

Exclusion, Coexistence, Tolerance and Beyond: The Elderly in The Netherlands

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ABSTRACT: *This paper intends to clarify the position of elderly people in The Netherlands in terms of social and spatial exclusion and tolerance. Two perspectives on the position of elderly adults exist in Dutch society. The domination-marginalization perspective perceives the elderly as a marginalized category and as a social and economic burden for society at large. The diversity and difference perspective welcomes the growing number of older adults for their social, economic and cultural contribution.*

The paper analyzes three case studies to evaluate these perspectives. The case studies refer to the provision of elderly care, to local networks of elderly in urban and rural areas, and to the rise of elderly domains. The case studies highlight the heterogeneity and the gendered nature of the position of the elderly in Dutch society. The position of the healthy, well-to-do, younger senior citizens – both men and women – can be interpreted within the “diversity and difference” perspective, while the position of the frail, poor, elderly adults, who are predominantly women, can be better understood in terms of marginalization and social and spatial exclusion.

Introduction

Exclusion, coexistence, tolerance and beyond are the central concepts of this publication. According to the traditions in gender studies, these concepts have a twofold meaning. They are analytical tools for describing and analyzing gendered social situations and processes, and they have a normative meaning to assess gendered circumstances and practices, and suggest a process to arrive at a desirable situation from a feminist perspective. As Fenster clarifies in her introduction, the sequence of the concepts is not random, but one of integration and desirability. Following Walzer, she distinguishes five ways to define tolerance: ‘the acceptance of difference (for the sake of peace), a passive

indifference to difference, acknowledgement of the right to be different, openness to others, and the enthusiastic endorsement of difference as a condition of human flourishing'.

In this paper I will use these concepts to analyze and assess the position of elderly women in Dutch society. The central question is: To what extent can the position of different categories of elderly persons in The Netherlands, and older women in particular, be clarified in terms of social and spatial exclusion, coexistence, tolerance and beyond?

Gender and ageing are closely interrelated; demographic categories and processes are usually gendered categories and processes. In the discussion about processes of social marginalization or exclusion of certain categories of elderly persons it is possible to describe these categories in gender-neutral terms such as the poor, the very old and frail, or the single elderly. It is clear, however, that these categories refer to women in particular. In this sense, the studies of gender and ageing concern similar issues.

After this introduction, the paper presents two major perspectives on the elderly's inclusion or exclusion that exists in The Netherlands. It then analyzes three case studies to evaluate these perspectives in the light of their inclusionary or exclusionary nature. The paper concludes with some implications of elderly care and notions of coexistence and tolerance in The Netherlands.

The Elderly in The Netherlands

Demographic background

Dutch society – like all other Western societies – is not a gerontocracy. Political, economic, social and family life is not dominated by elderly citizens. In these societies human life can be subdivided into three main stages: that of childhood and youth as a period of learning; that of adult life as a period of working; and that of old age as a period of rest (Monk & Katz, 1993). Compared with other Western societies, Dutch society is characterized by a relatively long period of learning, a short period of working and a long period of rest: children have many years of schooling and enter the labor market late, the average Dutch woman is 29 when she gives birth to her first child, and Dutch citizens retire relatively early in life as compared to other countries. The labor market participation of the 55+ population is lower than the European mean participation rate. In The Netherlands, 52.2 percent of the 55-64 year old men and only 28.3 percent of the women in the same age group have a paid job (European Union figures: 52.2 percent for men and 31.9 percent for women, OECD 2002: 311–314). For men, this is a result of early retirement options, work disability and redundancy. For women, this is because this generation of women did not stay in

the labor market after marriage or the birth of their first child. For both 55–64 year old men and women, the labor market participation is increasing, however (Table 1). Life expectancy in The Netherlands is one of the highest in the world (women: 80; men: 75), although the increase in the life expectancy of women has stagnated in recent years, reflecting the negative consequences of emancipated women adopting men's bad habits, such as smoking.

Table 1. Net labor market participation of women and men in various age groups in The Netherlands, 1990 and 2001 (percentages)

Age	Women		Men	
	1990	2001	1990	2001
15-64	39	53	71	77
15-24	41	43	43	47
25-34	53	72	88	91
35-44	43	64	90	93
45-54	33	55	82	89
55-64	11	20	42	48

Source: Portegijs et al., 2002: 73.

Two Perspectives on the Position of the Elderly in The Netherlands

Policy documents and reports in The Netherlands reflect two different perspectives on the social position of the elderly (SCP, 1998; WRR, 1999; De Klerk, 2001).

(1) The Domination-Marginalization Perspective

In this perspective, the middle period in the life course forms the foundations of society. During this stage society is produced and reproduced. Children and youth are valued because they hold a promise for the future, although they are also seen as a burden and a nuisance. The category 'elderly persons' is constructed in terms of what they are not and what they do not do: they do not work, they do not bear or bring up children, they are not active, and they are unhealthy, infirm and immobile. They are neither productive nor reproductive. In the division between active and inactive, they are on the wrong side of the dividing line. The young and healthy elderly are regarded as profiteering from the welfare state, and the old and unhealthy are seen as the 'grey burden' in need of care. Reports on poverty in The Netherlands refer to single older people as one of the main risk categories. A recent change in the tax system has improved the income position of persons aged 65 or older. Single

older persons, however, are over-represented in the income group below the Dutch poverty line. Women of 65 or older are twice as likely as men in the same age group to have an income below the poverty line (SCP, 2001a; CBS, 2002). This perspective refers to both high income elderly (the 'profiteers') as well as the low income elderly (the 'grey burden').

(2) *The Diversity and Difference Perspective*

According to this perspective, the elderly are appreciated for what they do and what they are, their richness of life experiences, their specific needs and wants, and their contribution to society at large. This perspective stresses the growing number of senior citizens who are in good health and are socially active, physically mobile and financially well-off. They open up new economic markets, fill the time gaps between busy periods (midweek arrangements at holiday centers, off-peak trains, audiences at lunch and afternoon shows), form a pool of volunteers and babysitters, and are active in political parties and on action committees. In particular, when the post-war baby boom enters this stage in the life course (the first of this generation have now reached 55), a large number of them will be economically prosperous, socially active and politically powerful. This perspective focuses mainly on the economic contributions of the rich elderly, but does not neglect the social contributions of the low-income elderly.

Cribrier (1990) was one of the first gerontologists to emphasize the significance of the later perspective and the way younger generations profit from the support provided by the elderly. She challenged the idea of older persons being in need of support. In her study on support relations between adults and their elderly parents in France, the elderly provided their children and grandchildren with more emotional, practical (child care, household work, home maintenance) and financial support than *vice versa*.

In fact, the difference between the two perspectives relate to this argument. In the first perspective, the elderly are tolerated but marginalized and in the second, the differentiation between stages of human life forms a 'necessary condition of human flourishing,' where the elderly are valued for the beneficial role they play in society.

In the following section three case-studies are presented in order to evaluate the use of both perspectives in analyzing the social and spatial position of the elderly in The Netherlands. The first case relates to processes of social inclusion and exclusion in the way Dutch society provides care for the elderly, and the way the elderly profit or suffer from the different ways of providing such care. The second case concerns the local social networks of older women in urban and in rural settings. The last case deals with processes of spatial inclusion and congregation and the rise of elderly domains.

The Provision of Care for the Elderly: Inclusion or Exclusion?

The well-being of elderly persons, and particularly of the very old and infirm, depends on the availability, accessibility and affordability of care for the elderly. Three different types of provision can be distinguished: state provision, commercial provision and informal provision within the family and the community (WRR, 1999).

In 1995, with a group of second-year Human Geography students we studied the embedding of elderly persons in local social life in a rural area in the eastern part of The Netherlands (Droogleever Fortuijn, 1999). One of our respondents was Anna, a 92-year-old low-income widow suffering from poor health. Her support network can be described as follows:

Activities	Type of Provision
- her children drive her to and from home	Informal
- a domestic helper cleans her house	State
- a nurse helps her to bathe	State
- her neighbor checks every morning whether she is up	Informal
- the Catholic Elderly Organization sends a volunteer to do repairs	Informal
- the same organization sends a taxi when she visits her card playing group	Mixed
- the grocery shop delivers provisions	Commercial
- she has recovered from surgery in the local nursing home	State

Anna's story tells us that state care in The Netherlands does not mean that the municipality, the provincial authorities or the national government provides care directly. In fact, care is regulated and funded by the state, but provided by private, non-profit organizations. Some organizations are fully professional, while others are a mixture of professionals and volunteers. The provision of meals for elderly persons is an example of this: the meals are prepared by professionals in a nursing home and delivered by volunteers to the elderly. The provision of transport for the elderly is a mixture of state-funded, commercial and informal provision. Commercial taxi and bus firms organize call-up bus services, using state subsidies and volunteer drivers.

What happens in the three ways of provision (state, commercial and informal)? The importance of the first, the *state* provision, is decreasing. Although the state budget for elderly care has increased, the increase does not keep pace with the growing numbers of elderly persons. During the 1990s, The Netherlands – like many other European countries – experienced a process of privatization and a 'withdrawing government.' Privatization takes place in two

ways: either former government organizations (e.g., post office, railway system) become private, commercial organizations without state funding, or private, non-profit organizations (e.g., housing associations, social medical insurance companies) that used to be state-subsidized have their funding withdrawn. Although these organizations retain their social function, they become more and more commercial in practice. Scarcity of support in the state provision results in longer waiting lists and a reduction in the amount of time available for providing assistance.

The second type of provision, the *commercial* provision, is growing. There are now private nurses, domestic help and a range of specific services for the elderly. Expensive, full-service housing for rich senior citizens is increasing, but these services are inaccessible to the low-income elderly. The third type of provision, the *informal* provision (by individuals and voluntary organizations), is still flourishing, but there is cause for concern for the future because of demographic changes. Support provided by relatives, friends, neighbors and volunteers has slightly increased over the last twenty years (Dekker, 1999; SCP, 2002). A decline in the informal provision by partners, children, relatives, friends and neighbors can be expected, however. At this moment, partners and children are the main providers (Knipscheer et al., 1995; Thissen et al., 1995), but in the future more and more of the elderly will be divorced or single, more and more of the elderly will be childless, and the elderly who do have children will have fewer and they will live further away. The divorced elderly do not receive the support of a partner and they receive less support from their children than married or widowed elderly (Dykstra & de Jong-Gierveld, 1997). Childless elderly receive less support than elderly with children, although they get more support from their siblings, other relatives and friends (Dignum, 1997).

Compared with other Western countries, the Dutch are very active in voluntary organizations: about a third of the adult population performs voluntary work, for an average of five hours a week (Dekker, 1999). Voluntary work depends more and more on young senior citizens. Male senior citizens are slightly more active than female, but the participation of women is increasing faster than that of men. Men are more active in executive functions in formal organizations, while women do more practical work and provide more individual support. The participation of young adults and persons with full-time jobs is low and declining. It is unlikely that the participation in volunteering of this generation after retirement will be on the same activity level as the current generation of elderly volunteers.

To conclude, state and informal provision of care for the elderly is becoming less important, while commercial provision is increasing. Dutch society is being increasingly equipped for the growing number of active senior citizens.

Their needs and wants are met by a variety of commercial goods and services targeted for the elderly. As a consequence, the very old, low-income, single or divorced and/or childless elderly with bad health become marginalized and excluded from many forms of elderly care. Most of these elderly are women, as they live longer than men and more often have a low income. As a result, the process of social exclusion of the elderly is feminized.

These recent changes in the provision of care for the elderly result in lower satisfaction levels. The Dutch population is concerned with the quality of the care provided. In 2002, more people felt that during the five preceding years the quality of care – particularly that for the elderly – had deteriorated rather than improved. As expected, women are less content with the quality of care than are men (SCP, 2002).

Local Networks of the Elderly in Urban and in Rural Contexts: A Mechanism of inclusion

The second case refers to the importance of local social networks for the integration of elderly persons into society at large. In this stage of the life course, the school system, the labor market and the care for children do not function as integration mechanisms. As a result, local networks become more important as mechanisms of inclusion in both urban and rural areas.

In general, elderly persons living in rural areas are more embedded in local social networks than the elderly in big cities. In particular, low-income elderly persons living in big cities have small networks: they are poorly embedded in neighborhood networks and have only slightly more long-distance relations (Wenger, 1995, Dignum, 1997; de Jong Gierveld & Fokkema, 1998; Thomése, 1998). An increasing number of these low-income elderly in big cities are immigrants who came to The Netherlands during the 1960s and 1970s as labor migrants from Turkey or Morocco or as a result of the decolonization of Surinam. Many of the older Turkish and Moroccan women cannot speak or read Dutch. They are not integrated into mainstream society and have weak, family-dependent networks (SCP, 2001b). Most low-income elderly persons in big cities live on post-war housing estates to which they moved as young adults. Most persons of their generation have moved or died, and they are now surrounded by young Dutch singles and immigrant families. The elderly no longer feel safe or at home in their own neighborhoods. A study on ageing and well-being in six European countries revealed that the Dutch elderly feel less safe in the place where they live than the elderly in other countries; this applies in particular to women living in cities as compared with rural women (Lamura et al., 2003).

In 2001, with a group of students we studied the position of elderly persons in the north-western part of The Netherlands; several elderly persons moved from the city of Amsterdam to this rural region (Droogleever Fortuijn & Thissen, 2003). One of these retired migrants, Marc, a 63-year-old single man, told of his experiences when living in Amsterdam:

I lived in the Bijlmermeer [a post-war high-rise neighborhood in Amsterdam] and I really ran away from this place. It was terrible, I couldn't stand it any longer, it was a real mess there, horrible, problems with criminality. My neighbors were refugees from somewhere in Africa and their apartment was a pigsty. The Police were regularly at the door. It was an emergency situation. I have always said: the moment I move from Amsterdam I will move to a rural place, quiet and peaceful, everything under control, a quiet place to live.

The elderly in rural areas are also surrounded by newcomers, but in these regions the local community meets the elderly population's need for company and support.

In 1998, with a group of second-year students, we explored the social life and the functioning of local associations in a rural municipality in the north of The Netherlands (Thissen & Droogleever Fortuijn, 1998). Community workers in this region worried about the viability of the local associations. They stressed the importance of the associations for social cohesion, but feared a reduction in club membership and a shortage of committee members.

For one of the villages in the study area – Anderen (population +/- 200) – we were able to study the long-term changes in rural community life. Fifty years ago, two American anthropologists, John and Dorothy Keur (1955), lived and worked for a year in Anderen and wrote a classic anthropological monograph on this agrarian community. They made a list of the local associations in the early 1950s; we did the same in the late 1990s and discovered that all but one of the associations still existed (the parents' committee had been discontinued in 1985 after the closure of the village school). Furthermore, new associations had been founded, including two clubs for the elderly. Thus, people now have more choices with regard to club membership. In the past, life-long membership in a club was the norm, whereas people now change their club membership in accordance with their needs and wants in the specific stages of their life course.

Social life in Anderen and in the other villages in the study area is flourishing. For the elderly in particular, local club life is very important. Let us look at the story of Eva, an 84-year-old widow in E., a village with about 1300

inhabitants. Eva came to live in E. some 60 years ago, after she married a local man. She raised four children. Her husband died ten years ago. When interviewed by two male students, she explained how club life is important although she has to cope with a tight budget. Eva is an active member of the community and very pleased with the social life in E.:

It's fantastic here, very good. I'm a member of a lot of clubs and they're all fantastic. I'm a member of the Sisters' Circle [a church organization], the church choir, the folk choir, the senior citizens' club and the welfare club, and I'm a Red Cross volunteer, I help publish the church paper. I'm treasurer of the church choir. I collect for the Cultural Fund, that's it more or less ... I was a member of the country women's association, but I resigned because of the class difference. Their courses were too expensive for me ... I have a lot of contacts, I have a wide circle of friends, everybody is a member of a club, aren't they? When I'm ill, someone gives me a call or another one drops in, and that's the case in the whole village.

She then mentions the problems of her tight budget:

It's nice to have a drink, but one doesn't need it every day, that's beyond my budget. How could I live on it otherwise? That's the case if you're alone and only have your AOW [old age pension]. When my husband was still alive, we could put some money aside, but that's impossible now. There's the rent and the electricity and the television – you know how expensive these things are, don't you? Then I have my club life. I can't shut myself up in my room and sit behind the window box, can I? I get holiday money and use it to pay my club fees.

Newcomers are assimilated into the local community as well:

If there's somebody new, we wait a while and then we get to know him and try to involve him in club life.

If a newcomer refuses to join the local social life, however, he or she becomes isolated in the local community, like Tim, a 66-year-old man, who thirty years ago, moved to the village of G. for his work. His children have grown up and left home, and he now lives alone with his wife. Tim told us about his social life in G.:

Zero, we don't take part in it, because we have no feeling whatsoever for it. We don't belong here, we're not club people. Because we're not club members, we don't belong here. But we don't want to join in, because it forces us into a pattern we don't like. We don't like bingo. I don't want to be denigrating, but the level is too low for us ... As we're not from here, we have a different background, we're 'foreign.' We don't know people in this village. Four neighbors surround us, we see them, we wave, but we've never paid them a visit. For us it's no criterion to contact people just because they live in the same village. Our criterion is to contact people with the same mind.

This man, however, is an exception. Almost all the elderly in these villages are part of the local community. They not only receive support, affection and company from the local community, but they also contribute actively to the local social life as active members of local associations, as volunteers and as care providers for persons in need.

To conclude, although big cities have more associations than small villages, the participation rate in the former is relatively low. Unlike in villages, the associations do not form the core of community life and people are more dependent on individual social networks. In general, men have slightly smaller social networks than women, and they more often have family-dependent networks (Wenger, 1989; Dignum, 1997; Thomése, 1998). More women, however, are single, low-income, immobile and frail. As a result, problems of isolation, marginalization and social exclusion occur particularly within this category of women living in urban neighborhoods.

The Rise of Elderly Domains: Spatial Inclusion and Congregation

The third case concerns mechanisms of spatial inclusion and exclusion in housing and in public spaces. It is related to the extent to which some categories of elderly persons congregate with like-minded others in certain residential areas and elderly domains. If anything, the growing number of active, well-off, healthy senior citizens are working their way into formerly closed domains and creating new domains exclusively for the elderly. More and more elderly persons are seeking out residences with a homogeneous age and class composition. Although retirement migration in The Netherlands is not a large-scale phenomenon, there is some elderly migration from the cities to the suburbs and to certain rural areas with a concentration of like-minded elderly (van der Molen & Voogd, 1992;

some elderly migration from the cities to the suburbs and to certain rural areas with a concentration of like-minded elderly (van der Molen & Voogd, 1992; Fokkema et al., 1996; Gierveld, 1996). In some regions with an attractive landscape and cultural heritage (e.g., the seashore, areas with lakes, woody areas with monumental houses), the wealthy elderly are over-represented. However, there are no resorts within The Netherlands entirely devoted to the elderly: the Dutch sunbelt is in the Mediterranean. Resorts for the Dutch elderly can be found particularly in Spain (Williams et al., 1997; Mansvelt Beck, 1999).

On the home scale, however, the elderly are inclined to concentrate in certain apartment complexes in cities or in recreation complexes outside cities. These are comfortable, well-protected complexes with a range of facilities. Some elderly use their complex as a starting point for a busy life outside the home, whereas for others it is their entire world inside its walls: they eat, shop, go to church, do gymnastics, play billiards, visit neighbors, attend cultural evenings and gatherings, go to the library and are nursed when they are ill. There is no need to go outside and many will not go outside.

These complexes have some characteristics of gated communities (Blakely & Snyder, 1997). In 1999, we studied with a group of third-year students several Dutch gated communities (Universiteit van Amsterdam, 1999). These complexes are gated not only physically by a videophone and/or a reception desk, but also symbolically by the luxurious design and the way they make outsiders feel excluded. Visitors tend to feel uncomfortable and excluded. Our students who conducted the interviews were intimidated by the glamorous design, by the excluding 'no entrance' signs or 'this building is protected with video cameras' signs and by residents asking "What are you looking for?"

When people living in the same neighborhood spoke of these complexes and their residents, they talked about "luxurious apartments, luxurious people, luxurious cars," in short, "luxurious;" "very closed, the complex as well as the people;" "old, arrogant people;" and "many times the standard income, rich, pompous bastards, show-off people." There are rules governing access and behavior, thus guaranteeing the social level of the residents. The complexes are safe, private little worlds.

The elderly not only create their own domains, but also enter an increasing number of domains that used to be closed to them. They take university courses in urban history, Spanish literature or the arts. Leisure centers and travel agencies have discovered a new market in the elderly. This is the success story of a growing category of younger senior couples who create and dominate domains. This category is composed of both men and women. They belong to the middle and high-income groups, they are mobile, active and in good

health, and they have extensive (non-local) social networks as well as economic and political influence.

Conclusions

To what extent can the position of different categories of elderly persons be classified in terms of exclusion, coexistence, tolerance and beyond? The growing elderly population in The Netherlands is more and more heterogeneous. For the majority – the younger, prosperous, healthy, active and mobile senior couples, both men and women – the concept ‘beyond tolerance’ seems the most appropriate. These elderly are not just tolerated, they are valued for their contribution to the richness of society at large: socially, economically and culturally. The emancipation of this group of elderly has developed in the same way other groups in minority positions in Dutch society in the past, Roman Catholics, workers and women, for example, developed. They created their own social organizations and founded their own spatial domains, *and* they effected an entrance to the organizations and domains of mainstream society.

The concepts exclusion and coexistence more suitably describe the situation of the minority among the elderly, that is, the very old, poor, inactive, single elderly in bad health. Most of these are women; more and more are immigrants. The ‘withdrawing government’ policies, the commercialization of care and the decrease in the amount of informal care will result in the social and spatial exclusion of these elderly persons. They are becoming more and more excluded from public domains and confined to their houses. They are economically marginalized, socially isolated and politically powerless. The social distance between them and mainstream society becomes even greater. They are tolerated but marginalized, both socially and spatially.

Inclusion and exclusion of elderly persons is, therefore, related to their social class position. The diversity and difference perspective welcomes the economic, social and cultural contribution of the well-to-do elderly, while the domination-marginalization perspective on the position of the elderly focuses mainly on the position of the low-income elderly.

What are the implications for ageing policies? Commercial provision of elderly care, including the creation of specific residential domains, meets the needs of the first category of well-to-do elderly. The minority of the low-income is dependent on state or informal provision. So, the first thing that can be done is to stop the privatization of care for the elderly. Recently, the privatization of public services has become the subject of public discussion. This debate opens a perspective on a future increase of state provision. Another way is to promote informal provision. The adult population needs more time to perform voluntary

work. In the collective bargaining between unions and employers, maternity leave and parental leave are becoming more and more common practice. These leave options might be replaced by leave arrangements not only for employees who want to care for their children, but also for employees who want to care for their older or disabled relatives. Recently more and more companies have started promoting voluntary work by their employees during working hours. Finally, the increase in the number of organizations and domains specifically created for the elderly may remove the obstacles to integrating the marginalized elderly.

Women are over-represented in the marginalized categories of the elderly. Policies to integrate these categories are, therefore, mainly those to integrate specific categories of women. The most important dimensions in these policies affect the highly gendered domains of care provision, voluntary work and leave arrangements. In this sense, an ageing policy is at the same time a gender policy.

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