Social inequalities within the group of older people impede the formation of a politically uniform bloc of older people

Achim Goerres · 13. Februar 2018
Über Politik aus der Wissenschaft

This essay is the third in a series written by Achim Goerres for the project "Ageing Democracies? Political Participation and Cultural Values Among the Elderly in Europe" financed by the Open Society Foundation. The complete project report with all essays and the reports written by the other project members can be found here.

There are various examples of older people's political protests in Europe. In Spain, the Iaioflautas movement is one of older people who protest on multiple political issues related to the labour market, education, health, gender and basic income. They use new modes of swift communication and conduct political actions defying stereotypes of old age, mirroring other older people's social movements such as the Raging Nannies in Canada and the USA (Blanche-Tarragó and Fernández-Ardèvol 2014). In 2004 and 2005 in England, political protests against the Council Tax were mainly led by older people, as they were disproportionally affected by it (Goerres 2009: chap. 7). In the early 1990s, older people in Poland, Czechoslovakia and Hungary protested in favour of acceptable pension deals after the political transitions of their respective countries (Vanhuysse 2006).

But there is a common misperception in the public discourse about political protests among older people. There is an inherent portrayal of older people as a generally homogenous political group. Visuals of older people protesting seem to strengthen this conclusion, since they involve individuals who are united in their common course. Yet,

these images only represent a fraction of all older people and only one particular course. To draw conclusions about older people from those images is comparable to seeing a group of top athletes long-jumping and extrapolating from this that all humans can jump that far.

Discussions about the political participation and views of older people could benefit from shifting our focus to the immense social heterogeneity that exists within the group of older people. This social heterogeneity also translates into political heterogeneity, both in terms of activism and in terms of interests. Let us consider four major social lines of stratification that are particularly relevant for politics: education, income, gender and health.

Education and income are the main social dividing lines between individuals across Europe, stratifying the social position that an individual has in a society as well as his or her political preferences and behaviour. A rich, highly educated older person is miles away from a poor, low-educated older person, both in terms of social as well as political experience. The fact that both are pensioners and therefore recipients of public pensions is not a strong bond. For the rich senior, a public pension is likely to be a smaller fraction of his or her disposable income than for the poor senior. The rich, highly educated senior is more likely to have diversified his or her pension income across a diverse set of assets and different kinds of pensions.

Let us look at the relationship between household income and support for redistribution from the rich to the poor by the state. We will use this attitude to get a sense of where people see themselves on the classic economic scale from very left to very right. Across all older people, 73% think that it is the role of the government to decrease income differences between the rich and the poor. However, when we divide older people by income groups, we get exactly the pattern that we see among younger people. Those with higher income support this notion less often than those with lower income. More concretely, among older people whose household income is in the lowest 30% of their respective country’s income distribution, the proportion that supports income redistribution by the state lies at 79%. Among the highest 30% of household incomes, that estimate lies at 62%. In other words, income divides older people as to their demand

for one of the core functions of the modern state in the same way it divides younger people.

Gender is another factor which stratifies the social experience of modern life to a great extent. At old age, the accumulation of these experiential differences becomes greatest and intersects with different mortality rates. All over the world, women are on average more likely to live longer than men (Barford et al. 2006). The gap in life expectancy between men and women has been decreasing in Europe over the last two decades, yet it still varies widely (Van Oyen et al. 2010). This means that the older the age group is, the more female it is. We know of some gender-related differences in political preferences. Women tend to place more emphasis on some policy issues over others (Campbell 2004). They are also less likely to vote for right-wing parties (Norris 2005) and more likely to support social policy expenditure (Jaime-Castillo et al. 2016; Hatemi et al. 2012). Thus, the composition of political behaviour and preferences is affected by there being more women at old age.

Health is another important line of division among older people. Health discrepancies in old age are striking. As a result, pension age can typically be divided into a first period, when pensioners are still capable of many things and a second period characterised by multi-morbidity, incapacitating them in many ways. The first period is referred to as the “third age” or “young old” and the second as the “fourth age” or “old old”. The age at the time of transition from the first period to the second period varies greatly among individuals. Health is an important predictor of political participation (Mattila et al. 2013; Sund et al. 2016; Söderlund and Rapeli 2015). Yet it predicts participation in different ways. Voting can be made accessible to individuals with health problems in various ways like proxy voting (someone votes for you), postal voting and mobile voting booths (in hospitals for example), mitigating the impact of health problems. But other forms of participation, such as writing letters or demonstrating in the streets, are much more demanding in terms of cognitive and physical abilities. Health inequalities thus translate more into political inequalities among older people for those political actions that are more demanding.

We can explore this using 2014 survey data for 20 European countries. In that survey, people were asked whether they were hampered in their daily activities by any illness or disability. Among the young old (people between 60 and 74 years old), 27% said that they were to some extent hampered, while 9% said that they were hampered very much. In the group of the old-old (people aged 75 and older), 34% said that they were hampered to some extent and 18% that they were hampered a lot. This pattern is mirrored in their political activity levels.

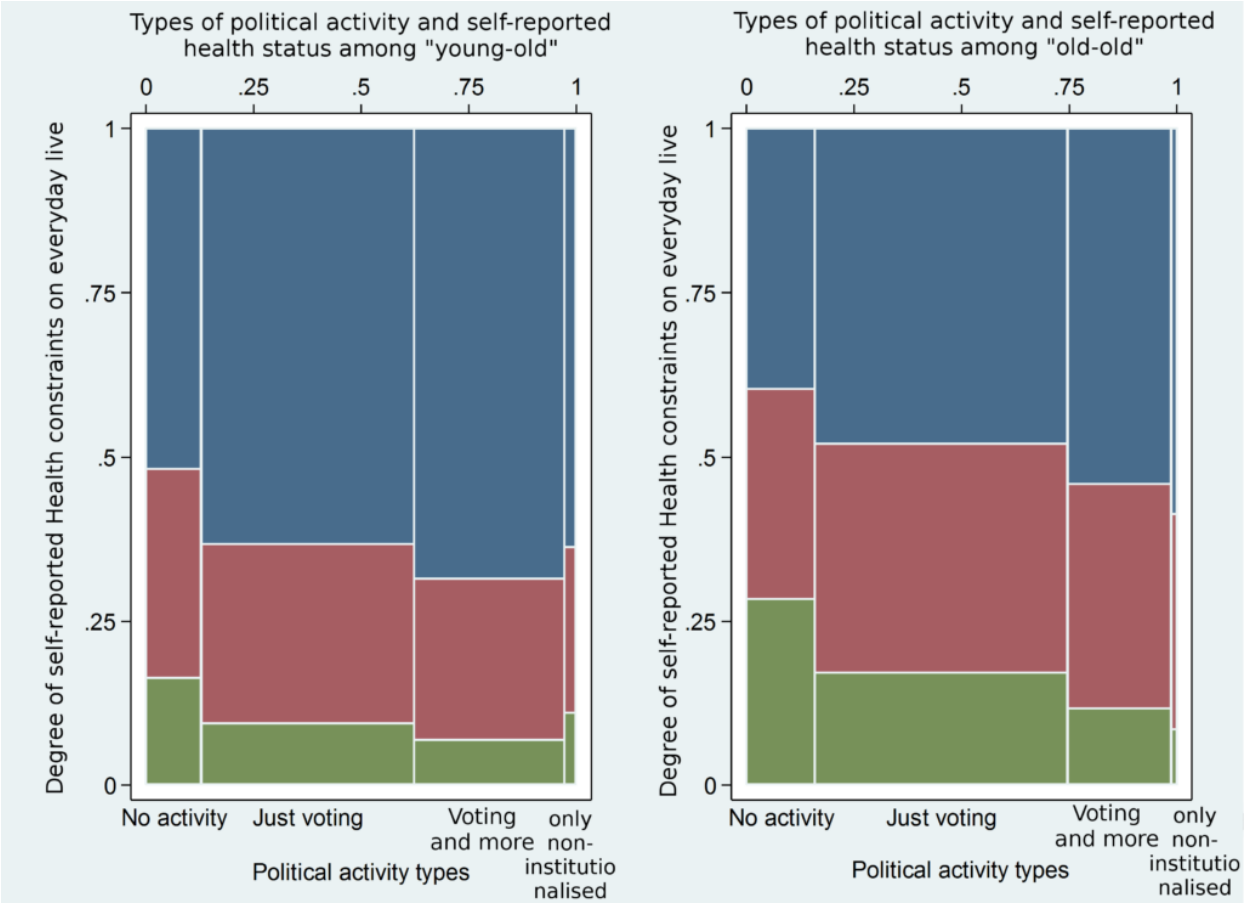
In Figure 1, we can see two mosaic plots that classify four types of political activity and the degree of self-perceived constraint, once for the young-old and once for the old-old. Each tile of the mosaic represents the sub-group of one activity type and one type of self-assessed constraint. The four types of activities are: non-active, only voting, voting and more, and only non-institutionalised political participation.

In the previous on political participation in general, we saw that older people who only vote are the largest group followed by the very active group of voters and more, followed by the non-active and those who only use non-institutionalised forms of participation. In this plot, we can now explore how the different activity types intersect with the level of self-perceived health constraints.

Each tile is the size of the sub-group defined by the two levels of the two variables. So, in each sub-panel, the lowest tile on the left is the group that feels hampered heavily by health issues and is politically active. This share is much bigger in the group of the old-old compared to the young-old. The blue tiles are the sub-groups who do not feel hampered at all in their everyday lives. We see that the unhampered group is represented more in higher-activity groups than in the passive groups. We also see that the largest group among the young-old and the old-old are the ones that feel fine and just go to the polls. These are older people who are not constrained by their health and only partake in politics through voting. However, among the old-old, this group is smaller than among the young-old. Overall, the politically passive and those who only vote are more common among the old-old than among the young -old. The group whose members use voting in addition to other forms of political participation is smaller among the old-old than among the young-old.

In a nutshell, we see that health structures the ways in which older people participate in politics. Worse health is associated with less or no political activity. Non-institutionalised participation plays a small role among older people to begin with, and it becomes almost non-existent among the old-old.

Figure 1: Proportion of sub-groups by activity types and whether they feel hampered by health issues in their daily activities, 20 European countries in 2014



Proportion of sub-groups by activity types and whether they feel hampered by health issues in their daily activities, 20 European countries in 2014

We have thus confirmed that older people are a divided group. They are divided by differences in attitudes and resources that relate to income, education, gender and health. These differences not only structure the social position of older people, but also what they do and want in politics. Socio-economic inequality among older people translates into political inequality among older people, a fact that is often very much neglected in public debate.

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