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784 - SOCIOECONOMIC AND HEALTH TRAJECTORIES: A QUALITATIVE STUDY AMONG PORTUGUESE AND GERMAN OLDER ADULTS

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Resumen

Background/Objectives: Women have a longer life expectancy than men but report worse health and higher disability across most European populations. These patterns may reflect gendered life-course work and care responsibilities and cumulative welfare-state effects. As this pattern across welfare regimes is poorly understood, this study aims to explore gendered health trajectories through a cross-national comparison of older adults in Portugal and Germany.

Methods: We conducted a qualitative study including 32 semi-structured interviews with adults aged 67-94 in Portugal (n = 17; 9 females) and Germany (n = 15; 8 females). Participants were interviewed at homes, daycare centers, or workplaces. We combined snowball with institutional mediation for socioeconomic and demographic diversity. Sample size was determined by empirical saturation. Reflexive thematic analysis with dual cross-cultural coding explored how: i) critical life transitions affect health trajectories; ii) gendered experiences accumulate over the life course shaping health; iii) distinct socio-political contexts structure trajectories. Analysis used MAXQDA software.

Results: Life-course trajectories differed by gender in both countries, with distinct long-term health consequences. Portuguese women from lower socioeconomic backgrounds with limited education and early workforce entry described accumulated disadvantages, such as occupational hazardous and precarity leading to chronic stress

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and psychotropic medication abuse. Divorce or early widowhood intensified these vulnerabilities. German women reported no comparable vulnerabilities, regardless of partnership status. Those who adapted occupational trajectories to family care described fatigue and sleep disturbances but valued institutional support. Men in both countries described occupational trajectories less shaped by educational constraints or caregiving. Some reported early-life adversities, including wartime childhood exposure in Germany and colonial war service in Portugal, yet described stable socioeconomic trajectories. The dependence of men on spouses for health care decisions was an overarching theme, across both countries.

Conclusions/Recommendations: Health inequities in later life resulted from gendered disadvantages accumulated across the life-course, with women's trajectories varying more between countries than men's. Policy recommendations include workplace measures supporting caregiving without penalizing careers. Future research on other welfare regimes and intersections of gender with race and migration status can further inform how life-course trajectories are shaped in diverse populations.

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