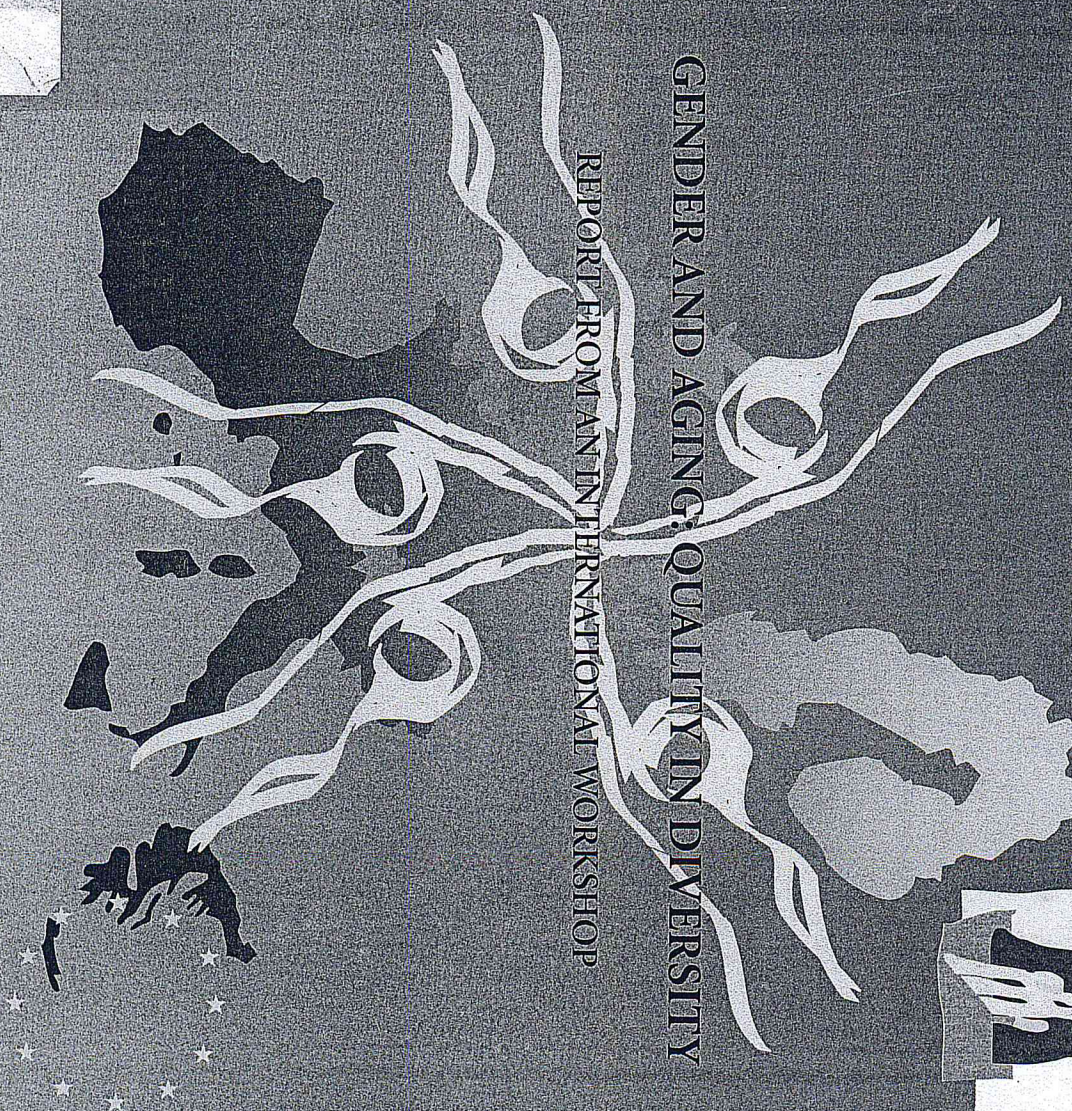


GENDER AND AGING: QUALITY IN DIVERSITY
REPORT FROM AN INTERNATIONAL WORKSHOP



Lea den Broeder (editor)

EWIHNET, European Women's Health Network

ties which are developed and carried out within the Network, should be offered or imitation, should stimulate curiosity and invite participation, they should be quality of life of older women and strengthen their ability to enjoy life. They make older women's voices heard and facilitate their presence in politics and

RURAL WOMEN: WOMEN'S HEALTH CENTRE IN LEIBNITZ/ AUSTRIA

Eva Janes¹

Introduction

THE WOMEN'S HEALTH CENTRE 'THE SPIDER AND THE WEB' IN LEIBNITZ, SOUTHERN Styria, Austria, was founded on the initiative of the Graz Women's Health Centre. Funding for the project is provided by the Styrian Government, the Department of Health, the Department of Social Security and the Social Aid Association of Leibnitz, the Federal Ministry of Women's Affairs and Consumer's Protection, and the City of Leibnitz.

Supporting women working as lay caregivers as well as professionals

The project is focused on a specific rural area, offering itself as a health promotion initiative for women working as lay care-givers within the family and also for professionals who, in various health-related environments, cater to the needs of disabled patients suffering from acute or chronic diseases. The demography of Austria demonstrates that women from 40 to 65 years old in particular are responsible for the majority of work within this field, most of whom work without adequate pay or social security. These women need support. This support is to be achieved through social intervention in this rural area.

The overall objective is to make fuller use of the existing resources within both the lay and professional areas, and to ensure more focused networking between existing care providers. The Women's Health Centre Leibnitz was opened on January 28, 1998.

One woman who has gained strength through our activities is Gerda Stienetz, from Heiligen Kreuz a.d. Wäasen, a rural community in the district of Leibnitz. She was born in 1944, the eldest child in a Catholic family of six brothers and sisters. Her parents owned a farm, and during the harvests she had to work instead of going to school. Altogether Gerda has had only seven years of formal education.

Gender status and the social contract of behaviour between the genders constitute the foundations of Gerda's living conditions. These foundations can be described in terms of the basic meaning of being male or female in a specific historical/cultural context. In the ideology of the culture in which Gerda grew up, the unexpressed moral code for a woman could be defined as follows: A woman's expectations for matrimony, for example, included: monogamy, romantic love, a house of her own, a husband who earns enough, a husband

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who takes care of his family. Once married, a woman's code included: giving birth to children, being responsible for the household, being present and available for the family, keeping the family in harmony with love and understanding.

To be a man within this same moral code could be described like this: to prove 'real manhood', i.e. to be a strong man and the dominant part of the family, to provide for the family as the 'bread-winner', to compete with other men, to be a 'lady-killer', to go out regularly with the boys for a drink, to have many children.

These separate ideologies meet on the micro level of real individual lives. In her real life, Gerda experiences a deep ambivalence about the collision between her own individual needs and the selflessness of her expected role.

Today, at the age of 55, Gerda has been living with her husband on his parents' farm for many years. The cultural contract between her husband and his parents involves one important obligation: to take care of his parents when they get old. For two years Gerda has been taking care of her bedridden mother-in-law. The old woman has the ability to pay for her care through a government allowance. This money, however, is being put into a deposit. Gerda hasn't had the chance to take out an insurance policy for herself in order to 'collect years' on her own pension plan. Her in-laws are not easy personalities, but Gerda endures them without complaining. Throughout all the years of her marriage Gerda has had to prove herself acceptable to her in-laws.

Gerda's children are either grown or in their teens. None of them wants to take over the farm. Two of them have already been employed for some years and the youngest is an apprentice.

During the last few years Gerda's husband has been unemployed for long periods of time. Most of this time he spends just sitting around. Gerda alone has been almost entirely responsible for the care of the farm, with its forty pigs to keep and four hectares of land, even when her husband was out of work. In general, he expects her to solve all his problems.

Gerda's financial situation is insecure. Her husband never gives her regular 'house-keeping money'. Gerda hasn't seen her friends very often since she got married. She meets them in church on Sundays or when she shops in the village during the week. Traditional family celebrations, like birthdays, are the only occasions when she comes together with her relatives and neighbours. Her lifestyle is rather simple. There are few possibilities for her to make demands for herself. When she looks back on her life, she sees that she hasn't had much 'free' time to spend. When she assesses her own health, she overrates herself and works too much, although she admits feeling exhausted after a day of work. Gerda pretends that everything is okay, and pretends to be healthy.

Gerda has religious faith and goes to church once a week. She also has a good relationship with her mother.

Because Gerda has had little time to think about getting older, she is not worried about her future old age. In her position as a farmer's wife, an official 'retirement period' does

not exist. She will work as long as she is able. She will care for her future grandchildren when they come to visit her, and when her children need financial support she will provide it.

We came into contact with Gerda through her parish, which organised a meeting with our project around the issue of 'health promotion in lay home care'. She became interested in the exchange of experiences and skills, and now visits the meetings regularly. As a result, we have had the possibility to stimulate her with ideas about different possibilities in life and to empower her.

How does the project work?

The advice and information available in the Women's Health Centre Leibnitz prompt women to establish their first contact.

At the same time, structural policy changes have been initiated by the Health Centre to improve co-operation and communication between all sectors of health care providers. This is to ensure the sustainable development in the field of health care services offered in this region.

The project is based on the following guidelines:

- The 1986 Ottawa Charter of the World Health Organisation redirects seniors towards simultaneous intervention on different social levels. The project is thus linked to international declarations and models.
- The Vienna Declaration of the World Health Organisation of 1994 deals explicitly with the question of women-related health care. Investment in health, enabling strategies, as well as women-friendly and needs-oriented health services are of particular importance in this model project. Continuous development of women-related and women-specific care services will be ensured by the Women's Health Centre Leibnitz.
- The model of Integrated Health and Social Districts developed by the Austrian Federal Institute for Health Services is used as a model approach for our networking between existing care institutions in the medical and psychosocial areas. Because the project takes an interdisciplinary approach, it can easily be linked to national care models.

Description of the activities

The project acts as an independent contact, initiator and intermediary institution in the following fields:

- Work with relatives: enhancing their own initiatives, strengthening those concerned and coaching them to acquire new skills,
- PR to foster an awareness of care as both a lay and a professional concern,

- Awareness and the promotion of social networks and co-operation within the district,
- Management of interface between the target groups, care givers and care providing institutions to ensure political advocacy and continuing contact with the media,
- Interface management between out-patient and in-patient care.

Our top priorities include lobbying and advocacy on behalf of the relatives concerned. We provide these services while necessarily remaining sensitive to informal power structures, a prerequisite when working within a rural area. From the start of the program, we have successfully fostered a regular exchange of information and feedback. We have also networked extensively by establishing direct contacts. We recognise and respect the services provided in the district. The relevant initiatives and parishes have been contacted. We also integrate local experts in work groups, panel discussions and as speakers at seminars, workshops and conferences.

It has thus been possible to make use of the existing resources and to intervene by pointing out the potential for new ways of organising co-operation and networking between existing resource organisations.

Our public relations work includes a wide range of activities: the regular publishing of a programme magazine; planning and conducting events, lectures and press conferences; writing articles, press releases, and letters to the editors of regional and national newspapers. The PR work and the resulting acceptance of this usually invisible work delivered by women within the district has boosted the importance of the project.

In spite of the enormous size of the district (which comprises 72.000 inhabitants within 3 rural communities), the project has already been widely accepted. One sure sign of acceptance is the co-funding of the project by the Social Aid Association within the first 5 months of our existence.

Activities that the Women's Health Centre Leibnitz carried out from its beginning have included:

- Counselling for care-giving relatives,
- Initiating and accompanying self-help groups in the communities,
- Enhanced planning and implementation of training and support in co-operation with existing institutions, as well as with active members of the community,
- Public relations measures to boost public awareness of care services provided within the family,

Interface management between out-patient and in-patient care, including the drafting of guidelines for discharge criteria. In order to accomplish this, an interdisciplinary working group was established,

The establishment of one structural working group intended to sensitise citizens to the topic of 'care allowance', aiming to work out solution proposals using the existing resources,

- The implementation of a talent-exchange without money,
- The establishment of contacts with parish communities, social workers and active community women to foster communication between voluntary and professional helpers. This has enabled us to plan and implement events and counselling measures to meet actual needs,
- Continuing PR by means of a regularly published programme magazine, press releases and newspaper reports, as well as seminars and workshops organised throughout the region,
- The presentation of the project at several scientific conferences,
- Several articles about the Women's Health Centre were published in books, making the project accessible to a wider circle of professionals.

Conclusion

The intervention of women-related care is based on the diversity of women's intrinsic needs and requirements. The project offers both support and inspiration in the promotion of health, as well as guidance in how to make use of one's own personal and structural resources.

The innovative aspect of the concept lies in the intention to work out a sustainable structure for the district, bringing together both the lay people concerned and the professionals. Existing resources are interconnected within a network which thus ensures their complementary, enlarged and more targeted use.

People tend to seek professional help when objectively informed and when the services offered are easy to understand and readily accessible. Information on the nature of services offered are tailored to the requirements and needs of the people concerned. To reach several groups of women, we are working together with the parishes and with many active individual women, institutions, organisations and initiatives. The talent-exchange is another way in which contact occurs. As a result, women can afford products and services that were previously out of their price range. Providing advocacy for women is the Women's Health Centre's major impetus and objective.

Evaluation

The model project 'The spider and the web' is carried out with the scientific support of the Institute of Social Medicine of the Karl-Franzens-University of Graz, which also evaluates the project scientifically.

In this context, aspects of program and strategy development will be documented and evaluated for further implementation.

Regular, ongoing monitoring and evaluation of services provided is required in order to enable the identification of emerging issues. This will involve a process evaluation to ensure guidelines, procedures and policies were well planned, evidence based and responsive to emerging information about their feasibility, appropriateness and effectiveness.

Working groups with experts and lay care-givers will develop protocols which will secure quality assurance in this field. Development of care-giving protocols by providers will add quality assurance measures in this area. Furthermore, the main area in which service responsiveness and quality improvements in care-giving can be achieved is the consultation with consumers and the community in all aspects of protocol planning, policy, purchasing and provisions of care-giving.

At the end of the project, a manual will be produced to help ensure successful implementation of similar intervention projects carried out in other regions.

ELDERLY WOMEN: A DIFFERENT FOLKLORISTIC INTERPRETATION¹

Anne Leonora Blakstad²

THIS PAPER IS BASED ON MY FIELDWORK AMONG OLD WOMEN ON A SMALL DANISH 'fieldwork' here means repeated, long conversations with these women as I lived island during two summers. The old women were born on this island, and they have there all of their lives. Mary, 89 years old, told me about her childhood: 'We did not white-cold heat they have today.'

The 'white-cold heat' is a trope, a metaphor, and a defamiliarised combination implying ambiguity and is enigmatic to me. I need to interpret this trope in order meaning in the words. First and foremost I construe 'heat' to be a metaphor connoted with cosiness, social relations and secure feelings of a valued identity. I widely accepted interpretation, I believe, and I find Mary to imply this connotation because she returns to the topic of warmth and heat several times during our conversations always related to the cosy fireplace from her childhood, where all of her family gathered, occupied with nice activities. I do not doubt Mary is referring physically modern grey or white metallic installations on the walls, radiators, as opposed to the stove from her childhood and youth. But there is one more contrast in her words cold heat. Normally, heat and warmth is supposed to be red and warm, so when Mary this tense antinomic constellation of 'white-cold heat', it is a contrast to the black stove red fire, and of course a contrast to the expected cosiness and social relatedness with heat. Interpret the sentence: 'We did not have the white-cold heat they have today' an expression of disappointment in Mary.

The temporal placement of this disappointment is situated in the present time contrast what she experienced in the past. This is read through her grammatical word-choice not have' versus 'have today'. Furthermore, Mary emphasises her message by distinction between 'we' and 'they', referring to cultural identity rooted in the coherence. Interestingly, Mary does not perceive herself to be part of 'today', she has her own discursive representation to be in the past, regretting the coolness of today.

Thus, the contrast set up in the statement about 'white-cold heat' is pointing to the difference:

- To social relations and values,
- To temporal differentiation, and
- To a distinction between different cultural groups.

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