

**Women in their Fifties:
Well-being, Ageing and the Anticipation of Ageing**

Final report

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Summary

The aim of this project was to pilot methods of recruiting women aged 50-59 to a qualitative sociological study on women's experiences of mid-life. The overall aim of the research programme (of which this project is part) is to identify and examine how women aged 50-59, in differing socio-economic circumstances, perceive, experience and construct the cultural, economic and health intersections of ageing.

It was intended that twenty women from a diverse range of social circumstances would be recruited to the project - twelve to discussion groups and eight to individual interviews. A "market research" approach to recruitment was adopted, and the project was advertised at two sites in central Glasgow: The Sandyford Initiative (a centre for reproductive and sexual health), and the St Enoch shopping centre.

Nineteen women in total were recruited to the study; eleven participated in discussion groups, and eight took part in individual interviews. Interviews explored: women's current experiences of day to day life; their perceptions of changes and continuities in their lives over time; their current experiences of health and well-being; and their thoughts/plans for the future.

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1. Background to the study

1.1 Women in their Fifties

In the UK, there have been few empirical studies of middle adulthood, especially qualitative, and in particular of the diverse experiences of women in their fifties with regard to well being, ageing and the anticipation of ageing. The current cohort of women in their fifties - part of the baby boomer generation, have experienced profound changes in the expectations of careers and family commitments, specific to their gender. The fifties may be differentially experienced by social class and gender and reflect increasingly complex and diverse experiences of social and economic structures.

Social trends affecting women in their fifties are being highlighted, notably the increased medical surveillance of their bodies and the effects of demographic and labour market trends, on their well-being, employment, and personal and financial circumstances. However, the ways in which women might be subjected to differing constraints and influences at later points in the lifecourse have been inadequately addressed. Policy makers have not given sufficient consideration to the circumstances in which women experience their own ageing so as to formulate policies that are sensitive to their needs.

A research approach, which illuminates commonalities and diversity, is necessary to understand how structural, cultural and personal opportunities and barriers interact, and are experienced, by women in their fifties.

1.2 This project

This project originated from an application for a large grant to the ESRC, to study women's experiences at mid-life. The proposal was given an Alpha rating by the Research Grants Board but it was not funded. Several referees for that proposal commented on two things:

- The proposed method of recruitment – would it achieve the anticipated response rate?

- Whether or not the proposed recruitment method could achieve a sample that reflects the diversity of women in their fifties in the Glasgow area.

Evidence suggests that recruiting participants into a research project is often one of the most problematic stages of the research process. For example, the main funder of health research in Scotland, The Chief Scientist Office (Scottish Executive), was so concerned that it funded a project on recruitment to health research two years ago.

The Women in their Fifties study was designed to address the questions raised by the ESRC referees. The primary aim of the project was to pilot methods of recruiting women aged fifty to fifty-nine into a sociological study. The secondary aim of the project was to explore how women in their fifties, in differing socio-economic circumstances, perceive, experience and construct the cultural, economic and health intersections of ageing.

This final report presents findings on both the methodological and the substantive aspects of the project. Section 2 reports and reflects on the recruitment stage of the research. Section 3 reports on key themes within the data: women's family roles and relationships at midlife, their experiences within the labour market, and their experiences of health and illness in the fifties. Conclusions are presented in Section 4.

2. Methodological approach

The primary aim of the research was to recruit twenty women to the project; twelve to discussion groups, and eight to individual interviews. In particular, we were concerned to recruit women from a range of social circumstances, aware that it is often easier to recruit middle class rather than working class individuals into research projects.

2.1 Recruitment sites

A common way of gaining access to potential research participants is to advertise the research in pre-existing groups – for example, health groups, social groups, work groups etc. However, we wanted to try and recruit women who might be relatively isolated, as well as those involved in a range of social relationships.

In light of this, we decided to adopt a market research approach, advertising the project in two different recruitment sites in the centre of Glasgow. The first was The Sandyford Initiative, which is a centre for reproductive and sexual health. This might be thought of as a “traditional” site for recruitment. The second site was the St Enoch Centre, which is a shopping centre. Shopping centres are commonly used as the location for the conduct of market research, although they are less standard sites for recruitment in academic research.

The research team specifically chose to recruit through a shopping centre because we wanted to explore the possibilities of recruiting through a non health-related site. Members of the research team had previously been involved in studies in which participants had been recruited through GP lists and other health-related routes, and we felt that this tended to give participants the impression that we were only interested in their health - or more often, their health problems. In this study, whilst we *were* interested in women’s views and experiences

of health and well-being, we wanted to explore how these issues emerged within the context of women talking about their everyday lives. By recruiting through a shopping centre, we avoided portraying the project as being specifically about health issues.

2.2 Gaining access to the recruitment sites

The process of gaining access to both of these sites was relatively unproblematic. Gaining access to the Sandyford Initiative was facilitated by the fact that a member of the research team had previously worked with a senior member of staff at Sandyford, who was enthusiastic about the proposed research and willing to grant access. It was necessary to gain ethical approval from the Greater Glasgow Primary Healthcare Trust before advertising the project at The Sandyford Initiative. Whilst awaiting ethical approval, the research team made contact with the relevant personnel at the St Enoch Centre, who agreed to offer us promotional space in the Centre, free of charge.

2.3 Recruitment sessions

Recruitment to the project was undertaken in the last two weeks of May. At Sandyford, the research team participated in an open afternoon/women's health fair, at which a number of organisations were advertising their services. At the St Enoch centre the project was advertised over three 2-hour time slots at different locations within the centre: the first on a Tuesday lunchtime, the second between 4-6pm on a Thursday afternoon, and the third between 2-4pm on Saturday afternoon. These varying days and times were chosen as a means of ensuring that the project was advertised to women in a range of employment and family situations.

Two researchers were present at each recruitment session. At each site, a simple promotional stand was erected to advertise the project. This consisted of tables with brightly coloured A2 posters attached to them. Carefully designed flyers containing information about the project were distributed to passers-by. Freepost postcards addressed to Laura Airey were attached to each flyer, on which women were invited to record their contact details if they wanted further information about the project.

Initially, the research team focused predominantly on handing flyers to women who were thought to be in the age range of 50-59. Likewise, posters with the wording “are you a woman aged 50-59?” were used. However, after reflecting on the first two recruitment sessions, it was decided that this approach ran the potential risk of offending women who were not yet in their fifties, or indeed those who did not wish to identify themselves as being fifty or over. At subsequent recruitment sessions, the recruitment strategy was widened by targeting whoever passed the promotional stand, regardless of age or gender, and asking people whether they knew any women aged fifty to fifty-nine who might be interested in taking part in the project. New posters were used, that had been re-worded to say “do you have any female friends or relatives aged 50-59?”. These were relatively minor changes, but ones that the research team felt were important in terms of women’s responses to the stand. These changes also facilitated connections with family members/friends of women aged 50-59; often, younger women would pick up flyers for female relatives; on occasion, men also took flyers to give to their wives.

2.4 Reflections on the recruitment sessions

Engaging in this type of recruitment was a learning process. Much of the success of this recruitment method depends on the inter-personal skills of whoever is doing the recruitment. It was clear early on in the first recruitment session that a proactive approach was required - boldly approaching people and offering them a flyer – rather than sitting behind the promotional table, hoping that people would come to us. This was emotionally demanding as it requires a lot of energy to maintain the confidence necessary to approach complete strangers, convince them you’re not selling anything, and interest them in a research project, all within the space of a few seconds.

Working in pairs was another critical factor that contributed to the success of this recruitment strategy; it was easier to maintain an air of confidence in the knowledge that a

colleague was only metres away. A further crucial key to recruitment was to ensure that women completed a postcard with their contact details whilst they were talking to us at the promotional stand, if at all possible. We received very few postcards through the post, despite handing out well over 100 flyers.

It proved to be reasonably straightforward to achieve our anticipated response rate using this method; after approximately eight hours of recruitment we received 25 postcards, most of which were completed by women as we spoke with them. This compares very favourably to other methods of recruitment that we have used in the past. It is perhaps worth noting that amongst the sample group there was a high awareness of Glasgow Caledonian University; several women had children who had studied there, and a few women had studied there themselves as mature students.

Of the postcards received, seven were from women who had picked up flyers at the Sandyford Initiative, and eighteen were from women who had picked up flyers at the St Enoch Centre. In terms of response rate, then, the two sites were comparable, given that we conducted three recruitment sessions at the St Enoch Centre and only one at Sandyford. However, it is interesting to note that of the seven women who expressed interest in the study at Sandyford, five are associated with Sandyford through their employment. In terms of their social circumstances, a much broader mix of women were recruited through the St Enoch Centre. Recruiting via the St Enoch centre enabled the research team to access relatively isolated women. For example, a few of the women recruited through the St Enoch Centre are not in paid employment, and they reported having few friends or other social contacts. These women might have been very difficult to contact through other recruitment routes.

2.5 The sample group

Each woman who completed a postcard with their details was contacted by telephone. During this initial telephone call, women were asked a series of questions about their social circumstances: date of birth, marital status, housing tenure, number of people in the household, educational qualifications, current employment status. Tables 1-3 offer a broad indication of the social circumstances of those women recruited into the study, and illustrates the diversity of the sample group. Overall, we consider this recruitment method to be successful in recruiting women in a range of circumstances, in terms of partnership status, employment status and household income.

Table 1: Marital Status

Marital Status	Number of women
Married/cohabiting	11
Divorced	3
Widowed	2
Single/never married	3
Total	19

Table 2: Employment Status

Employment Status	Number of women
Working Full-Time	7
Working Part-Time	6
Not in paid employment	6
Total	19

Table 3: Gross Annual Household Income

Income band	Number of women
<£5,200	3
£5,201-£10,400	2
£10,401-£15,600	2
£15,601-£20,800	1
£20,801-£26,000	4
£26,001-£31,200	2
Over £31,201	5
Total	19

The information collected in the course of the initial telephone calls to potential participants offered the research team an overview of the sample group, from which the diversity of the group could be assessed. This information was used to decide the composition of the discussion groups, and helped us to avoid placing women who might know each other through their work at Sandyford into the same discussion groups. We wished to include women in a variety of circumstances in the discussion groups, but have groups that were internally homogeneous. One discussion group was composed of working class women, the second group was composed of middle class group, and in the third group, three of the four participants were either single or widowed.

Nineteen women were interviewed; eleven in group discussions¹ and eight in individual interviews. Data collection took place throughout July and August. The interviews covered a number of topics, including meanings associated with being in the 50s; similarities and differences in various aspects of women's lives now compared to earlier decades; experiences of health and illness; anticipation of future life circumstances; and perceptions of ageing.

¹ Originally, it was intended that there would be 12 women interviewed in discussion groups. One participant dropped out at the last moment.

3. Findings

3.1 Overview of the data: key themes

The discussion groups and individual interviews resulted in a rich data-set, which illuminates various aspects of the women's everyday lives. Generally, women were positive about life in their fifties; many women viewed this stage in their lives as a time to expand their horizons and "get the most out of life". The data indicate that women's opportunities to lead a satisfying life in their fifties are related to various aspects of their life circumstances. In particular, family roles and relationships, employment opportunities, and issues around health and illness emerged as key dimensions of women's lives that shape the nature and quality of their everyday lives. These themes are explored below.

3.2 Women's family roles & relationships

A key theme in the data relates to the centrality of family relationships within the women's accounts of everyday life. For many of the interviewees, their fifties have been characterised by life events associated with their family situations, such as children leaving home, adult children staying or returning home, the arrival of grandchildren, the onset of caring responsibilities for elderly parents or other relatives, and divorce or bereavement.

Sixteen of the nineteen women who participated in the study are mothers, and whilst none of the women we interviewed are currently involved in looking after their own children full-time, the continued importance of mothering within women's accounts of their lives is a strong thread running through the women's accounts.

The nature of women's relationships with their children has evolved as their children have grown up –women talked about how they now have a "more equal" relationship with their children. Yet, at the same time, mothers have continued in their caring role, often expressed through the provision of emotional and financial support to their children, even as

their children enter their thirties; “caring about” rather than “caring for” their children.

Almost all of the mothers expressed worries and concerns for their children – as one woman put it:

Maggie: *Ye’ve heard the old sayin’ – I mean, really, ye worry aboot yer family until the day that ye die. But the worries that ye had when they were growin’ up is entirely different from, ye know, what ye have when they’re adults.*

For a small minority of the women, their identities seem to be inextricably linked to their caring roles within the family – their families are their sole concern. For example, in response to a question about the things that are important to her, Pauline replied:

Pauline: *Oh well, what’s important I would think is ma family. Just that they’re ok. Em, that’s it. Ma family. There’s nothing...I don’t do anythin’ or go anywhere so long as they’re OK. I just tell masel’ I’m ok, ye know. As long as they’re alright. So that’s it*

Another woman, Alice, said,

“I just live for my grandchildren...they’re my life now.”

In contrast to Pauline and Alice, most of the women, whilst acknowledging the continued salience of their gendered caring role as mothers, also tended to regard themselves as being at a point in their lives when they should be able to develop and pursue their own goals, rather than spending their time undertaking caring activities. This sentiment is clearly illustrated by comments made by two women:

Frances: *I’ve had my children and I’ve brought them up. I’ve done my best for them...and it’s my turn now. I’m living life for me. I’m enjoying it...this is my time*

Helen: *You’ve got so many choices now. I mean I have time now and I can make choices that I could never had considered when the children were small – I had other responsibilities*

For some women, the sense of their fifties being “time for me” was expressed through their participation in paid employment – a theme that will be explored in Section 3.3. Other

women in the sample, saw their fifties as presenting opportunities to develop hobbies, spend more time with friends, or go travelling. However, opportunities for women in their fifties to “widen their horizons” once their childcare responsibilities have diminished may be constrained by their other aspects of their social circumstances – for example, their financial situations. In the context of their families, the fifties may see the onset of new caring demands and obligations, such as the need to provide support to elderly parents, and/or grandchildren. In the following quotation, Isobel describes her current family obligations:

***Isobel:** Since my last husband died it's been pretty dreadful. All the, well, it feels- it feels like you're sort of on your own and my mum – she's great but, you know, she'll say, are you coming in on your way home to see me? And – will you be up on Sunday, will you see me then? And you're like, leave me alone. And then, you know, my daughter she'll say, Wednesday is my day off – “are you taking Steven on Wednesday, will you be for him on Wednesday?” [...]*

***LA:** so do you feel like you've got more demands on you now than maybe in your thirties and forties?*

***Isobel:** Definitely. Absolutely*

Isobel's account suggests that the expectation that she will provide support to both her mother and her daughter is something of a strain. Elsewhere, she spoke about wanting to do an evening class at university, but because her daughter was due to have another baby in the next few months, she wasn't sure if she would be able to, in case she was called upon to provide care. She commented “I don't want to just be a granny” – but felt she had little choice but to support her daughter.

Interestingly, a number of interviewees explicitly stated their intention *not* to be drawn into a situation of providing care to any grandchildren that they might have in the future:

***Sandra:** I sort of see myself taking things on as I want to, not as other people expect me to do and I'm sure that my family [...] know that I wouldn't be a carer to their child while they went out to work for instance. I didn't ask anybody to do that with*

them so I'm not going to spend my – the end of my life and this freedom that I've got [looking after their children]

Grace: *I didn't expect anyone to look after my family and I therefore would not be looking to look after any grandchildren. I wouldn't mind babysitting but I wouldn't take it on as a permanent job.*

Despite these women's declared stance about their unwillingness to care for future grandchildren - a position echoed by several other women – it is interesting to note that all of those women who are grandmothers are in fact involved in looking after their grandchildren in some form or another. This suggests that whilst women may indeed perhaps wish to pursue their own goals throughout their fifties and beyond, it may be more difficult than anticipated for them to stand back from emergent caring demands within the family.

Aside from discussion of caring roles within the family, there were also interesting accounts of women's relationships with their partners at this time in their lives. Eight of the nineteen women live alone – three women who have never married, four who are divorced (two since turning fifty) and one who is a widow. By and large these women spoke in positive terms about their solo status, although comments were made about the limited opportunities women in their fifties have to meet potential partners. One or two divorced women clearly stated that they had no desire for partner at this stage in their lives:

Frances: *I'm really happy to be on my own and not have to rely on anyone*

Deirdre: *I'm not looking to go out and meet anybody. I'm quite happy and settled*

Those women who are married with children talked about being at a stage in their lives now when they are having to re-negotiate their relationships with their husbands, now that their children have left home. For the most part, these women were getting involved in shared activities with their husbands; however, at least three of the married respondents indicated that the future of their marriages was uncertain.

The data that have been presented here hint at both continuities and changes in the nature of women's family roles and relationships as they go through their fifties. There is a sense in the data that there are ambiguities surrounding women's roles within the family at this stage in their lives . Whilst many women talked about having increased choice and control over their lives now that the demands of caring for children have diminished, they also tended to acknowledge a broadening out of their circle of concern, to encompass elderly relatives, siblings and grandchildren, as well as their own children.

3.3 Employment

A second theme that seems to be important in terms of the nature and quality of women's lives in their fifties relates to their experiences in the labour market. Of the nineteen women in the sample, thirteen are currently in paid employment; two look after the home; three are not working due to health problems, and one is unemployed and actively seeking work. Those women in paid employment work are divided more or less equally between full-time and part-time jobs.

All of the interviewees in paid employment talked about their jobs in positive terms. An obvious benefit of being in employment was the income it generated. For women on their own, being able to support themselves through work was crucial. However, partnered women also valued the financial independence that being in work brought them. In line with findings from other studies, the women's accounts suggest that paid work not only has material benefits, in terms of offering women a degree of financial independence; it may also enhance self-esteem. As Sandra said,

"I can prove to myself that I am worth something and I've got earning power"

And another woman commented:

***Jill:** I think that my sense of self comes quite a lot from you know, the status that my work gives me.*

Although there are commonalities in the data, in terms of women's generally positive views about work, the data suggest considerable diversity in women's experiences of paid employment at this stage in their lives. For some women, there has been very little change in their working situations since their forties – their experience has been one of continuity, rather than of change. For other women, their fifties have been a time for developing their careers. For example, some women have returned to work full-time now that their children have grown up. Other women in the sample have developed their careers in their fifties after returning to higher or further education in their thirties or forties. One woman who felt that her career had taken off in her fifties commented:

***Jenny:** I worked part time in my forties because the children were still at school so I'm now full time. I've been given opportunities I didn't have in my forties. Opportunities to train, totally different job, um, which I love, and it's bringing out things I didn't know I had. Um, I can't complain about work at all, it's been great. My employer, there's no ageism. Yes I have found a lot of changes but all for the better*

Here, Jenny highlights the role of her employer in supporting her career development. By contrast, two other women spoke of the ageism that they have faced from potential employers whilst seeking employment in their fifties:

***Maggie:** The difference for me, ye know, being in my fifties is that, eh, it's a lot more difficult tae get employment*

***Suzy:** I put a lot of effort into trying to get a job and I feel very strongly that this is my security I'm talking about [...] and I feel that it's very important that people that are doing recruitment, right, are not looking at people like myself and seeing a stereotypical – having a stereotype image of that person*

The contrast between Jenny's experiences on the one hand, and Maggie and Suzy's experiences on the other, indicates that women's experiences of work in their fifties may be strongly influenced by the practices of employers, with regard to the employment

opportunities available to women at mid-life. There was a strong sense in women's accounts of the many positive qualities that "older" people may bring to jobs – reliability, experience, and a range of practical and interpersonal skills. However, there was varying opinion within the sample group as to whether employers adequately value older workers.

Anticipation of retirement

Anticipation of retirement was a central theme within women's accounts of their employment situations. Whilst some women saw themselves as "winding down" towards retirement, others expressed the concern that they would need to work beyond sixty in order to maintain a reasonable level of income. Concern over pension entitlement was a significant issue for several of the women in the sample, who were uncertain as to their future financial circumstances. This was the case not only with those women who had gaps in their pension contributions due child-rearing breaks in employment, but also for those women who had experienced breaks in employment due to illness, or through re-training.

Women's views about their pension situation seemed to be complexly related to both their current levels of income, and also to their wider household circumstances. Those women with relatively high levels of household income tended to be the most concerned about their future financial situations, particularly if they were in employment themselves. These women tended to have occupational or private pensions, but frequently expressed worries that they would not be able to maintain their standard of living in retirement. For example, Elaine, a married woman, reported feeling concerned over her future finances. Both she and her husband are employed in professional/managerial occupations, and have occupational and private pensions. However, the value of her husband's private pension has halved in recent years. She commented,

Elaine: I think it's a very worrisome future...when you get to the end of your working life, as we are in our fifties, you know...you can't magic it out of nowhere...I have a teacher's pension but because I had 13 years at home bringing up children, I've got a big gap, which is a bit of an issue

Worries of this nature were particularly acute amongst higher-earning single (never married) and divorced women, who were aware that they would not be “cushioned” by access to a partner’s financial resources. As one single woman, Suzy, explained,

***Suzy:** I’ve got a very small pension...because I’ve chopped and changed jobs so much... it’s very very small, it’s a pittance [...]I think another reason why work is so important to me is [...] this is the last chance I’ve got to try and save some money up and put some money past. So it’s really important*

It is paradoxical that those women who reported some form of private or occupational pension provision were also most likely to report feeling worried about their pension situation – perhaps the equivalent of those healthy individuals labelled the “worried well” within the medical sociology literature.

Several women reported that they were not sure what their pension situation was, or that they did not have an occupational or private pension. Married women in this subset of respondents tended to report that their husbands had assumed responsibility for their future finances. They gave the impression that they were not entirely sure about their future financial situations, but they trusted that “everything would work out in the end”:

LA: How do you feel about your pension situation?

***Noreen:** My pension? Em, well, I don’t think I have a pension. It’s all tied up with Angus. Em, he has, he sorted out a pension way back when he started work when he was 20 or whatever and, I’m on that....so, yes, I would like to have a very nice pension, thank you. But , as I say, I don’t know.*

***Grace:** I’ve got a personal pension. My husband took that out for me a few years ago ...a good number of years ago [...] I don’t think I’ll be rolling in wealth but I’ll have enough to get by*

Those women on the lowest incomes were least likely to have any form of additional pension provision aside from their state entitlement. Their accounts suggest that this is not

necessarily a matter of concern for them - they tended to express the view that they would “worry about it when it comes along”. As Deirdre said:

“I don’t like to think about those things. I’ll worry about that later”.

This relative lack of concern compared to more affluent women in the sample may be related to the fact that these women have less to lose in terms of their standard of living; for one or two women on benefits, their income is actually likely to go up when they reach retirement age:

Maggie: Well I would actually be better off, ye know, if I was 60. I would be a lot better off financially at 60.

The data that have been presented in this section indicate that within the sample group, not only were there differences in anticipated financial circumstances in the future, there were also different attitudes towards the issue.

3.4 Health and illness in the 50s

Much of the existing literature on women at midlife frames women in their fifties as menopausal subjects, and the menopause is assumed to be the key event shaping the everyday lives of midlife women. This assumption is not supported in the data from this study; as discussion within the preceding sections has indicated, issues around work and family seemed to be much more salient to the women in this sample group than their experiences of the menopause. This is not to say that the menopause was not discussed during the interviews; rather, its significance was minimal compared to other aspects of everyday life. Indeed, even in the context of discussions about health and illness, concerns and issues other than the menopause dominated women’s accounts. These other health-related issues are the topic of this section.

Discourse of decline

A common theme within women's discussions of health in the fifties relates to a growing awareness of bodily changes (other than those associated with the menopause) at midlife. Although women might feel the same inside as they did in their twenties or thirties, their everyday experiences of their bodies tell them something different - that they are "ageing".

Several women commented on the fact that they have less energy in their fifties than they did in previous decades – this was often described in terms of "slowing down" or "running out of steam". At this stage in their lives, women felt that they were less able to live at the same pace or do as many things as they had done in their twenties and thirties – for example when they were bringing up children:

Barbara: We're maybe kidding wirsself on we're no, we've plenty o' energy but when it comes tae watchin' maybe two or three grandweans for a night, an' overnight, I think ye feel the pinch the next day

Jill: Sometimes though you just run out of steam in a way that you didn't when you were young

In addition to this general sense of slowing down, women also commented on specific physical and mental changes they had noticed: – greying hair, deteriorating eyesight, difficulties in remembering words, stiff or creaky joints, sagging stomachs and wrinkled skin. This "discourse of decline" was very common, particularly in the group discussions:

Jenny: Yes, that's a thing, trying to remember words. You know it's in there, and it does come out eventually or someone's name, and it's at the end of the day....but who cares? It's not a big issue though it is? It's not. It could be so much worse [...]and you don't feel so bothered because you know everyone is going through the same thing

Elaine: I'm still very fit, em, so I don't, I mean, sometimes the joints, eh, are a bit stiff and you think , that's not old age, that's just some sort of coincidence (laughter) and I

pick myself up and you know, briskly move on, but I mean yes, you get twinges like that and you think, no, nothing to do with me, it must be the weather

As these quotations suggest, although these changes were frequently noted by the interviewees, they were very rarely viewed as being problematic. Rather, women made efforts in the interviews to “normalise” these changes – by laughing them off, by pointing out that these things happen to everybody, and by emphasising that these changes can be accommodated within everyday life because they do not interfere with everyday functioning. In this way, women both made references to the fact that they are ageing, but also seemed to be attempting to minimise the significance of these signs of ageing by talking about them in a light-hearted and dismissive way.

Looking after health in the fifties

In addition to expressing an awareness that their bodies are now displaying signs of ageing, a common theme in women’s accounts of health and illness was the need to look after their health now that they are in their fifties . For some women, this was associated with the increased risk of osteoporosis after the menopause. For others, the experience of health problems in their fifties had prompted them into making changes to their lifestyle behaviours with the aim of keeping particular health conditions under control:

Frances: *I have in the last year started going to the gym, which his something I would never have thought of doing (laughter)*

LA: *And what was it that prompted that?*

Frances: *Em well, I had high blood pressure. I was diagnosed as having high blood pressure and I thought, right, OK, it’s time to do something about it.*

In a few of the women’s accounts, there was a sense that the need to look after one’s health increases with age – women are no longer as resilient as they were when they were younger

LA: *So what do you think the future holds in terms of your health?*

Deirdre: *well, it's up to me to look after myself, you know, you don't have the same resistance. Well I don't think you've got the same resistance as an 18 year old. So you've got to be that wee bit more careful. Look after yourself better.*

Health was seen by many of the interviewees as a resource that is necessary for them to make best use of the rest of their lives. This links to the opportunities that women perceived were open to them at this stage in their lives – for example, engaging in paid work, developing hobbies, having time to spend with their grandchildren. As Suzy said,

Suzy: *I want to have...whatever much life I've got left, I want to have an active life and I want to have a healthy life and I don't want to end up, you know, a wizened old...well, I probably will some day, but not too soon.*

Health problems in the fifties

In addition to identifying physical/mental changes associated with ageing, and talking about the importance of looking after their health at this stage in their lives, several women in the study spoke of health problems that they had experienced during their fifties. There was diversity amongst the sample group in terms of how women made sense of their health problems. One or two women referred to chronic health problems that they had had for several decades, noting that now they were into their fifties, it is more difficult to deal with these problems – again using language which suggests a “discourse of decline”. This point is illustrated by two quotations from different women:

Kate: *I've suffered with a back injury for 25 years and it's been on and off but as I've got older, it's got worse and worse and I think it will just continue to get worse and worse and it's just more debilitating than it used to be. I used to sort of be able to get on top of it but now I sort of feel that the energy levels to get on top of it is harder.*

Suzy: *It is more difficult to sort of bounce back, isn't it, you know. I don't think you bounce back so much as you did.*

Other women in the sample reported that the onset of health problems in their fifties, such as high blood pressure, gall bladder problems, and diabetes, came as a complete shock:

***Helen:** I thought I was totally physically well right up until the end of term here when I unexpectedly discovered I had very high blood pressure and it frightened me*

The likelihood that individuals will experience the onset of chronic health problems increases throughout the fifties. However, it is interesting to note that women who had experienced the onset of health problems in their fifties generally did not make explicit connections between their experiences of illness or disease and their age:

***LA:** What would you say are the main sort of health issues for women at this stage of life?*

***Pauline:** I don't know. I havenae really thought about it [...] I don't think that there's anythin' specific that could... I don't know what could be wrong with somebody ma age or over. I really don't.*

Indeed, one or two women went so far as to say that they *did not* think that their health problems were related to their age. For example, in the quotation presented below, one woman talks about various health problems she has experienced in her fifties, including needing a hip replacement, having a serious attack of pancreatitis, and being diagnosed with diabetes:

***Laura:** And how do you feel your health has been generally throughout your 50s?*

***Grace:** Well, I've had all these... I've had these problems in my 50s and up until then, I really hadn't had anything. So I suppose it's all happened in my 50s. I don't suppose it's really to do with age. I suppose it's just happened ... It might have happened previously. I mean, they still don't know what's caused my pancreatitis.*

The data suggest that whilst the onset of health problems might bring about an awareness of the women's own mortality, (particularly in the case of potentially life threatening illnesses such as a brain haemorrhage, heart attack, pancreatitis), at the same time it appears that women did not necessarily perceive these health problems as being related to their age. This may be related to the fact that "ageing" was viewed very negatively by almost everyone in the sample group. Almost all of the women defined ageing in terms of physical and mental incapacity. One interpretation of these data is that whilst women may consider it acceptable to joke about failing eyesight or greying hair, brought about by advancing age, it may be a different matter entirely to acknowledge that with age may come more serious health problems. To make explicit connections between the experience of health problems and one's age may be to identify oneself as "ageing"; this in turn may give rise to unwelcome connotations – namely, those associated with being on some kind of slippery slope towards incapacity, and ultimately, death. Thus, the data relating to women's perceptions of health issues in the fifties are complex; it would be fruitful to undertake further exploration of these issues.

4. Conclusions

The results from this pilot study suggest that in terms of making contact with women in their fifties as a social group, recruiting through shopping centres has the potential to attract women in a diverse range of circumstances. It is also less time-consuming and perhaps more effective than attempting to recruit participants via GP practice lists, with the attendant issues of NHS ethical clearance & registration of the project. This method of recruitment may not have worked as well if we were aiming to conduct research on a sensitive topic, or if we wished to focus on particular sub-groups within the overall target group of fifty-something women. However, our concern in this project has been to explore the everyday experiences of women in their fifties; as such, recruiting women through locations which make up part of their everyday lifeworlds has proved to be an effective approach.

The data collected in this study point to the diversity of experience amongst women in their fifties. This report has focused upon three key aspects of women's lives – their family roles and relationships, their experiences of paid employment, and their views and experiences of health and illness. The data indicate that both family and work roles are important elements of women's identities at this stage in their lives. With regard to health, the fifties appear to be a time when health issues may become a more prominent feature of day to day life. The ways in which women understand health issues in the fifties to be linked to ageing are complex and require further exploration. Overall, the analysis presented in this report shows that the fifties may be a time of both continuities and changes in women's experiences of various dimensions of their lives.

With changing trends in family formation and re-formation and the prominence of the wage economy, many women in their fifties are not “winding down” into retirement. Analysis of

the data collected in this study illuminate ambiguities of roles and expectations; these are evident at times in the contradictions of views and experiences.

5. Outputs

5.1 Dissemination

Airey, L., McKie, L., Backett-Milburn, K. (2003) 'Women, Well-being and Midlife', *Paper presented at the BSA Medical Sociology Group 35th Annual Conference, York, 26th-28th September 2003*

Airey, L (2003) 'Women in their Fifties; Well-being, Ageing and Anticipation of Ageing', *Glasgow Caledonian University Sociology and Social Policy Group Internal Seminar, 17th November 2003*

5.2 Papers in Preparation – to be drafted by the end of February 2004

- (1) **Methodological** – one paper is planned which will report on the methods used in this pilot project
- (11) **Substantive** – one paper is planned which will report on key themes within the data

5.3 Grant Applications

- (i) **Awarded:** 'Gender-related Family-Work Balance and Well-Being in Scottish Companies'. L.McKie, K. Backett-Milburn, L. Airey. Funded by the European Social Fund, £160, 000, 2004-2007
- (ii) **In Preparation:** Application to the ESRC for a large project grant, based on this pilot project