Aging women in Europe are on average more likely to report functional limitations in ADLs than men, albeit there are marked geographical differences when looking at trends over time (Figure 1). In the Continental, Eastern and Southern regions, there is a consistently greater prevalence of ADL limitations among women compared with men over the entire period between 2004/05 and 2017. The same is observed in the Northern European region up to 2015 with men overtaking women in the last survey year. While the gender gap over time remained more or less unchanged in the Continental and Southern region, in the latter it even slightly widened, a change towards decreasing gender disparity is evident in the Eastern and especially in the Northern region.

**Figure 1: Prevalence of ADL limitations by gender and region (65+)**

Own calculations based on SHARE data release 7.0.0

Trends in ADL limitations by gender and income status (Figure 2 & 3) reveal that the closing of the gender gap in the Northern European region has partly been driven by the increasing prevalence of ADL limitations among lower income men in more recent years (Figure 3). Whereas in the Eastern region, ADL limitations show a steadily decreasing trend among both higher and lower income women, the prevalence rates among both women and men with lower income were higher in 2015 compared to 2004/05 in the Continental and Southern groups of countries. Indicative of the persisting large gender disparity in income is that Southern and Eastern European women even when in a better financial situation report higher or similar rates of functional limitations than their less affluent male counterparts.
Not only do women continue to have higher rates of functional limitations than men, as the overall trends in ADLs show, but they also live more years of their lives with such limitations due to their greater longevity. Women of lower socio-economic status are at a particularly high risk of ADL limitations. Hence, in addition to developing and offering suitable health interventions and assistance through good quality health and long-term care services to prevent and slow functional decline in late life for both genders, policies should ensure that these are accessible and affordable for those with limited personal resources and are focused especially on women.

For more details, visit the Data Navigator: https://futuregen.euro.centre.org/trends-adls/