

Unequal pathways to the grave?

Citation for published version (APA):

Murkens, M. (2023). *Unequal pathways to the grave? Time lags and inequalities in the Dutch health transition, the case of Maastricht, 1864-1955*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230131mm>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230131mm](https://doi.org/10.26481/dis.20230131mm)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Impact paragraph

Over the past couple of years, the world has faced the hazards of the COVID-19 pandemic and its disruptive consequences, which makes it feel as if the relevance of studying historical epidemiological patterns has almost become self-evident. The effects of epidemic outbreaks on society are and have been immense. In combatting these epidemic diseases, one of our main interests is also minimising inequalities in death: The less privileged groups in society who are highly vulnerable to these diseases should be actively protected and supported. Studying historical inequalities in mortality can therefore aid our modern-day efforts in fighting inequalities in health and death. The historical studies provide deeper insights into potential inequalities and potential solutions to lessen the inequalities in death. The specific scientific relevance of this study in the fields of historical demography and medical history have been stressed extensively in the conclusion of this dissertation, thus it will suffice to only recapitulate some of the main elements.

By deploying unique individual-level cause-of-death data for the period from 1864 until 1955 for the city of Maastricht, this study contributes substantially to studies in the field of historical demography. Many of these studies have been forced to use aggregated mortality data. With individual-level datasets slowly becoming available for many European countries, our understanding of the health transition can improve considerably. Moreover, until now, studies on inequalities have not been able to find conclusive answers on whether inequalities existed and, if so, how they emerged or how they behaved. This study offers new pieces of the puzzle of how socioeconomic, age, and gender inequalities occur, emerge and recede in the course of the health transition. These findings have not only been presented here on paper, but they have been presented at different international conferences, both live and virtually.

Further, this research is a case study, and therefore deals with the history of a single city, the city of Maastricht. Whereas the wider public may be less interested in the details of the analyses, it turned out that the more general outcomes of the research did not fall on deaf ears with this group. The research's findings have been communicated to the general public via different news outlets, such as the local radio, local television, the local newspaper, and on social media. Public interest increased during the COVID-19 pandemic, when we were able to provide historical contextualisation on dealing with epidemic diseases. This resulted in an interview in the newspaper *De Limburger* with both my supervisor Willibrord Rutten and myself.

During the course of my PhD I have worked together with the *Sociaal Historisch Centrum Limburg* (Centre for the Social History of Limburg, SHCL), which resulted in a fruitful public event on trend reversals in health in the past and present at the SHCL in April 2022. During this event we fostered a dialogue about past and present health issues. The main question of the event was how the historical trend reversal in exceedingly high mortality took shape, and how such a trend reversal could be accomplished again in the future, given the health lags in southern Limburg today. During the public event, presenters from the local *Gemeentelijke Geneeskundige Dienst* (Municipal Health Service), a public historian and myself covered different aspects of these trend reversals in mortality. At the end of the day, we could look back on a successful event, with thought-provoking presentations, an engaged audience and a typical Limburg coffee break with a lot of networking over a piece of *vlaai*.

Finally, there is one other remark I would like to make. While working on the gender inequalities in mortality, I came across a different type of gender inequality at a more meta level. In historical demography, we distinguish between multiple gendered demographic characteristics, due to the highly different experiences and contexts of men and women. However, in our research it appears that many studies still, most likely unconsciously, work from an androcentric point of view.⁵⁷⁶ The male is taken as standard, and the female only as diverting from the male standard experience. The fact that data are more widely available for men than for women only reinforces this kind of androcentric understanding. Few studies actually acknowledge their own androcentric point of view, which does not aid the still-ongoing emancipation of women. Studies, for example, sometimes only research men, without fully acknowledging that this is not representative of society as a whole. Or when both genders are taken into account, researchers by default start discussing the results for men first. Although I have tried to be aware of these mechanisms, I have occasionally fallen victim to this latter practice as well.

As researchers, we have much to gain in acknowledging our own androcentric views, and we should aim to shake off those views in order to improve our understanding of different historical realities. In this dissertation, I have taken a first step in this regard by trying to be aware of my own unconscious androcentric ideas. A tangible example is that I did not allow myself to start with men by default when discussing my results. Starting with women instead, however, felt like an empty statement. I therefore forced myself to come up with a different rationale for the way I ordered the discussion of my results. A fairly simple, yet logical rationale was to start with the result, of the group which experienced the highest outcome of the variable I was interested in. In the end I therefore often start the discussion with men, since they often experienced the highest mortality rates. However, in some other instances I started with women, for example when discussing the proportion of Jewish people who died during the Second World War, which was higher for women compared to men.

Although such a rationale may not be consistent in mentioning both genders in the same order in every analysis, it is consistent in mentioning the gender that was most affected first. In doing so, I hope to become more aware of our own ingrained androcentric points of view, and to find different rationales than just applying the 'easy' men-first rationale. In this way, we hopefully become more aware of other potential androcentric practices in our research, which we are not yet aware of.

576 Angélique Janssens, "Op De Snijsfel Van De Genderhistoricus. Androcentrisme in De Historische Demografie," *TSEG- The Low Countries Journal of Social and Economic History* 17, no. 1 (2020).