are a heavy drain on their already inadequate incomes.
- 2. The families in the next two 20% groups are able to devote more of their income to "security", including private pension plans (when available) and retirement savings funds, but have no margin for general savings. Those in the next 20% income group are not a great deal better off.
- 3. Only the top 20% income group is really in a strong position and can save for old age.

Between richest and poorest, the differences are very sharp. 1970 Statistics Canada data show that 10% of Canadian families own 69% of the country's financial assets (deposits, cash, bonds, stocks, mortgages) and 48% of its total assets (financial assets, real estate, automobiles and equities in business and practices). After age 65, most people don't own much at all.

viii) Income from Employment

Employment is not an important source of income for the majority of senior citizens, but it is nevertheless a central feature of the life of almost 10% of women between the ages of 65 and 70. Some are career women (mainly single) who choose to take a late retirement, but most of them are women who need the money and who work part-time for a very low pay.

The labour force participation of Canadian men and women over the age of 65 has been steadily decreasing for a long time. This has been attributed partly to old people's greater financial security following the introduction of the GIS, medicare and the Canada Pension Plan, and partly to rising unemployment rates and to increased rigidity in employers' retirement policies and practices.

Whether or not they are able and willing to stay on the job, most Canadian workers are now forced to retire around age 65. Except for Manitoba and New Brunswick, whose human rights laws forbid it, age discrimination in employment towards the over-65s is the general rule.

ix) Tax Measures

The federal government has introduced many tax measures aimed at encouraging people to save and at subsidizing them once they get old. The main tax incentive to save is the Registered Retirement Savings Plan (RRSP), which allowed taxpayers in 1977 to deduct contributions up to \$5,500 for those who did not have a private pension plan, and \$3,500 for those who did.

As a way of redirecting the money where it is most needed, it is a great understatement to say that the RRSP was not a well-thought-out program. According to "Pensions in Canada", more than 60% of contributors to RRSP's either make more than

\$15,000 a year or already participate in a private pension plan. Furthermore, these two categories accounted for almost 90% of all contributions to RRSPs in 1973. (82)

Because of this and other features, such as a 20%-of-income limit and the fact that the same amount contributed by a middle-income and a rich person will bring a larger tax benefit to the latter, the RRSP has well deserved to be called an "upside-down, rich-always-get-more" type of tax measure. (83) It clearly cannot be counted on to improve the financial situation of many old women.

Two other income tax deductions are specifically aimed at the older population. The first is the age exemption, which amounted to \$1,420 in 1977 and could be claimed by every taxpayer aged 65 and over. The second is the pension deduction, which allowed a deduction of \$1,000 of private pension income received during the year.

These may not seem like bad measures at first glance, until one realizes that to benefit from a tax deduction, a person must first be in a position to owe taxes to the government. Taxation statistics for 1975 indicate that only about 12% of women aged 65 and over pay taxes, compared to 30% of men. (84) Combining these facts with our knowledge that very few women get benefits from private pension plans, we realize once more that old women have been left in the cold.

The worst aspects of all the tax measures supposedly directed to the destitute old are that: 1) they allow governments to say and repeat that they are doing something to help the poorest among the old, while in fact they are doing nothing of the kind; and 2) they divert important sums of public money which could instead be used to expand programs aimed at the neediest of the old, such as the Guaranteed Income Supplement for the aged (GIS).

For example, it has been estimated that the cost in foregone government revenue of the age exemption alone, in 1974, was equal to fully one-third of the entire budget for the GIS. (85)

* * *

Until the far-away day when women have gained equality in the labour market and have been given access to good pension plans that are responsive to their special work patterns, the only measure that can enable old women to achieve a decent standard of living is a substantial increase in the levels of federal transfer payments to the aged (OAS and GIS).

This entails a choice between two policy options: 1) a moderate increase in the Old Age Security pension (OAS), which would be extremely costly as these pensions are given to everyone who has reached the age of 65, regardless of income; or 2) a larger increase in the Guaranteed Income Supplement (GIS), which, because the GIS is only directed to the poorer older population, would have the double advantage of being cheaper and of giving biggest benefits to those who need it most.

After reviewing these alternatives, the Royal Commission on the Status of Women recommended "that the Guaranteed Income Supplement be increased so that the annual income of the recipients is maintained above the poverty level". (86) This recommendation was made in 1970, and elderly Canadian women are still waiting for its implementation.

C) HOUSING

Whenever the subject of old people's housing conditions comes up, someone is always sure to comment that the problem is a quite new one which did not exist before the break-up of extended family households. Until the advent of urbanization and the nuclear family, that person is bound to say, old folks lived with their married children and grandchildren and continued to make themselves useful on the farm almost until the day of their death.

According to both Gordon Streib and Simone de Beauvoir, things were never quite that simple. From the time of Shakespeare's "King Lear" to that of Zola's "La Terre", de Beauvoir says, there exists considerable historical evidence that old peasants who were forced by old age to dispossess themselves in favour of their children "were running the risk of finding themselves despised and often that of wanting the necessaries of life". (87)

Speaking more particularly of old women in that situation, Streib mentions that cohabitation not unusually engendered numerous conflicts: old women often had not a penny of their own, tensions developed over the sharing of kitchen chores with daughters or daughters-in-law, children resented being crowded so that grandmother could have a room of her own, and old women were routinely assigned the baby-tending and nursing duties whether they wanted them or not. Streib's conclusion is that: (88)

It is not surprising that most old people today reject the idea of living with their children. They like them to reside nearby, but do not want to live with them.

The findings of the Health and Welfare/Statistics Canada retirement survey confirm this: only 1.2% of men and 2.5% of women surveyed said they would like to live with children or

other relatives. (89) A comparison of 1961 and 1971 census data also points in that direction: paralleling an increase in old people's standard of living in the sixties (with the introduction of the GIS and medicare), there has been a substantial decrease in the proportion of old people living with relatives, and a corresponding increase in the proportion maintaining households of their own.

Table 9 demonstrates how old women's very low incomes still affect their choices of living arrangements: 15% of them, compared to only 6% of men over 65, were living in relatives' households in 1971.

TABLE 9

Living Arrangements of Women and Men Aged 65 and Over, 1971

	Women	Men
	96	%
Living with spouse	35.9	67.3
Living alone	31.8	17.5
Living in relatives' households	15.5	6.3
Heading a household containing other family		
members or roommates	11.8	5.3
Living in institutions (nursing homes, hospitals)) 5.0	3.6
TOTAL	100.0%	100.0%

SOURCES: 1971 Census of Canada, Households by Type Showing Selected Characteristics of Head, Cat. no. 93-707, September 1974, Table 44, and Households: Household and Family Status of Individuals, Cat. no. 93-712, May 1973, Table 85.

People who are very old and suffer ill health are also more likely to live with their children's families. At the time of the 1971 census, 3% of men and 7% of women aged 65 to 70 were living in their children's households, compared with 12% of the men and 21% of the women over the age of 75.

A comparison of Table 9 with other census information also shows that of all people in our society, women over the age of 65 are most likely to be living alone. Of these, more than three-quarters are widows, which is not surprising as widows make up more than 80% of the unmarried female population over the age of 65.

Living alone is not necessarily a bad thing. In fact, Streib believes that it may be a psychological necessity for many widows: (91)

Maintenance of an independent household is for many widowed women the symbolic bastion within which they define their roles. To think of living any other way is abhorrent, entailing a loss of privacy as well as independence, and thereby threatening the integrity of personal adjustment.

But a widow may not always be able to keep the family home. If her husband's private pension did not survive him and the couple had little savings, a common occurrence as we have seen in the previous section, she may be forced to sell so that she can have some money to live on.

Census data do not give information on types of dwelling by marital status, but simply indicate that 55% of female household heads over the age of 65 own the house they live in, compared to 75% for men.

As owning one's home is a

major weapon in the fight against inflation, old men's financial position in relation to old women's is even better than their respective incomes indicate.

Joan Brown mentions other problems confronting old women who wish to remain in their own homes. (93) First, she says, there are the municipal property and education taxes, which are generally based on property values and bear no relation to incomes. Many provinces are now refunding a portion of these taxes to people aged 65 and over via grants, rebates and tax credits, but these programs often require property owners to pay first and wait until the end of the year to get their money back.

Second, as also mentioned by the Special Senate Committee on Aging, (94) is the fact that although many old couples try to get their home in a good state of repair by the time the husband retires, their properties are generally very old and need more than the average degree of maintenance. A number of provinces are trying to solve this problem through home repair grants or loans to low-income people.

A third and last problem of home-owners, which is particularly acute for widows and may explain the growing popularity of condominiums among the elderly, is the need of assistance with tasks such as snow clearing, yard and garden maintenance, gutter clearing, etc. Brown mentions that the Local Initiatives and Opportunities for Youth programs (LIP and OFY) have clearly demonstrated a great need for this kind of handyman/woman services, but that little is now being done to meet it. (95)

Old women who live in apartments are spared most of these concerns, which may be why 18% of the women who participated in the retirement survey, compared to only 11% of the men, said that they would prefer this type of accommodation. The main problem of elderly renters, of course, is that their incomes often can't keep up with increases in rent, with the result that they are forced to live in ever-shoddier surroundings.

The solutions proposed to deal with this problem all seem to have disagreeable side effects. Rent control is said to discourage owners from making repairs, with the result that unless housing codes are rigorously applied poor old people end up living in slums anyway. Shelter allowances are another alternative, but as Brown says: "It is difficult to see how this kind of program can avoid either becoming inadequate, or being faced with steep cost escalations if it is not combined with some kind of fair renting procedure." (97) Home owners' and tenants' tax credits, on the other hand, such as the one presently in effect in Ontario, require everyone to file tax returns — which old women usually don't.

The amazing thing, as shown by 1971 census data, is that female household heads over the age of 65, even though they pay lower rents and live in cheaper houses than their male counterparts, end up in accommodation that is on the average less sub-standard than that of the men of the same age. (As an example, 92% of female heads of households aged 65 and over have the exclusive use of a flush toilet, compared with 89% of men in that age group and 93% of all household heads.) (98) Someone may someday care to do a research project explaining this phenomenon.

The unfortunate result of Statistics Canada's single-minded preoccupation with "heads of households" is that we know

practically nothing about the living conditions of the more than 40% of women aged 65 and over who are neither heads of households nor wives of same. As mentioned in the 1966 report of the Special Senate Committee on Aging, the older population which is not included in the statistics relating to types of accommodation "in many cases enjoy fewer amenities than those available to heads of households". (99)

This is particularly true in the case of roomers, the most disadvantaged among tenants, who make up more than 5% of the population aged 65 and over. 47,500 old women and 44,000 old men were roomers in Canada in 1971, and according to Brown, "Roomers have few rights and little legal protection. Many have substandard facilities in poorly cared for properties, and pay high rents in proportion to the quality of their accommodation". (100)

As a result of the various problems old women experience as property owners, tenants and "guests" of relatives, many of them turn to senior citizen housing, which alone can provide them with decent accommodation at rents they can afford.

Low-cost senior citizen developments come in many shapes and qualities, and anyone seriously interested in the subject would be well advised to read "Beyond Shelter", the very comprehensive study released by the Canadian Council on Social Development in 1973. (101) "Beyond Shelter" mainly concentrates on housing projects financed under the National Housing Act (NHA), through which Central Mortgage and Housing Corporation (CMHC), a federal Crown corporation, makes low-interest loans available for the construction of housing for senior citizens and other low-income groups.

There are no comprehensive national statistics on the number of people who live in senior citizen developments. One of the reasons for this is that almost every level of government, charitable organization, service club or religious community has at some time taken a hand, with or without assistance from CMHC, in building and operating such projects. Another reason, as mentioned by Philip Hepworth in "Residential and Community Services for Old People", is "the complexity and length of the process required to initiate projects, secure loans, acquire sites, construct developments, and finally make them operational". (102)

Hepworth's own estimate of the number and type of NHA-financed accommodation constructed between 1946 and 1973 is reproduced in Table 10. If Hepworth's estimates are not too far off the mark, we can conclude that at least 5% of all senior citizens were living in these types of housing projects in 1973.

The "Beyond Shelter" study found that senior citizens who lived in self-contained units were very largely female (almost three-quarters were women), under the age of 75, and in good physical health. Hostel residents, on the other hand, were "only" two-thirds female, usually over the age of 75, and somewhat physically incapacitated. (103)

Nearly half of the residents who were living alone had lived with a spouse ("or someone else") immediately before moving to their present residence, leading the researchers to conclude "that the move to their present residence was precipitated by the stress of widowhood or problems encountered in living with children". (104) When asked why they had moved into senior citizen housing, 35% of residents answered that "it was the best housing choice in view of their limited incomes", 27% that "they were unable to keep up the maintenance of their own home", and 22% that it gave them "security and safety". (105)

TABLE 10

Residential Accommodation for the Elderly Provided through Loans and Contributions by CMHC under the National Housing Act, 1946-1973

Province	Populatio aged 65 + 1973		No. of sunits per 1,000 po aged 65	No. of pp. hostel*	No. of hostel places per 1,000 pop. aged 65 +
Newfoundland	33,400	388	11.6	675	20.2
P.E.I.	12,800	413	32.3	272	21.3
Nova Scotia	74,900	2,802	37.4	1,376	18.4
New Brunswic	k 56,700	1,005	17.7	1,373	24.2
Quebec	439,600	4,160	9.5	10,983	24.9
Ontario	675,900	3 5, 265	52.2	3,926	5.8
Manitoba	99,500	6,877	69.1	3,589	36.1
Saskatchewan	98,100	3,103	31.6	3,371	34.4
Alberta	125,500	2,664	21.2	813	6.5
B.C.	216,600	10,767	49.7	4,257	19.6
N.W.T.	700	83	118.6	· · · · · · · · · · · · · · · · · · ·	provint:
Yukon	500	5 E	y - 21 - 1	(6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	nesse of
CANADA	1,834,200	67,527	36.8	30,631	16.7

^{* &}quot;Separate units" refers to apartment-type self-contained accommodation and "hostels" are developments providing single or double bed/sitting rooms with a central dining room or cafeteria.

SOURCE: Hepworth, H. Philip, Op. cit., p. 10.

Although a very high proportion of these residents pronounced themselves satisfied with their surroundings (61% said they were very satisfied, and 29% that they were satisfied), one wonders to what extent their answers were affected by the previous lifestyles they had escaped. In view of the housing problems large numbers of old women experience, it is not surprising that thousands of them all across Canada have added their names to the application lists for low-income senior citizens' homes.

On the whole, the housing situation of old women seems quite absurd. On the one hand, governments refuse to give them the adequate incomes and minimal services that would allow them to keep their own homes and maintain their own households in decent conditions. On the other hand, appalled by the results of their handiwork, governments turn around and spend fortunes to rescue a handful of old women from cheap apartments and city slums and set them up in subsidized housing.

In the last few years, no doubt after realizing how enormously expensive senior citizen housing and nursing homes were likely to become as the aged population continues to grow, the federal and provincial governments have increasingly begun to talk of "supportive services for the elderly" as a preventive measure to avoid "premature institutionalization".

If and when these services are implemented, they will no doubt improve the situation. But old women know, and should tell the government, that the main preventive measure they need is money.

D) PERSONAL LIVES AND ACTIVITIES

A consistent finding of research projects on old people is that old women, even though invariably poorer, less healthy and more disadvantaged in many ways, almost always report higher levels of psychological well-being and general life satisfaction than their male counterparts. (106)

This paradox, which has not yet been satisfactorily explained, has been attributed to a variety of factors including old women's lifetime conditioning to hide their "bad" feelings, an eagerness to please interviewers, or simply the fact that old women are tougher than old men.

An even more surprising finding, which turned up in a Quebec survey as well as in a number of American studies, is that although the majority of old women see or speak to their children very often, the frequency of these contacts makes little difference in their feelings of loneliness and life satisfaction. In other words, old mothers who hardly ever see or hear from their children are not necessarily less happy than those who see their children every day. (107)

The first reason for this, wrote Greg Arling in the Journal of Marriage and the Family, is that parents and adult children have very little in common. They have different lifestyles, activities, friends and values, with the result, he says, that "Elderly parents and adult children do not ordinarily make good companions". (108)

A second explanation is the problem of dependency and resultant reversal of roles between parents and children, which is especially acute in the case of very poor old widows. The mother, who is used to being a figure of authority and to giving more to her children than she receives from them, does not like having to depend upon her children for material assistance or emotional support. "This reversal of roles", says Arling, "is particularly difficult in a society such as our own which emphasizes individualism and self-sufficiency." (109)

The same is <u>not</u> true of relationships with other family members, friends and neighbours, who are much more likely to be equals and to share common interests with the old woman. The greater number of contacts an old woman has with friends and neighbours, the more active, involved and happy she is likely to be.

But the older a person is, the less friends he/she usually has, because many of the people he/she is fond of have died. Simone de Beuavoir, who has lost many relatives and long-time friends, wrote about it with great sadness in the book "Old Age": (110)

The death of a friend or one who was close to us not only deprives us of a presence but of the whole of that part of our lives that was committed to them... In the 'monuments to the dead' that stud my history, it is I who am buried.

Most old people find it hard to make new friends to replace the ones they have lost, but Arling says that the poor widow is most at a disadvantage. As mentioned in an earlier chapter, all widows find it difficult to socialize with couples in the absence of their husbands. In addition, very poor widows have few resources with which to reciprocate friends' and neighbours' favours, and often find themselves increasingly isolated and lonely as a result. (111)

Another reason many widows have few if any friends, writes Helena Lopata in "The Meaning of Friendship in Widowhood", is that they were discouraged from keeping in touch with old friends or making new ones during their marriage. This, she says,

is the direct result of our ambiguous attitudes towards friendship: (112)

Although we spend millions of dollars in learning 'How to Win Friends and Influence People', we worry about the consequences of friendship among adults. Cross-sex intimacy is presumed to inevitably lead to sexual intercourse. Same-sex friendships for either man or woman are seen as potentially interfering with the marital bond. Since husbands and wives are considered perfect companions, neither should need another close friend.

Women must 'hang loose' in their relationships so as not to interfere with their husbands' career and their shared social life. A wife must be ready to move, leaving friends behind, when her husband's job calls for a transfer or when his success calls for a new lifestyle and new associates with which to share it... Above all, it is dangerous to exchange confidences - people may use these against you. Wives must watch what they say and to whom they say it so as not to endanger their husband's breadwinning responsibility.

Ironically, adds Lopata, only one group in our society is fully encouraged to have friends: old people. No longer being wives of breadwinners, old women are freed from the dangers of friendship. And as old people are supposed to be less interested in sex, even cross-sex friendships are allowed. (113)

As we already know, however, people don't change overnight when they become old, and elderly women who never made friends while they were married are unlikely to start doing so when they become widowed. Not surprisingly, then, Lopata's survey of 1,000 widows came to the following conclusion: (114)

Dissatisfied friendless widows are likely to sit at home passively, waiting for someone else to initiate contacts and interaction. Unfortunately, there are few people who have the time or inclination to go through the laborious process of converting such a woman into a socially involved person. People similar to her, who could

become friends because of similarity, also lack the resources for doing so.

The best way to help these women is to set up a mutual-help Widow to Widow program such as the one first started by Harvard psychiatrist Phyllis Silverman in 1967. Having been convinced by a research project that another widow was the most helpful contact to prevent newly-widowed women's psychological withdrawal and frequent breakdown, Silverman enrolled a group of widows who used death certificates to identify and get in touch with recently-bereaved women. (115) The program turned out to be a success and similar initiatives are now being established elsewhere in the United States as well as in Canada.

According to sociologist Robert Weiss, however, even new friends, old friends and continuing family relationships are not enough. After studying a self-help group of divorced and widowed women for a year, he came to the conclusion that although friendships between the members were sometimes very close and very important, they still did not compensate for the loss of the husband.

"Friends and activities", Weiss writes, "made loneliness easier to manage, but did not end it or appreciably diminish it."

A typical statement by one of the women was "Sometimes I have the girls over, and we talk about how hard it is. Misery loves company, you know". (116)

After further research, Weiss concluded that all of us have an assortment of needs that are fulfilled by various types of relationships, and that friends can no more compensate for the loss of an intimate partner than marriage can compensate for the lack of friends. A woman's "intimacy needs", said Weiss, can occasionally be fulfilled by a very close, trusting and open relationship with a "confidente", a mother or a sister,

but are more usually expressed through marriage and, on a more or less temporary basis, by dating. $\ensuremath{\text{(117)}}$

In other words, even people who have many goods friends and relatives can feel that "there is a hole in my life". And that, for many old women, is a very big problem, especially if we consider that: 1) there are ten unmarried women to every four unmarried men over the age of 65; 2) it is a "social sin" for a woman to have a relationship with a younger man; and 3) old people, and particularly old women, are not supposed to be interested in sexual matters.

There is obviously not much to be done about the first point, except to add that the situation is even worse than it appears. A 1974 Winnipeg Community Outreach program reported that unmarried old men very seldom joined senior citizens' clubs and day centers "because the men were far outnumbered by the women and were often too apprehensive to join". As a result, the program recommended the creation of a men-only elderly citizens' club where the old men could meet and socialize by themselves! (118)

The taboo on relations with younger men is a direct result of our society's double standard of beauty and aging. As Susan Sontag put it: (119)

The convention that wives should be younger than their husbands powerfully enforces the 'minority' status of women, since being senior in age always carries with it, in any relationship, a certain amount of power and authority. There are no laws on the matter, of course. The convention is obeyed because to do otherwise makes one feel as if one is doing something ugly or in bad taste.

If an old woman succeeds in breaking the age barrier, she and her partner need not feel they are alone or even among

the first to do so. At the time of the 1971 census, Statistics Canada reports, almost 500 Canadian women over the age of 60 were married to men who were less than thirty years old. (120)

The third problem old women encounter in their relationships with men is the mistaken belief that older women are no longer interested in sex. Although Masters and Johnson laid this myth to rest once and for all in 1966, concluding that "There is no time limit drawn by the advancing years to female sexuality", (121) many people, and many old women themselves, still cling to their prejudices.

Psychologist Carol Tavris, who analyzed the results of a national American survey on female sexuality, wrote: (122)

Although the stereotype of sexless older people possibly comforts those who have no partners, and possibly reassures those who never liked sex in the first place..., the fact is that sexual response continues long into old age for many people...

Members of both sexes may lose sexual desire, but this is generally a result of lower expectations, boring sexual routine, or lack of a partner - not inevitably of the lesser capacities of the body.

Tavris ends by quoting the following letter, received during the course of the female sexuality survey: (123)

I am 60 years old and they say you never get too old to enjoy sex. I know, because once I asked my Grandma when you stop liking it and she was 80. She said, 'Child, you'll have to ask someone older than me'.

Widows who are contemplating romance and/or remarriage should be warned that one of the major blockages to remarriage in

later life is objections by the children. The reasons for this are many, including: 1) children want to believe that their parents are not interested in sex (a recent American survey of unmarried and married college students found that one-quarter believed their parents -- aged around 40-45 -never had intercourse any more, and more than half thought they had it once a month or less); (124) 2) children of widowed mothers sometimes feel that remarriage is disloyal towards their deceased fathers; 3) many younger people like to believe that their parents live only for them and their children, and feel "deceived" when parents want to lead their own lives; and 4) if the widow has money, her children are sometimes afraid to lose the inheritance. The only way to cope with this problem, it would appear, is to tell the children to mind their own business.

Victor Kassel, author of "Polygyny After Sixty", suggests that the eventual solution to the problem of loneliness in old age might be communal living arrangements where several women would live with one or two men. (125) His list of advantages of this type of accommodation sounds very impressive: 1) it solves the problem of the disproportion of old men to old women; 2) it provides old people an opportunity to reestablish family-like ties; 3) it makes for an improved diet as everyone takes turns at cooking; 4) the group can afford better housing by pooling all incomes; 5) the members give each other mutual support in dealing with illnesses; 6) the sharing of household maintenance makes these tasks less strenuous; 7) group members may engage in sexual activities if they wish; 8) members of the group would have more incentive to groom themselves and generally remain competitive; 9) whatever happened, group members would be unlikely to feel lonely or bored; and 10) people living in such an arrangement might be more willing to engage in other activities beyond the home because they would have someone to escort or accompany them.

Gerontologist Alex Comfort, on the other hand, suggests that working is the best way of keeping loneliness at bay, and that our society is condemning old people to unhappiness by forcing them to remain idle. In an article entitled "Age Prejudice in America", he writes: (126)

I am frankly disturbed by the emphasis on leisure as the prescribed state of later life. Leisure is a con. It should occupy an occasional afternoon, not 20 years...

Old citizens have as much right as the young, if not more, to sit on the porch or be hippies. But both those are in my sense occupations: they have goals, and even secession from the world is part of the world. And they rest upon choice, not rejection by society.

Leisure in our culture means not doing what you choose, but activity which is by definition goalless and irrelevant, and our emphasis on it childrenizes older people.

Simone de Beauvoir agrees with Comfort but carries her analysis even further. When old people are condemned to boredom, she says, some of them welcome their state as a relief from having to compete in the "real world". "The privilege of old age", she quotes an author as saying, "is that it has nothing to win or to lose". This attitude, she says, has the following results: (127)

It is unusual for old people to have guilt complexes: their age serves them as an excuse and as an alibi, and it does away with competition in their calling... All shortcomings such as thoughtlessness and incompetence become normal...

But they pay a high price for the indulgence they enjoy... They are freed from guilt complexes but for most of them the price is a bitter feeling of decay.

For those old people who have the physical and financial means, one alternative to goalless leisure is volunteer

activities. Last year's retirement survey shows that about 40% of retired women do some type of volunteer work, but that participation in most activities is directly related to income: the only thing poor old women do more of than better-off ones is watch television and listen to the radio. The survey also found that participation decreases with advancing age, and that more retired men than women are involved in volunteer activities. (128)

Transportation is another factor that greatly affects old people's participation in social, religious and community activities. As very few old women own a car, most of them are very dependent on public transportation services which are generally unresponsive to their needs. One obvious example is train and bus services that are interrupted in the evenings and on Sundays, when the elderly need them most. Another problem relates to physical design and driving style on most public transport facilities. As one old woman put it, one-and-a-half-foot-high bus steps are simply not designed for human beings, let alone old people with stiff joints.

To encourage old women and men to remain active and involved, the federal government, through its New Horizons Program, provides funds for facilities and equipment (but no pay) to senior citizens who organize projects. When New Horizons was launched in 1972, John Munro, then Minister of National Health and Welfare, argued that "through participation in self-help and other community activities the barriers which cause social isolation and feelings of loneliness among those Canadians over 65 (can) be removed." (129)

According to Philip Hepworth, it is doubtful that New Horizons has reached many isolated old people. "What seems likely", he says, "is that grants have gone to existing

organizations for and of old people." (130) This is confirmed by New Horizons' progress reports, which indicate that approximately two-thirds of the groups it funds were active prior to receiving federal government subsidies. For the remaining third, no information was gathered but the progress reports mention that "the participants of the newly-formed groups may have been members of other groups prior to participating in a New Horizons project." (131)

More than half of all projects funded by New Horizons between October 1974 and August 1975 were related to senior citizens' activity centers. If the other types of projects New Horizons funds are reflective (as they are likely to be) of the interests of the very small proportion of old people who go to senior citizens' activity centers, we can conclude that these old women and men are mainly interested in sports and games, followed by crafts and hobbies and cultural activities. Social and information services come last, which seems to confirm the view that old people are still not overly concerned with each others' needs or ready to come together as an effective pressure group.

As a result of this lack of cohesion, little incentive exists to reach out to poorer and more isolated old women and men -- estimated by various scattered and inadequate studies to make up anywhere between 30% and 60% or more of people over the age of 65 (132) -- and senior citizens' centers, despite their obvious potential as starting points for organizing activities, are still far from being what Munro's successor Marc Lalonde hoped would be "resource centers which could perform a major service in the enrichment of life in later years." (133)

Unlike in the United States, where consciousness of old women's plight is growing through groups such as Maggie Kuhn's

Grey Panthers and the National Organization for Women's Task Force on Older Women, Canada's old women have not yet started to become politicized. Also, as evidenced by the demands for greater tax exemptions and large increases in the universal Old Age Security pension (rather than the Guaranteed Income Supplement) voiced by groups such as the National Pensioners and Senior Citizens Federation, (134) it is obvious that most old women's interests are not properly represented by the senior citizens' organizations that presently exist in Canada.

As Tish Sommers, activist for old women's rights in the United States, has said: "The old women's movement has nowhere to go but forward." (135)

E) HEALTH

It is sadly ironic that women, most of whom spend a good part of their lives telling children to "Finish your soup" and "Eat your vegetables", should end up in old age with the worst nutrition habits of any group of people in Canada.

Nutrition Canada's national health and diet survey, whose results were published in 1973, concluded that 80% of women aged 65 and over were overweight, compared with 66% for the men; that "about a quarter of the men and almost half the women in the senior age groups have poor intakes of protein"; that "one-half of senior women among the Indians and in the general population do not have a desirable intake of iron"; and that "40% of senior men and about one-half of the women of all ages have inadequate calcium intakes". Half or more of all women over age 65 also showed inadequate intakes of vitamin A, thiamin and riboflavin, and 30% had dangerously high levels of serum cholesterol. (136)

Old women don't eat too much, added the nutrition survey, but they eat the wrong things. (137) Because of factors such as poverty, loneliness, depression, bad dentures*, illness and practical difficulties with things like going up and down stairs, many of them give up cooking and eating fresh nutritious foods such as milk, whole-wheat bread, lean meat, eggs, fruits and vegetables. replacing them with "junk foods" such as coffee, toast and biscuits.

In fact, writes biologist-gerontologist Ruth Weg, old women (and, to a lesser extent, old men) have such bad eating habits, are so psychologically withdrawn and lead such abnormally sedentary lives that medical science has thus far been unable to establish what changes or impairments are due to the normal aging process and

^{*}According to Nutrition Canada's Dental Report, 58% of Canadian women over the age of 60 have no natural teeth at all, and a further 18% have no upper teeth.(138)

what are caused by "misuse, disuse or disease": (139)

Recent experiments have demonstrated that exercise regimens can restore considerable muscle tone and strength as well as increase the sense of well-being. The confusion, disorientation, fatigue, forgetfulness, irritability, and insomnia so long ascribed to aging have been reversed by vitamins, trace nutrients, and proteins.

The only changes that everyone now agrees to attribute to old age are grey hair, wrinkles, slower reflexes, an increased susceptibility to illness and a decreasing capacity of the body to adapt after periods of stress or exertion. Although deafness is often considered normal in advanced years, gerontologist Comfort reports that less than one-third of people over the age of 74 have hearing difficulties*. And while many old people need glasses to read, most cases of blindness in old age are due to disease and could have been prevented. (141)

Similarly, says Comfort, elderly people should not think it is "normal" for them to suffer from arthritis, high blood pressure or any other major ailment. All these are abnormal conditions that should be treated and can be controlled by medication and/or better lifestyles. (142)

As for senility, which all of us dread, Comfort writes that it is a very unlikely occurrence. People over seventy are actually less likely to suffer from serious mental illness than the lower age group, and less than one percent of older people can expect to become demented. Comfort also adds: (143)

The word 'senile' itself is less a diagnosis than a term of abuse - you're senile if you make waves. That indicates only that your brain is still functioning and they haven't washed it for you.

^{*} Comfort and other doctors advise old people to have regular hearing tests. Otherwise, they might not realize they are getting deaf and could get the mistaken impression that people are "whispering behind their backs".

Most surprising, considering the way in which elderly people generally neglect their health, is the consistent finding that the vast majority of them perceive themselves and are perceived by others as being in quite good health and perfectly capable of coping with ordinary daily tasks. (144)

Part of our misconceptions on this count is probably due to our society's desire to believe that most old people are either infirm and/or mentally defective. If we admit to ourselves that the majority of old women and old men are able-bodied and capable, how can we continue to justify our practice of discarding them from the mainstream of our lives?

Another important cause of our general ignorance is the Canadian medical profession's refusal to get interested in old people. Even though close to a third of all treatments by doctors are directed at patients over the age of 55, most Canadian physicians have never even taken an introductory course in the fields of geriatrics and gerontology*. Unlike in Europe, where it is an important area of practice, geriatrics is not even recognized as a specialty in the United States and in Canada.

The Senate Committee on Aging also noted this harmful lack of interest on the part of doctors and medical students, and attributed it to two main causes: 1) when doctors neglect the elderly, they are acting like average members of a society that rejects the old; and 2) medical school teachers tend to be "youth-centred, acute illness oriented, and efficiency focussed". (145) Alex Comfort also blames medical training in general, which pitches students into a sea of suffering and death without supplying them much help in handling their feelings. As a result, he writes, many doctors have extreme difficulty in dealing with age and death, and avoid old patients as much as possible. (146)

^{*} Gerontology studies the aging process in all its aspects, including sociological, medical, etc., while geriatrics is the study and treatment of diseases in old age.

A last and more prosaic explanation is that until the still-recent introduction of medicare in Canada, treating the old was treating the poor who couldn't pay. There is no doubt whatever that medicare and, even more recently, pharmacare for the aged, have heralded a new era in the relations of the elderly and the medical profession in this country.

Except in British Columbia, where medicare premiums are geared to income rather than age (with a minimum premium of \$9 per person per year except for social assistance recipients), medical consultations and treatments are now completely free everywhere in Canada for people over the age of 65. The elderly can also get free drugs in five provinces (New Brunswick, Nova Scotia, Quebec, Ontario and British Columbia) and partly subsidized drugs in three others (Manitoba pays 80% of drug costs over \$50 a year, Saskatchewan charges a dispensing fee of \$2.25 per prescription and Alberta pays 80% of the full cost). Other essential and expensive medical aids, such as hearing aids, eye glasses, dental care and surgical and medical equipment, are much less well covered. Alberta is the only province that provides them all on a free basis to its senior citizens.

In spite of their obvious benefits, however, our present medicare programs contain many disincentives to proper geriatric treatment. One of them is that doctors now get a set fee for every service rendered, instead of a flat-rate salary. As old people generally take longer to examine, physicians who treat many of them will have a lower income. The same is also true of making house calls, which consume a lot of time and are therefore uneconomic. Also the present system emphasizes independent rather than group practice (such as clinics), while old people with multiple ailments really need full and well-coordinated health care under the same roof.

Another indication that elderly-doctor relations are improving is the existence of the youthful but vigorous Canadian Association on Gerontology. Between the efforts of this Association, which is pressuring for the recognition of geriatrics as a specialty in Canada, and those of the Canadian Medical Association, which is trying to encourage the improvement of teaching in medical schools, it is hoped that geriatrics/gerontology will take its rightful place in Canadian medicine in the not-too-distant future. Until that time, Alex Comfort advises old people to beware of overmedication (the elderly react quite differently to drugs, especially tranquilizers which often make them confused) and to avoid like the plague doctors who don't like old people and/or who believe that it is normal for people to become infirm, crazy, impotent or the like because of chronological age. (147)

The senior citizens who are most likely to have frequent contacts with the medical profession are the approximately one-third who suffer from some kind of physical limitation. According to various Canadian and American surveys, these "frail" or sick old people are overwhelmingly female, poor, and in the category of the old-old (over 75 or 80). (148)

The "Aging in Manitoba" study found that more than half of the these "frail" or sick old people spend some time in a hospital in any given year. About 15% of them live in nursing homes while the rest live with spouses (especially the men), with relatives (usually children), or alone. (149)

Philip Hepworth and Joan Brown have both written that the "frail" elderly are a very neglected group in Canada. (150)
They are the old women and men who are not sick enough to need full-scale medical and nursing services, but who have difficulty climbing stairs, walking moderate distances, boarding busses, doing housework and carrying loads of laundry or shopping.

With the exception of the more fortunate few who live in communities that provide them with free transportation to do their errands, visit doctors or clinics and attend social/religious events, these frail old people are in great danger of becoming "shut-ins" with little or no contact with the outside world.

As well as often being undernourished and extremely lonely, frail old people, and particularly old women, have a great many accidents in their homes. After heart disease and strokes, accidents are the most frequent cause of hospitalization for women over the age of 65, while they account for a quite small proportion of hospitalized elderly men. While this difference may be partly due to old women doing more housework than old men, the main reason for it is that elderly women are four times more likely than elderly men to be suffering from a disease called "osteoporosis", which makes people's bones very porous and brittle.

Because accidents are a major cause of disability among old women, it has been recommended as a preventive measure that they examine their surroundings and make alterations that would allow them to function safely and without risk of falling (for example, by adding more lights in stairways, installing grab rails in bathrooms, lowering cupboards, etc.). These recommendations are useful and no doubt well meant, but unlike in Denmark, where the government gives grants for that specific purpose, no government in Canada has yet volunteered to pay the cost of such alterations.

According to Darlene Flett, who did a study of the health status of elderly people in public housing in Ottawa, shopping and housework are the two most difficult tasks for frail old people, followed by laundry and cooking. (152)

The obvious conclusion, which more humanitarian European countries reached and acted upon long ago, is that all frail elderly people should have access to homemaker services.

Professional homemakers already exist in Canadian social services, but there are too few of them and they are now mainly used to replace hospitalized or overburdened mothers or to give "total" assistance to very sick old people. As concluded by everyone who has studied the situation of the aged in Canada in the last twenty years (including the Royal Commission on Health Services, the Special Senate Committee on Aging and numerous others) what we urgently need in all the provinces and territories is a vastly expanded network of homemakers who would be trained to assist frail old people in need of housekeeping help (such as cleaning, shopping and cooking) for a few days or a few hours each week. (153)

This service, along with universally-available meals-on-wheels for those who cannot cook for themselves, would do wonders to keep old people independent and living in their own homes until the end of their lives. Among other important services which are also mentioned are outreach (to identify the shut-ins), information and referral (to make old people aware of community resources and government programs), telephone reassurance and friendly visiting, heavy cleaning teams, handymen/women and special transportation services.

All these services were included in the proposed federal Social Services Act that was slated to be reintroduced* and adopted during the current parliamentary session in Ottawa. As social services come under sole provincial jurisdiction, this legislation was not aimed at creating services, but rather at encouraging the establishment of specific programs in the provinces through a standing offer by the federal government to pay half of their cost.

^{*}The Social Services Bill was first introduced in Parliament last June, but the legislative session ended before it could go further than first reading.

Unfortunately, however, the provinces of Quebec and Ontario belatedly announced that they were opposed to this form of cost-sharing between the federal government and the provinces, with the result that the Social Services Bill will not be reintroduced in its original form and will be replaced by a system of federal grants to the provinces, which will be able to spend these funds in any way they want (including for the construction of roads). The biggest losers in this constitutional game are the senior citizens who live in provinces where the status of the aged is not a priority.

Provincial home health services, such as visiting nurses, doctors, rehabilitation and speech therapists, dentists and chiropodists, are also very inadequate to meet the needs of the frail elderly. The Victorian Order of Nurses (V.O.N.) and a number of public health nurses are working with old people throughout Canada but here again, as with homemakers, their services are spotty and mainly concentrated on the more infirm or disabled. Another serious problem is that home health and social services operate completely independently from each other almost everywhere, with the result that their efforts are totally uncoordinated.

Aside from the frail elderly who live by themselves, there is another group which suffers from the inadequacy and lack of coordination of our home health and social services. It is the families (mainly wives, daughters or daughters-in-law) of frail or sick old people who are being taken care of in their own or their children's homes. According to Helen Copeland, Director of health services for the Red Cross in Winnipeg, many old people end up in nursing homes not because they aren't loved and wanted, but because their families lack the confidence and support they need to look after them. (154)

Many elderly wives who look after their sick husbands report that they are terrified at the thought of something going wrong, because there is no one they could turn to for help in a crisis. It is also not unusual for many of these wives and daughters to be exhausted because they get no vacation or relief from their all-day, all-year work schedule.

The present system in most provinces is not only unhelpful to these people, it is often absurd. Last May, for example, when elderly pensioner Elizabeth Trotscha asked the government of Ontario to supply her with \$20 a month to rent a hospital-type bed for her husband who was dying of cancer in their home, she was turned down and was told to appeal to private charities. If her husband left home and went to the hospital to die, on the other hand, the same government would not mind paying the \$150 or so a day it would cost for his care. (155)

In its report of August 1976, the Federal-Provincial Working Group on Community Health recommended that spouses and families who care for old people be given assistance in the form of periodic institutional admissions and occasional home help. The working group also recommended that relatives be eligible for grants for structural home changes such as ramps or the construction of semi-independent "granny" apartments. (156)

Other programs that would greatly benefit sick old people and their families are universal day hospital services (where a patient receives regular treatment during the day but goes home every night) and day care centers for the aged (where infirm or disabled people who do not necessarily require treatment can participate in programs aimed at maintaining their social, emotional and physical well-being). Services such as these have already proven that they can put back almost indefinitely the day when sick old people have to be hospitalized or to enter nursing homes.

Fortunately, it would appear that governments have finally started to put two and two together and to realize that the projected enormous increase in Canada's elderly population in the next 20 years, coupled with a continuation of our present practice of creating incentives to place the very old in any

institution that happens to be at hand, would soon lead to staggering health costs.

In 1975 Mary Rombout, of the Long-Range Planning Branch of the federal Health Department, wrote a paper describing the effects of continuing present policies. She noted that in the year 1971 persons aged 65 and over, who made up 8% of the population, accounted for more than 35% of all patient-days in Canadian hospitals. If present hospitalization patterns continue until the year 1986, she said, when people over the age of 65 will make up 9.8% of the population, old people will then account for about 40% of all patient-days in Canadian hospitals. (157)

"Put another way", wrote two of Rombout's colleagues, "if by 1986 there is no reduction in either the rate of hospitalization or in the average length of stay for persons aged 65 and over, the increase (for old people alone) is the equivalent of an additional sixty-four 300-bed hospitals operating at a 100% occupancy rate." (emphasis added) They estimated that the additional cost solely for persons aged 65 and over "would be in the order of \$700 million"!

These, at least, are arguments that legislators can understand. The timing of these findings, however, was not very favourable to the launching of new programs. Instead of a great expansion of Canada's health and social home care services, what we have witnessed in the last two years is an almost universal series of cutbacks in these same services in the name of economic restraint.

The result has not necessarily been a continuing increase in institutionalization rates, because many provincial governments have at the same time halted the construction of more nursing homes and ordered reductions in hospital admissions of the elderly. "We're almost at the point when you come to a hospital door and if you show any signs of being elderly,

they're reluctant to admit you", said a Winnipeg home care official last February. (159)

According to J. Clark and N. Collishaw, who did a study of nursing home care for the federal Health and Welfare Department in 1975, old people have now lost the choice they used to have between nursing home care and care in a home for the aged: "The majority of the aged who need assistance only have Hobson's choice - they have to stay at home and manage as best they can." (160)

Nursing home waiting lists are now longer than ever, with worried elderly people signing up at the first indication that their health may be starting to fail. As institutions generally prefer healthier residents, it has reached the point, as a Quebec critic put it, where "You have to be healthy to get in to be treated".

There are now more than 100,000 old people in nursing homes across Canada. A partial 1975 Statistics Canada survey of nursing homes showed that 45% of their residents are in the "self-sufficient" or "Level 1" category, which means that a large number could have stayed in their own homes if they had access to home health and social services. It was also found that most residents lived in homes with more than 100 beds. Finally, the survey revealed for the first time what had long been suspected: two-thirds of residents in Canadian nursing homes are women, most of them over the ages of 75 or 80. (161)

As the Senate Committee on Aging concluded in 1966, nursing homes are inappropriate to the needs of the elderly and tend to sap whatever independence they may have had on admission. (162) The few and scattered reports that have come out indicate that nursing home residents are understimulated, overprotected and overmedicated, and that no attempt is made, through rehabilitation programs or otherwise, to bring them back to a level where they could

function independently in the community. The reverse is in fact the case. By giving full financial support only to the sickest who are in higher levels of care, the present system encourages old people to get sicker if they don't want to become completely destitute.

We know so little about nursing homes at this point, conclude Clark and Collishaw, that all we can do is set out the questions we would like to be answered: (163)

What does it really mean to surrender one's privacy when one becomes 65 years old? What arrangements exist for residents to take holidays without losing their place in a home? How many elderly residents assist in running the homes by carrying out little daily chores? How many residents are subject to the 'naughty child or 'infantilism' approach of the staff if they have personal idiosyncracies? How many are subject to moral blackmail if they complain about food and services and are told to leave if they don't like the conditions? Why are the sexes segregated in most homes? Why should it be necessary for residents to almost liquidate their personal assets before they can gain admission to provincial and municipal homes? How many residents are totally friendless and isolated even though their physical needs and wants are taken care of? How many are simply in despair? Can we honestly expect that 'licences may be revoked if the nursing home is being operated in a manner that is prejudicial to the health, safety or welfare of the residents cared therein'?

A former director of a profit-making nursing home, who is now a federal department official, agreed with the statement that nursing homes need to be greatly improved, but said that little change could take place unless present government funds for nursing home care are substantially increased. "It is a question of priority", he said, "and right now old people are not very important in this country".

Another federal government official, who has been with the Health and Welfare Department for a long time, thinks that we should be grateful for the present system and remember that not so long ago indigent old people used to be tied to their beds in prison-like buildings. There is some truth to this, but would he want to go to a nursing home?

* * *

One point that often recurs in books and articles devoted to old people in general and old women in particular is that a large number of them feel insecure and are afraid of the future. Some writers and researchers consider this increased need for "security" to be a harmless and slightly amusing idiosyncracy of the aged, while others explain it in terms of old people having lost the control and understanding of their lives they used to have when they were young and middle-aged.

After reviewing what happens to elderly women when they get very old and sick, the writer believes that old people's fears of the future are perfectly justified. There is no blueprint for peaceful aging and dying in our society, and old people are left to fend for themselves precisely at the time of their lives when they most need help.

In the absence of a coherent and well-integrated policy on aging, we continue to follow the most wasteful and destructive of courses. Very old women and men are either neglected and denied the most essential services, or else they are institutionalized and smothered in dehumanizing care.

Either way, they probably die sooner than they otherwise would have. Could it be that this is what our society really wants?

CONCLUSION

Old women in Canada need help. They urgently need more money, housing assistance, better public transportation systems and adequate health and social services.

Their poverty is not the result of an accident. Women are poor in old age because most of them have devoted their lives without pay to their husbands and families and were led to believe that if anything happened they would be taken care of. When they become widows, as they almost inevitably must under our present marriage customs, the vast majority find that the promised security does not exist.

Another reason elderly women are poor is that they were discriminated against throughout their lives. Socialized to believe that they need little or no education and training, women end up working for low pay at subservient jobs that do not give access to pensions.

Although many men have similar problems in old age, women's almost total lack of preparation for it, combined with their preponderance at that time of life (140 women to every 100 men over the age of 70), make for a much greater negative impact on women.

Lack of money is by far the most serious problem, because income affects every aspect of our lives. There are more than one million widowed and unmarried women over the age of 55 in Canada, at least two-thirds of whom are struggling to survive on incomes below the poverty line. Although many individuals and groups have recommended that an adequate guaranteed annual income be introduced to stop this injustice, nothing has been done to this day to correct the situation.

The next greatest need is for health and social services delivered to the "frail" or sick elderly in their own homes. Until all provinces and territories have universal and well-coordinated networks of home health and social services, old people, and particularly very old women, will continue to be prematurely forced out of their homes and into expensive and dehumanizing institutions.

These two major reforms should be implemented without delay. They are urgently required to provide old women and men with the most basic tools of survival in our society.

But essential as they are, these measures should constitute only a small part of our governments' policies with regard to aging. The main thrust of our efforts should be directed at changing the conditions that presently ensure that most women will become destitute in their old age.

Educators, career counsellors, governments, labour unions and employers must launch major programs to ensure that women are properly trained and given equal access to jobs and pension plans in the paid labour force.

Research should also be carried out to determine to what degree our society values women's child-caring and homemaking roles and to what extent some or all of these activities should be promoted by public policy. Once a consensus has been reached on this point, women (or their husbands) should be able to enjoy full pension protection while carrying out some or all of these duties. In the meantime, it is essential that the private pension system be changed to ensure that wives of participants will always be entitled to a pension upon their husbands' death.

Finally, and perhaps most important, we must stop our present casting out of the old. Instead of complaining about the elderly becoming an increasingly heavy burden, we should allow them and help them to remain useful members of society as long as possible. This position was best expressed by Miriam Krieg in a presentation to the U.S. Federal Council on the Aging in 1975: (164)

We can no longer ignore the economic plight of the older woman. We have three choices: 1) Let her slowly starve; 2) Provide her increasingly expensive, inadequate welfare services; or 3) Help her to remain an independent, contributing member of society.

We can give her a fish and feed her for the day... Or we can teach her to fish and she will feed herself, and perhaps some others too.

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