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Gender and Relationship Status in Later Life

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Without Abstract

Definitions

This entry considers the literature on women ageing “solo” – defined as women who are not-partnered and who do not have children, for any number or combination of reasons. “Ageing” refers to women aged 60 years and above to account for the average age when women may retire from employment and eligible for a pension.

Introduction

The world’s population is ageing rapidly (United Nations [2015](#)) and with increased longevity, the diversity of those moving into later life has the potential to challenge preconceptions and homogenization about ageing. The impact of relationship status for women in later life is one such theme that is emerging from the literature (DePaulo [2006](#); Lahad [2016](#); Hafford-Letchfield et al. [2017](#); Lambert et al. [2018](#); Khan et al. [2018](#)). This nexus of ageing, gender, and relationship status offers a new conceptual lens for reviewing and extending the research on ageing. Different conceptual lenses can be useful for those developing ageing policy, in particular, social policy by challenging some of the assumptions on which care services are planned and delivered (Pinquart and Sörensen [2006](#); Vlachantoni et al. [2020](#); Lambert et al. [2018](#)). For example, by 2041, public expenditure on social care in the UK is projected to rise by 329% (Wittenberg et al. [2008](#)), leaving a carer gap for those needing care (Pickard [2015](#)). Increasing evidence on gender inequalities throughout the life course (Westwood [2016](#); Kneale et al. [2019](#)) has yet to have a visible impact on the provision of care in developed societies. Less is known about the subjective experiences of older

women within these parameters (Ray [2006](#); Hafford-Letchfield et al. [2017](#)). This entry provides an opportunity for more active and closer examination of the literature, which highlights the specific trajectories impact of being a solo woman in later life and the nature of their unique experiences to inform their future care needs. Recognition of the institutional and systemic gender inequalities that intersects gender with ageing *and* relationship status has much to contribute to developing more tailored and sensitive policies from which to plan, commission, and improve health and social care for this marginalized group.

Background

Women “ageing solo” are one of the marginalized groups within current ageing and policy contexts. It is important to understand solo status and its relationship to any advantages or disadvantage within ageing populations (Band-Winterstein and Manchik-Rimon [2014](#)). The increasing numbers of people living solo (Gray [2009](#)) over 65 years and ageing without children in the UK are also expected to substantially increase in the next decade (Hunter and McNeil [2014](#)).

While gender is a key feature of everyday life, Hicks ([2014](#)), writing from a social work perspective, notes that its “seen-but-unnoticed” quality is frequently overlooked and theorized in a number of rather limited ways. Materialist or structuralist accounts of gender, for example, focus on institutions, such as the family (Silverstein and Giarrusso [2010](#)) or reproduction (Herrett and Schofield [2015](#)). These pose interesting positions for solo women on how gender is understood or practiced. Hicks particularly draw upon ethno-methodological and discursive theories ([2014](#)). He suggests that gender is neither a characteristic merely acquired and passed on through socialization or reproduction of structural forms nor something inherent in the person. Rather, it involves the production of gender through practical means, which relate both to immediate, local, and wider, institutional contexts (Hicks [2011](#)). A closer look at women ageing solo within these wider contexts might demonstrate that their situations are currently undertheorized in this respect.

The literature reviewed here on what is known about solo women in later life similarly utilizes a deconstructive analysis of how different relationships sit within traditional social categories and relationship binaries that have long underpinned social thinking about gender and ageing (Hafford-Letchfield et al. [2017](#)). Women moving into later life without a long-term partner and who have not had children for various reasons will have diverse conceptions of what successful ageing actually looks like. Their circumstances may not correspond with more traditional definitions or practices of ageing and ageing experiences (Khan et al. [2018](#)). For example, a review by Silverstein and Giarrusso ([2010](#)) suggested that the field of family and ageing has benefited from an expanded perspective across four themes; firstly the complexity in emotional relations; secondly, diversity in family structures and households; thirdly, interdependence of family roles and functions; and fourthly, patterns and outcomes of caregiving. Their review identified that although research on ageing families has advanced theory and applied innovative statistical techniques, the literature has fallen short in fully representing diverse populations and in applying the broadest set of methodological tools available. For solo women in later life, their “identities” or “lifestyles” may not be easily categorized in ways which facilitate access to models and approaches to traditional provision of care and support and provide a particularly interesting focus for care professionals in the field of assessment and interventions. As stated earlier, changes to health and social policy in developing countries have emphasized the home and family as the cornerstones of care. Within this assumption there is a need to understand the caregiving context and the caregiving experience which

include gender, familial relationships, and the cultural background of the caregiver (Sharma et al. [2016](#)).

Theories and Trajectories of Solo Ageing

The term “solo” is conceptually ambiguous given that relationship status tends to be dynamic (Simpson [2016](#)) and reflects both diversity and change in patterns of relationships over the life course. For women living alone in later life, this may have been a lifestyle choice as well as the consequences of other influencing factors (Khan et al. [2018](#)), such as the loss of a significant person earlier in life (Victor et al. [2000](#)), finding the right relationship at the right time, and the consequences of fertility control and/or fertility problems (Al-Kandari and Crews [2014](#)). Diversity in relationship status can also be influenced by a preference for cohabiting, shorter relationships, living alone, delayed marriage, increasing separation and divorce rates not to mention the fluidity and dynamics which characterize postmodern “liquid” relationships (Bauman [2003](#); Klinenberg [2012](#)). In these situations, it is possible for women to find themselves ageing without a long-term partner or children. Further, women’s economic empowerment, educational and employment opportunities (Ogg and Renaut [2007](#); Raeside and Khan [2007](#); Cleland [2002](#)), the striving for self-actualization (Falkingham et al. [2012](#)), and the consequences of the ongoing achievements of equality legislation particularly on women’s rights and the widespread diffusion of individualism, all impact on these differing circumstances (Coleman [2001](#)). A significant achievement of feminism, for example, has been to challenge notions of compulsory heterosexuality (Rich [1980](#)) which has surfaced in the research documenting the experiences of lesbian, bisexual, and transgendered women in relation to their “families of choice” (Weeks et al. [2001](#)). These latter relationships are now being systematically researched within the ageing field (McCarthy and Edward [2011](#); Hafford-Letchfield et al. [2017](#); Traies [2016](#)).

According to Byrne ([2008](#)), feministic ideologies positively support constructions of womanhood as married and mother, a context in which singlehood and the opposition between woman identity and single identity are now problematic (p. 29). In the absence of positive and powerful counter-narratives, the notion of being single or solo can be disparaged and stigmatizing and has the effect of constraining the identity possibilities for all women (Simpson [2006](#); Hafford-Letchfield et al. [2017](#)). Against this background, academic research on “singleness” or “soloness” has been relatively underdeveloped. Most empirical investigations have come from a feminist discursive analysis and feminist scholars (Victor et al. [2000](#); Lahad and Hazan [2014](#); Simpson et al. [2016](#); Lambert et al. [2018](#)) alongside political-economic theoretical underpinnings of critical gerontology which have focused on disadvantage, class, and ageing as residual categories (Pudrovska et al. [2006](#); Formosa and Higgs [2017](#)).

Earlier on, Jamieson et al. ([2009](#)) identified trends in solo living as being relevant to two related fields of study of social change. These were located in the debates of demographers over the “second demographic transition” and among social scientists over the alleged turn to hyper-selfish individualism or heightened self-reflexive individualization (attributed to Beck ([1992](#)) and Beck and Beck-Gernsheim ([1995](#))). These latter scholars asserted that living alone or being single was seen as the ultimate outcome of a market society, and moreover, exemplifying the nature of contemporary social change including a means of capturing or expressing the effects of social fragmentation (Dorling et al. [2008](#); Jamieson et al. [2009](#)).

Ageing Without Children in Relation to Gender

More recently, within the field of ageing studies and gerontology, a UK study on ageing without children (Beth Johnson Foundation [2016](#)) problematized the lack of available detailed data on this population although projections show that ageing generations in the UK are less likely to have children to care for them in their later years. The Institute for Public Policy Research (McNeil and Hunter [2014](#)), for example, estimated that by 2030 the UK will have at least two million people aged 65 and over without an adult child to support them if needed. This is projected to increase twofold for those aged 65–74 before the end of the next decade (ONS [2015](#)). Analysis of trends in living arrangements by age group, marital status, and gender have identified that approximately 20% of ageing women in the UK are without children although these do not yet differentiate by variables intersecting with other identities such as ethnicity, disabilities, and sexuality.

Demey et al. ([2013](#)) used cross-sectional data from the UK Household Panel survey to analyze the partnership, parenthood histories, and socioeconomic characteristics of those currently living alone in midlife. They found a substantial group of never-partnered men living alone. Besides Jamieson ([2009](#)), Hadley ([2019](#)) is one of the few UK researchers that has considered the importance of family interactions on the health and social connectedness of older people by highlighting the case for looking particularly at men who are ageing without children and has made a strong case for childless older men being at increased risk of social isolation, loneliness, depression, ill health and increased mortality (see also Dykstra and Keizer [2009](#)). Some research has demonstrated a link between the ageing without children and poor health – especially formerly married childless men (Kendig et al. [2007](#)) in which the highest incidence of excessive smoking and drinking, worse physical health, depression, and sleeping difficulties have been recorded (Kendig et al. [2007](#)). Jamieson ([2009](#)) had made the case for examining men's situation, having identified that men from challenging socioeconomic backgrounds were likely to be nonresident fathers or remaining living with their parents. In a wider geographical context, Taturri et al. ([2015](#)) found that approximately 25% of men across Europe are lifetime childless compared to 20% of women. Exact figures for those who experience involuntary childlessness are therefore difficult to calculate (Greil et al. [2010](#)), and an analysis of two British cohort studies found that at age 42, 25.4% of men and 19% of women had no biological children of their own (Berrington et al. [2015](#)). These more sophisticated changes in demography require a deeper understanding of how ageing without children affects people's health and social networks.

Distinguishing between different groups of individuals living alone in midlife is important for policy as these groups of men and women will have different social and financial resources as they enter later life as a result. Arber ([2004](#)) researched structural disadvantages of women in terms of economics, health, and care. She demonstrated that material and social inequalities in later life are linked to the intersection of gender and relationship status, reflecting gendered power relationships over the life course. Arber found that divorced women and men and never-married men were most materially disadvantaged but inequalities in health resources differ markedly by gender but very little according to marital status. Social organizational membership is linked to material and health resources, but these only partly explain the low levels of social organizational membership of older divorced men. Never-married women, unlike never-married men, have high involvement in social organizations.

Falkingham et al. (2012) used the General Household Survey and the UK *Understanding Society* database to identify different types of people living alone in early, mid, and late midlife to examine gender, economic activity, educational level, housing tenure, general health, partnership history, and whether they have nonresidential children. Their findings illustrate that the trajectories of those living alone are diverse. While in early midlife, these are very similar for both men and women, this changes with age. Women in later midlife had less cohabiting relationships and in late middle age became more likely to live alone. Similar research outside of the UK shows that women with higher income, good health, being ever married, and having children is associated with more positive outcomes in later life (Miettinen et al. 2015; Simpson 2009; Tohme et al. 2011). Other comparative studies have looked at the health and social care circumstances of women ageing solo, for instance, using data from a large-scale survey and comparing this group with women who were never married but had children and currently married/never married women with/without children (Cwikel et al. 2006). Data from Cwikel's study showed a strong difference in levels of education where almost 40% of never-married women have postsecondary qualifications, compared with 13–19% in other groups. Similar to findings from Arber (2004), never-married women were also more active as members of social groups and made higher use of formal services than do currently married women. Cwikel et al. (2006) found no evidence to suggest that older and never-married childless women were in poorer physical or emotional health. While they were less likely to be providing care to family members, they were considerably more likely to be volunteers and their use of formal services was presumed to be related to not having their needs met by family. Cwikel et al. concluded that solo women overall appeared to be prepared for a successful and productive old age having developed better coping strategies and their own potential for making a significant contribution to society.

Qualitative Studies into Soloness

Despite the cross-disciplinary nature of soloness studies, research of a qualitative nature has been limited. Few qualitative studies have explored the relationships between gender, ageing, and relationship status for women (Beth Johnson Foundation 2016; Hafford-Letchfield et al. 2017; O'Reilly et al. 2018). Allen and Wiles (2013) conducted semi-structured interviews with 9 men and 29 women aged 63–93 years who were either single (e.g., never married, separated, divorced, or widowed), married, or nonheterosexual, to examine the storylines that the participants used to explain what not being parents meant to them in the context of growing older. They interpreted the multiple and contradictory ways in which older men and women positioned their late life without children. Allen and Wiles used positioning theory to show how the conventional voluntary–involuntary binary is insufficient for capturing their experiences. Childlessness was for some an active choice to break a family violence cycle; for others, it was an outcome of social upheaval. It evoked feelings of both grief and relief over time, it was seen as evidence of discernment in being unwilling to parent at any price, or it was something that felt “natural” within a meaningful life. Their research highlighted that pathways and meanings of childlessness vary so much that it is unwise to assume that people have similar experiences of nonparenthood, especially in later life. In addition, Grützmacher (2001) adopted a phenomenological approach to explore the lived experiences of never-married single women between the ages of 30 and 40 years, in order to uncover the multifaceted experiences of this group of women as well as identify the unique experience of singleness at different stages of the life course with the aim of finding out how this can inform the nursing profession to fully understand and respond to their health needs as they grow older. Lahad

and Hazan ([2014](#)) employed textual analysis of web columns from one of Israel's most popular internet portals. Single women in these web columns were particularly concerned about and discussed the dilemma of ageing singlehood.

What many of these studies had in common was the reference to the stigmatized identities of solo women. Stigma may be linked to selectiveness of their singleness, being seen as dysfunctional and pathological and how interactions with family, friends, neighbors, and society are defined by the need to resolve their singlehood by being less discerning (see Byrne [2000](#); DePaulo and Morris [2006](#); Hertel et al. 2007; Wang and Abbott [2013](#); Band-Winterstein and Manchik-Rimon [2014](#); Simpson [2016](#)). These studies referred to the selectiveness of singleness, which was seen as dysfunctional and pathological and where women's interactions with family, friends, neighbours, and society solo was defined by the need to resolve their singlehood status by not being too selective.

O'Reilly et al. ([2018](#)) study of Irish solo women drew attention to specific cultural and religious factors, such as expectations of celibacy for unmarried people and land inheritance practices privileging eldest males which encourage younger siblings to emigrate, enter the convent or remain single, and exacerbate this trend (see also Timonen and Doyle [2014](#)). These negative stereotypes can constitute a deviant social category (Lahad [2014](#); Simpson [2016](#)). While little has been written on the Irish experience, existing research confirms the endemic nature of the stigma and marginalization of solo people and the risks to mental health and self-efficacy (Crawley and Lynch [2012](#); Fine-Davis [2011](#)). For example, DePaulo ([2006](#)) described a "hierarchy of single people" (p. 113), with older singles who never achieved marriage at the bottom. The dilemmas faced are rooted in issues of power and identity, yet solos are often excluded from the usual mechanisms for discussing and contesting their concerns (O'Reilly et al. [2018](#)).

In relation to health and social care, Hafford-Letchfield et al. ([2017](#)) identified two key themes from their mixed methods study: (i) "so-loneliness" which included the negative aspects of solo living but also the positive aspects such as simplicity in decision-making in their daily lives and (ii) "meaningful futures" whereby the women expressed concern about the need to provide resources to support them in later life, as well as the loss of independence and choice. However, some of the women sought actively to mitigate their concerns by making plans for the future. Similarly, Lambert et al. ([2018](#)) linked the concept of intimacy to themes about unexplored concerns that solo women in their qualitative study were harboring about their future care needs. They found a disproportionate number of women within their sample who were direct carers for their parents or relatives mostly because their siblings or relations assumed that they would be available to do this because of their solo status. Some of the women found this experience of caring provided an uncomfortable mirror into their own uncertain futures complicated by the inability to discuss these insecurities with the person they were caring for, for fear of causing them anxieties about what would happen when they were no longer around to provide mutual support. This study also identified themes of love and intimacy where many women described the essential role of friends in terms of love and relationships as well as in meeting their support needs. It was clear that their friendship is not a lesser form of intimacy, secondary to family or sexual partnerships but a key to living well.

Wider Structural Factors

In the UK, 2.1 million pensioners (17%) live in households in relative income poverty (defined as income below 60% of the median household income) (before housing costs) (McGuinness [2018](#)). Age UK ([2018](#)) estimated that single female pensioners and those from ethnic minority backgrounds are more likely to be at greater risk of poverty or actually live in poverty. While older people are increasingly working longer, often the work can be part-time and low paid (Parsons and Walsh [2019](#)). Moreover, working when you are older may not be an option for women with caring responsibilities who may be having difficulties in finding suitable employment. The increase in job insecurity and contract work has impacted on other material benefits such as having a private pension, housing assets or material wealth, and retiring with debt is becoming a growing problem (Banks et al. [2009](#)). This impacts more on women from ethnic minority backgrounds (Vlachantoni et al. [2017](#)). Having financial debts can have a negative impact on people's health and well-being and may also place increased demands on the welfare state if people need additional support (Tosi and Grundy [2019](#)) and older people may also be reluctant to seek financial advice due to anxiety and a lack of trust (Van Dalen et al. [2017](#)). Further, this higher risk of poverty for solo women ageing has been associated with a higher incidence of disabilities (Albertini and Mencarini [2014](#)), greater likelihood of increased care needs (Baumbusch [2004](#)), and rates of admission to residential care (Klinenberg [2012](#)). This double-edged sword of increased longevity, but greater adversity, suggests that psychological resilience may be a particularly important factor for individuals in later life.

Emotional Well-Being and Social Support

Assumptions about the negative consequences of being older and without children stem partly from biases in life span developmental theories which privilege parenthood as an important developmental stage in an adult's life course (Jeffries and Konnert [2002](#)). There is evidence that both men and women in mid and later life experience loneliness and depression associated with social isolation where they had wished to be parents (Zhang and Hayward [2001](#)). Analysis of the Asset and Health Dynamics Among the Oldest Old (AHEAD) survey data (Zhang and Hayward [2001](#)) raised questions about vulnerability in psychological well-being by exploring whether not being parents had an impact for older people aged 70 years and over, including marital status and gender. Jeffries and Konnert ([2002](#)) examined regret and psychological well-being in women without children who were middle aged (45–54 years) and older (55–83 years). They explored the women's reasons for not having children, their perceptions of choice and any regrets experienced both currently and over time. These accounts were compared with middle-aged and older mothers in accounting for their reasons to have children, their perceptions of choice in becoming mothers, and any regrets related to parenthood. Jeffries and Konnert's study is significant in emphasizing the importance of differentiating between whether not being a parent is voluntary and involuntary, since this has significant implications for regret and psychological well-being.

Research on the availability and effectiveness of social support networks among people ageing without children (Wenger et al. [2000](#)) have also revealed different patterns of social capital. Gray ([2009](#)) using data from the British Household Panel Survey (BHPS) 1991–2003 identified how the availability of social support varies in relation to a number of contextual variables (e.g., having children, marital/partnership status, gender, age, social class, education, health, and type of neighbourhood). The influence of particular social networks on social support, such as civic engagement and informal social ties, was significant in understanding the relationship between social networks and emotional and practical support for ageing persons in the UK.

The personal trajectories and pathways through the life course into solo living in later life may impact on how people adapt the influence of key personal relationships and informal group participation (Hafford-Letchfield et al. [2017](#)). Band-Winterstein and Manchik-Rimon ([2014](#)) suggest that a life course perspective places a dynamic emphasis on transitions, timing, and multiple career lines, and adds fluidity to life trajectories and pathways into living alone in later life. They used a phenomenological approaches to capture the life experiences of this population and in-depth semi-structured interviews were conducted with 16 never-married people without children over the age of 60 (8 men and 8 women). These shed light on this experience since the literature is relatively silent on this topic despite the growing proportion of singles in society and a preference to live a single lifestyle.

Research conducted in Italy by Albertini and Mencarini ([2014](#)) identified that, although, older people without children had an abundance of emotional support, their social support networks were structurally flawed in being unable to provide the type of personal and practical support that is required if people become frail and dependent. The capacity to successfully live alone in old age has shown to be influenced by the ability to purchase professional services and/or the availability of adult children as primary sources of informal support (Pickard et al. [2012](#)). In an extensive literature review on living arrangements and health in old age, Hays ([2002](#)) lists a number of studies which show that those living alone in later life have the highest use of home-based health care and other services. In the UK, Glaser et al. ([2006](#)) suggested more positive effect following the death of a spouse on using domiciliary care services among the ever married population aged over 70, controlling for number of living children and socioeconomic characteristics. Those without children are more likely to use home help services than the ever married with children, and are less likely to receive informal support.

Psychological well-being in terms of loneliness and depression may be a key issue for the health and social care of adults ageing without children. In research by Jeffries and Konnert ([2002](#)), differences were found in regret and psychological distress among women without children was linked to whether they had chosen their circumstances or not, thereby highlighting the importance of personalizing approaches to engaging with and supporting women ageing without children. Hadley ([2019](#)) auto/biographical qualitative study informed by biographical interviews with 14 self-defined involuntarily childless men aged between 49 and 82 years old revealed the complex intersections between childlessness and individual agency, relationships, and sociocultural structures. Hadley interrogated how the impact of major life course events and nonevents had significant implications for how childless people perform and view their social and self-identity. He further describes how involuntary childlessness involves navigating a complex form of bereavement that encompasses existential challenges to the inner- and social-self. Quality of relationships both enduring and familial also had a great influence on the personal network for Hadley's participants.

Measuring life satisfaction is another issue for health and social care in ageing single women. A comparative study by Licy ([2015](#)) of the life satisfaction among what she termed as "singletons" (unmarried women aged 35–50 years) and "spinsters" (unmarried women aged 65–80 years) in Kerala sought to dispel the notion that ageing never-married women are more likely to have low life satisfaction compared with their younger counterparts as well as comparing the level of life satisfaction across education, income, employment, religion, and place of residence. The study shows that single women of Kerala have good support system from their family. The traditional structure of the family system in Kerala is the reason for this fact.

Finally, a mixed methods study by Hafford-Letchfield et al. ([2017](#)) on solo ageing women without children aged above 50 years found that the women's solo status was acutely felt in their

communications with health and social care professionals, reporting a lack of respect and understanding towards solo living and reinforcing feelings of isolation. Some of the women in their study were concerned about having sufficient resources to support them as they became older but they actively sought to mitigate their circumstances by planning for their future. The Beth Johnson Foundation and Ageing without Children ([2016](#)) found similar empirical evidence whereby ageing people without children reported feeling invisible in public and social discourses and were judged for not having children. In addition, being carers for their own parents acted as a trigger about who will tell their life stories in later life and they also expressed concern about the lack of practical support in old age for shopping, housework, and transport.

Factors Specific to Relationship Status in the Lesbian, Gay, Bisexual, Tran's Older Population

Research concerning ageing and sexual and gender identity often stresses the different structures of lesbian, gay, bisexual, and transgender older people's social networks (Weeks et al. [2001](#); Almack et al. [2010](#); Westwood [2018](#)). Some older people may become estranged from their families, failed to develop strong friendship networks due to being ostracized or leading hidden lives which can lead to a range of health and social care inequalities (Westwood et al. [2020](#)). Trends in equal partnerships and marriages have enabled LGBT+ people to have more opportunities for parenting in their families of choice and increasing possibilities and complex configurations of biological and social kin that formed networks that could potentially maintain their independence for longer (Heaphy and Yip [2003](#); Guasp [2011](#)).

Stonewall's (UK) survey of lesbian, gay, bisexual, and transgender (LGBT) people over the age of 55 years reported that "just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children" (Guasp [2011](#), p. 3), which contrasts sharply with the USA where 92% were reported as being childless (Metlife Mature Market Institute [2010](#)). Further research into this population of adults highlights concerns surrounding accommodation, social connectedness, care, health, prejudice, and discrimination in later life (Westwood et al. [2020](#)). The impact of HIV/AIDS on this cohort may have had a devastating impact on their friendship and relationship networks alongside ageism within the community itself (Simpson [2016](#)). Some research has reported solo LGBT older people finding difficulties in finding common ground over subjects such as children and grandchildren (Heaphy and Yip [2003](#); Cronin et al. [2011](#); Wilkens [2016](#)) or feeling limited forming relationships in later life when their health makes it difficult to join their usual social networks (Fenge and Jones [2012](#)). Lesbian and bisexual women in Hafford-Letchfield et al. ([2017](#)) and O'Reilly et al. ([2018](#)) studies reported very positive experiences of ageing solo particularly in relation to the essential role of friends in providing love in relationships and in meeting the respondents' support needs. As stated earlier and similar to Furman and Collibee ([2014](#)), the relationship with friends was not conceptualized as a lesser form of relationship, secondary to family or sexual partnerships, but seen as absolutely essential to well-being.

One of the radical solutions to addressing social support and some of the socioeconomic needs have been exemplified in the cohousing movement (Arrigoitia and West [2020](#)). A UK women's cohousing movement has attempted to establish the principles of inclusion and diversity is not just about incorporating people with different lifestyles, financial resources, and access to housing markets, but also about integrating "all manifestations of heterogeneity," including gender and

sexual orientation, disability, migration experiences, religious practices, relationships, family forms, and more. Drawing on their current research, Arrigoitia and West ([2020](#)) talk about factors hindering the establishment of a senior cohousing community were Britain's ageism and dominant paternalist culture towards the aged (Brenton [2013](#); Buffel et al. [2019](#)). Developers and housing associations appeared unable to listen to and work creatively with older people (Brenton [2017](#)), and particularly older women. Local authorities tended to see the scheme as a potential drain on public care finances, rather than an example of improved co-care and healthier older living. Early findings have identified that there are advantages for women with different relationships status. There are social, political, and economic challenges to be addressed at all stages of development, while taking differences in power and positionality seriously.

Conclusion

This entry has drawn attention to the issues relating to gender and relationship status in later life. It has drawn on this nexus of ageing, gender, and relationship status to offer a new conceptual lens for reviewing and capturing some of the key evidence that can help to consider some of the challenges in relation to increased diversity in ageing research, policy, and practice. Some of the evidence presented demonstrates that there are competing yet common issues confronting older people whose relationships and networks might not fit into society's norms and that more consistent research is required to ensure that it informs the type of support required in a rapidly ageing population. These are crucial in order to strategize, plan, and deliver appropriate and relevant care in relation to policies that address gender inequalities in care services for women ageing solo.

Relationship status has central significance within policy and drives the way in which we frame the design and future provision of quality care and support. Those involved in direct work with older people will be concerned to describe the older person's social and economic connections and personal and community networks (Lambert et al. [2018](#)). Education, health, or social welfare policies similarly make many assumptions about family forms, for example, in relation to what is expected from its members, living arrangements, work patterns, and financial security including subsequent roles taken up in later life. Further growing cross-disciplinary analysis and empirical observations about gender as part of the fabric of everyday life and the social nature of expectations of solo women in particular should facilitate the deconstruction of ageing experiences so as to understand how policy and practices aiming to support successful ageing might need to develop and respond. Gender inequality and its experiences for women will inevitably expand with the diversity of a global ageing population and so should the manner in which care policy responds. This entry has offered a new conceptual lens for reviewing and challenging how we work with these different strands of gender inequality in later life with a focus on relationship status and other intersectional factors such as disability, ethnicity, and sexuality.

Cross-References

- [Gender and Financial Well-Being](#)
- [Gender Equality in Women's Health and Reproduction](#)
- [Gender Ideology: A Discourse That Threatens Gender Equality](#)

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