**Background to the qualitative study (WP12**

1. *What is the purpose of your study?*

At this point we only have the preliminary results from one of the studies (Task 2.1). This looks at the effect of transitioning from marriage into widowhood or divorce on the probability to use care among older people with activity limitations. We are particularly interested in comparing this effect across men and women. The rationale for this is twofold: widowhood (especially) and divorce may be associated with a limited ability to access long-term care; marriage rates are changing in the newer cohorts of older people (although it seems that age differences at the time of marriage between men and women remain).

1. *What are the major findings of your study?*

The main findings of the study is that the transitions out of marriage among older people with activity limitations seem to enhance the probability to receive care. This effect however is only present for women and not for men. Furthermore (and unsurprisingly) the effect disappears when we control for living arrangements, suggesting that when transitioning out of marriage, many older people cohabite with other people (children, new partners).

1. *Thinking about your study findings, what do you think might be important to knowledge users\*? Why?*

We can think that the effect of transitioning out of marriage on the probability to use care can operate through different channels: i) lack of an informal carer (the spouse); ii) possible negative financial impact of widowhood (lower income in the case of women without own pension); iii) psychological effect of widowhood (bereavement); iv) the spouse may act as an advocate with case managers to facilitate access to informal care.

It could be enlightening to inquire older people about their views on transitioning out of a marriage in old-age and how this could impact their ability to receive care (or to self-care). The above channels could be explored for men and women.

We could inquire older people about the results – namely the gender differences we find – and how they would interpret them. One difficulty in inquiring about the findings could be to have interviewees think hypothetically (“imagine you become a widow, what do you think it would happen…”). Still, they could be probed on what resources would they consider important to be able to access long-term care in the event of transitioning out of widowhood.

With the caveat that I’m completely naïve when it comes to qualitative research, I would be interested (from the perspective of WP1) in seeing what we would find using a ‘lay epidemiological’ approach in the interviews. That is, first and foremost getting the older adult’s own views on what causes disabilities in old age. As a second step, we could then tell them that research has found that women are more likely than men, and those with low education are more likely than those with high education, to experience disabilities in old age – and ask them what they make of it.

This kind of research has previously been conducted on cardiovascular disease, and have been quite revealing in terms of lay views on causes of heart disease, what role behaviours vs. chance and genes play, individual reasonability etc. Such results are important and interesting in their own right, but they can also inform how public health information and policy is designed and communicated.