

PROBLEMS AND ISSUES OF ELDERLY WOMEN

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Abstract

Aging population is the most challenging demographic phenomenon worldwide in the 21st century. According to the United Nations, World Population Projection predicts that the world population will increase from 6.5 billion to 9.1 billion in 2050. In India, the persons above 60 years were only 1.9 crores in 1947 whereas their number went up to 10 crores (10% of the total population) by 2001 and is expected to go up to 15 cores by 2020. The forces of globalization, modernization and technological change, mobility and the explosion in the lateral transmission of knowledge are making changes in the life styles and cultural values to adjust the changing circumstances. In the next decade, more women than ever before will be age 50 or older. Women face unique health issues beginning at age 50 and throughout the rest of their lives. Heart disease, osteoporosis, breast cancer and diabetes occur more often in older women than in younger women. Lung cancers cause the greatest number of cancer-related deaths in women, followed by breast cancer, then colon cancer. Some women face greater risks for developing one or more of these conditions than other women. Our family health history can influence our health risks in the years ahead. So our lifestyle before and after menopause should be carefully monitored. Women who are physically active are less likely to develop adult onset diabetes; for women who have diabetes, exercise may help to manage their condition because exercise increases the body's ability to control blood glucose levels. The UN's concerns on aging were first recognized in the first World Assembly on Aging, in Vienna in 1982, where an International Plan of Action on Aging was adopted. In 1991, the United Nations General Assembly adopted a set of principles for aging women at its 46th session. . In India, the government announced the National Policy for Older Persons in 1999 to reaffirm its commitment to ensure the well-being of the older persons in a holistic manner. The Convention on the Elimination of All Forms of Discrimination against Women is a landmark tool for setting out global normative standards of gender equality. The theme of United Nations Second World Assembly on Aging (2002) was "Building Society for All Ages". At the 45th CEDAW session in January, 2010, older women's issues like-witchcraft allegations, mob trials, and killing of older widows in order to grab their property were raised. In order to avoid unwanted issues, we must plan to utilize the positive aspects of elder women.

Keywords: *Disease of old age, Issues of elder, Problems of Aged Women*



Introduction

Old age is a natural part of the life-cycle. It is a process of regular changes that occur in mature and genetically representative organism living under representative environmental conditions as they advance in chronological age. These changes can be anatomical, physiological, psychological and even social and economic. Biological Aging refers to anatomical and physiological changes that occur with change. Biologists are of the opinion that aging begins when growth and development stops. Psychological aging consists of a general decline in the mental abilities that accompany old age. Generally, physical aging precedes mental aging though this is not always the case. The sociological aspect of individual aging is concerned with changes in the circumstances or situations of individual as a member of the family, community and society.



Demographic trends indicate that the number and percentage of single, older females have been increasing dramatically each year, particularly in the upper age groups. Consequently, there is a growing economically and socially deprived older population. Women, who have greater health care problems, face government cost containment measures that have both undermined access to quality medical care and engendered greater home care needs. In the next decade, more women than ever before will be age 50 or older. Women face unique health issues beginning at age 50 and throughout the rest of their lives. Heart disease, osteoporosis, breast cancer and diabetes occur more often in older women than in younger women. Lung cancers cause the greatest number of cancer-related deaths in women, followed by breast cancer, then colon cancer. So lifestyle before and after menopause should be taken care off.

Exercising in the later years can help to improve and maintain women's health. Weight training can greatly increase the overall muscle, ligament and tendon strength as well as bone density. This improves a woman's balance and ability to walk, resulting in maximum independence and a decreased incidence of falls. Regular, active exercise such as swimming and running raises the heart rate and may greatly reduce hardening and blockage of the arteries, a condition known as atherosclerosis. Atherosclerosis is a major cause of heart disease and stroke. The more medicines they take, the greater the chance for side effects. Moreover, taking medications incorrectly can make them less effective or even dangerous.

Aging Problems and Prospects

Aging population is the most challenging demographic phenomenon worldwide in the 21st century. In India, the persons above 60 years were only 1.9 crores in 1947 whereas their number went up to 10 crores (10% of the total population) by 2001 and is expected to go up to 15 crores by 2020. The forces of globalization, modernization and technological change, mobility and the explosion in the lateral transmission of knowledge are making changes in the life styles and cultural values to adjust the changing circumstances.

Individuals and families tend to be caught between tradition and modernity which sometimes leads to ambivalence in attitudes towards the use of knowledge and experience of the past in solving problems of the present. When this happens, it tends to make the old people less valued. The migration of the younger people increases the vulnerability of the old who stay behind. Incorporation of a gender perspective in all policy actions on aging as well as elimination of discrimination on the basis of age and gender is a great challenge in today's world. The UN's concerns on aging were first recognized in the first World Assembly on Aging, in Vienna in 1982, where an International Plan of Action on Aging was adopted. In 1983, the United Nations directed countries to offer social security and social programs to older women. The UN general assembly in 1990 designated October 5, as the International Day of Older Persons. In 1991, the United Nations General Assembly adopted a set of principles for aging women at its 46th session. The Convention on the Elimination of All Forms of Discrimination Against Women is a landmark tool for setting out global normative standards of gender equality. CEDAW is a living instrument to protect the human rights of older women as it is mandated to eliminate all forms of discrimination against women throughout their lifespan. The theme of United Nations Second World Assembly on Aging (2002) was "Building Society for All Ages". At the 45th CEDAW session in January, 2010, older women's issues like-witchcraft allegations, mob trials, and killing of older widows in order to grab their property were raised.² In India, the government announced the National Policy for Older Persons in 1999 to reaffirm its commitment to ensure the well-being of the older persons in a holistic manner. The National Social Assistance Programme (NSAP) for the poor households and represents a significant step towards the fulfillment of the Directive Principles enshrined in article 41 and 42 of the constitution of India, recognizing concurrent responsibility of the central and state government in the matter. The government of India has been implementing several schemes/programmes for the welfare of women including widows, such as Swadhar and Short Stay Homes, Support for Training and Employment Programme, Indira Gandhi National Widow Pension Scheme etc. In contemporary society, the prevailing view of aging people and the issues of concern to them focuses on the idea of old age as a stage during which persons will have unmet economic, physical and social needs. As a result, many of the policies and actions relating to other persons focus on what other groups have that they do not, based on an and centric organizational and functional model of society.

The gendered nature of aging reveals that women tend to live longer than men. Gender relations structure the entire life cycle, from birth to old age, influencing access to resources and opportunities and shaping life choices at every stage. Good health, economic and social security and adequate housing are essential requirements of aging with dignity, but older women in both developed and developing countries face difficulties in accessing these on a basis of equality with men. Both men and women face discrimination due to old age, but women face aging differently. Gender and age discrimination make the life of an older woman more difficult, as their rights are often violated. Many older women face neglect as they are considered no longer economically or reproductively useful, and are seen as burdens on their families. In addition, widowhood, divorce, lack of caregivers for older women, post-menopausal difficulties and absence of geriatric medicine and health care are other grounds of discrimination that prohibit older women from enjoying their human rights. Older women in prison, older sex workers and older disabled women face neglect and abuse as they age. Discrimination against older women is often based on deep-rooted cultural and social bias. The impact of gender inequalities throughout a woman's life span is obviously reflected in old age, and it often results in unfair resource allocation, maltreatment, abuse, gender based violence and prevention of access to basic services. Their ownership of, or access to, land may be restricted due to discriminatory inheritance laws and practices. Thus, they would need to depend on the family or the state for financial support and living arrangements.

Aging and the aged represent a curious phenomenon in human life. Human beings desire to live long, but wish to avoid the consequences of aging. The aged are also the most helpless, deprived of work, depending on charity, old age assistance or the benevolent help of others, suffering from all types of physical ailments, and even becoming victims of robbery, assault, and other crimes. Women are at clear disadvantage in Indian society because most of them live in the shadow of the males throughout their lives – father, husband, son or male relatives like nephew, brother, uncle. In most of the cases they do not earn money and even when they do, their employment is often guided by family considerations. Moreover, their earnings are managed by the male counterpart.

Most of the women do not own property and even when they own it they do not manage it. They are completely dependent on the male members of the family for fulfillment of all their basic needs. Besides aging women face specific health problems. They are prone to arthritis, osteoporosis and hypertension, cervical and breast cancer, anemia, and most of all depression. The rich educated women may be self-sufficient but could be facing problems of emotional insecurity and physical vulnerability. Even these women are often to threats of crime and fraud by their own relatives or children. The curriculum for geriatrics and gerontology for medical paramedical and support services facilities should be sensitive to health and nutrition concerns of women. The medical fraternity should be able to address the specific health concerns of aging women. There should be collaboration between NGOs and local police to prevent such crimes whether perpetuated by family or outsiders. The gender dimension of aging is not only restricted to the population, but has differential implications on the cycle of women and men. Programmes for the elderly may create, maintain or reinforce those gender roles and relations that are detrimental to the well being and status of women. A life cycle approach to gender analysis will provide a comprehensive perspective to gender-sensitive planning for the aging population. The full development and advancement of women cannot be achieved without taking a life-cycle approach, recognizing and addressing how the different stages of women's lives, childhood, adolescence, adulthood and old age have an impact on their enjoyment of human rights. Government should collect statistical data disaggregated by sex and age on the situation of aging women, with special focus on poverty, illiteracy, violence against women, health and housing related issues, care givers for people affected by HIV and AIDS, migrant women, rural women, women living in areas of conflicts, women belonging to minorities, and disabled women. Thus, the researchers, the academicians, the NGOs and the media can play a pivotal role in sensitizing the people that care of the aging persons is not the sole duty of the sons but also the daughters are liable to look after them. The media must take earnest efforts to make the young people in schools, colleges and universities aware that the patriarchal society must be changed. The laws are only in the letters, these must be put into practice, only then the goal can be achieved. Steps taken by Government, NGOs and security agencies go a long way in reducing threats to older women, but the family still remains the most important institution in an Indian women's life. Therefore one needs to work on the policies and programmes that support families to take care of aging women. Counseling of both, the young and the old to

adjust to each others' needs and life styles should be imparted and new methods of conflict management should be taught to the people so that they live in their own families without becoming a nuisance to each other.

Demographic Trends and Projections

While stereotypes often portray older adults as a homogeneous group, older Americans are probably more diverse than any other "age" group. Not only do the terms "elderly," "senior," and "older" include persons whose ages span more than four decades, they encompass groups of persons who vary widely in terms of income, educational attainment, health, functional abilities, living arrangements, and access to support services. Although some developing countries are considered to have young populations by most standards, the trend worldwide is toward a "greying population" with an increasing proportion of persons older than age 50. For example, in Asia 15 percent of women were 50 or older in 1990 and 24 percent will be by 2020, an increase of 316 million. Globally, the lowest life expectancies for women are in Africa and Asia. The increase in urbanization brings special problems for women. They are much more likely to be widowed in old age than are men, owing both to their longer life expectancy and to the tendency for men to marry women much younger than themselves. Loss of a partner and living alone may have important health implications including an inappropriate diet, inattention to illness, and possible need for institutionalization.

Women's Issues

Women live an average of six years longer than men. However, the gift of longevity is frequently accompanied by a number of challenges. Some degree of chronic disease and disability is commonplace in old age. Older women spend more years and a larger percentage of their lifetime disabled. They are nearly twice as likely to reside in a nursing home. The chances that a woman will live at or below the poverty line increases with age. In fact, based on the available data women are almost twice as likely to live in poverty as are their male counterparts. Older people living alone comprise a large and growing segment of the elderly population. Widowhood and the geographic mobility of children both contribute to the growing phenomenon of older women living alone. General actions required are :

- Establish public policy to re-direct health personnel to those locations where there are a lack of minimal health services and implement policies aimed at reduction of inequality in the distribution of health resources to the various areas and population segments. Promote community participation in older women's health care and social services. The Center for the Welfare of the Aged also in India, promotes community-based services such as day centers for elderly people often run by the elderly themselves, to attend to health needs of the elderly. The objective of the day center is self-help. The poorest elderly people are provided with a lunch, again an operation managed by the elderly themselves.
- Disseminate the concepts of chronic disease prevention via mass media and encourage the involvement of older persons to take responsibility for becoming the principal promoters of their own health. Education about reducing health hazards and changing social perception is the key to limiting some chronic diseases such as lung cancer, for example, studies show that morbidity associated with cigarette smoking is reduced after five years of smoking cessation. Health education directed at younger women will be even more effective as these women age. For example, antismoking, personal hygiene, and nutrition education campaigns on strengthening dietary practices might use various forms of media: radio, television, posters to include middle-age women.
- Provide training to health care personnel on the problems of older women. Health personnel should learn to provide health information in such a way as to promote and stimulate community attitudes, beliefs, and practices which are appropriate. Promote developing suitable facilities for the elderly, such as designing and adapting housing to accommodate the functional capacities of the elderly, thus promoting their mobility, comfort, and participation in community activities. Furthermore, appliances such as spectacles, hearing aids, dentures, and crutches could be made accessible, available, and affordable.
- Undertake research to identify needs specific to a variety of age groups and delineate the relationship between the changing role as women age and potential physical and mental health problems.



Policy Directions and Programs

Community-Based Services

- Promote traditional family attitudes toward the elderly, particularly older women. Maintain and extend customs by which the elderly use some of their traditional roles in the community.
- Increase the capacity and role of women in identifying, promoting and valuing positive health behavior, such as adequate nutrition and hygienic measures.
- Increase emphasis on community-based programs for health care for the elderly.
- Institutionalize measures to assist local authorities and voluntary organizations to expand needed services for the elderly.
- Emphasize health promotion and disease prevention in community health, social services, and occupational settings.
- Promote an interdisciplinary approach to services, by including medical, social, and psychological services in the care for older women.
- Provide secure and suitable housing such as rooming units for the elderly to enable them to stay close to their families.
- Encourage and coordinate mutual help groups so that the elderly can rely to some extent on their own resources and on each other.
- Integrate retirees into productive community activities through training programs.

Organization and Finance

- Establish national-level leadership focused on the needs of the elderly.
- Establish the objectives and structure for health promotion and health care of the elderly.
- Provide the needy elderly with some form of health insurance.

Research and Evaluation

- Evaluate policies and health care objectives to meet changes expected by 2010
- Expand surveillance data gathering to document older women's health and health care needs.
- Evaluate ongoing programs directed at improvement of the health of older women.

Improving health programs for older women

- Initiate health education programs under government and voluntary- agency sponsorship with emphasis on promoting positive attitudes toward the elderly.
- Develop cadres of health professional and paraprofessional workers committed to working with the elderly.
- Encourage nongovernmental organizations to initiate community programs oriented toward inclusion of older women.
- Use primary care as the basic approach, and existing village women's organizations as the entry points, for chronic disease prevention programs.
- Educate women on the importance of their own good nutrition and behavioral risk factors.
- Educate the adult working population on health promotion measures such as adequate nutrition and physical activity.
- Introduce health counseling and screening programs, e.g. hypertension at the work place.
- Implement cervical cancer screening programs according to local conditions.
- Establish day care centers and homes for the aged.
- Introduce palliative measures and hospice care for the management of terminally ill patients.
- Promote health education programs at the workplace.
- Conduct vision screening at the workplace and in the community.
- Educate women on the safe and effective use of drugs such as antidepressants and tranquilizers, particularly if available without a physician's prescription.
- Promote compliance with nutritional counseling and prescribed drugs.
- Promote experimentation with alternative community care models such as day care and short hospital stays tailored to the elderly.
- Educate women to increase their awareness of the impact of working conditions on their health.
- Encourage middle-aged women to participate in sports.



- Educate women on stress management, side effects of drug misuse, and possible addiction to tranquilizers, sedatives, and antidepressants.
- Introduce palliative measures and hospice care for the management of terminally ill patients.
- Establish geriatrics functional assessment in health care facilities.
- Promote suitable housing.
- Influence women's groups to actively participate in planning for the care for older women.

Attitudes toward the elderly are changing as result of urbanization and modernization. Furthermore, rural areas will have a higher proportion of elderly due to migration of young workers to urban areas. So urban housing problems will worsen.

People in general are unaware of the responsibility for improving their own health. Insufficient attention is given to adequate nutrition for the elderly. Arteriosclerosis is responsible for much disability and death in later life. Recognition of the necessity for health promotion programs is growing but systems are not yet widespread.

Economic Security

More than 70% of all elderly persons with incomes below the poverty level are women and that to elderly widows. Poverty increases with age, especially among older women of Africa. Among older women living alone, one out of every two African Americans and two out of five Hispanic Americans live in poverty. Their primary source of income will be Social Security. Three out of four persons over age 65 on Supplemental Security Income are women. Social Security benefits for older women are often lower than for their male counterparts, due typically to lower wages and extended workforce absences necessitated by family care giving and other responsibilities. Additionally, the sporadic employment history of many women makes it difficult for them to establish pension eligibility. In fact, older women are only about half as likely as older men to be receiving pension income.

Health Care

Access to affordable health insurance is frequently tied to employment and marital status. This puts many older women at a distinct disadvantage. Older women are more likely to be unemployed. They are more likely to work part time and in industries that do not offer health insurance benefits. Dependence upon a spouse's plan makes them increasingly vulnerable in the event of separation, divorce, or their spouse's retirement, unemployment, or death.

Even with Medicare older women spend disproportionately high percentage of their disposable incomes on out-of-pocket health care expenses. For older women with lower incomes, the percentage of out-of-pocket expenses can be as high as 25%. This can push many older women further into poverty.

At the same time, older women are at much higher risk of chronic diseases and disabling conditions as they age. Ultimately, they are more likely to require costly long term care. Armed with information about the benefits of healthy lifestyle changes such as regular exercise, smoking cessation, and better nutrition, women have a better chance of preventing chronic and disabling conditions, including osteoporosis, hypertension, and heart disease. While we know that prevention, screening, and early detection are critical to women's health, high out-of-pocket costs and a lack of information about their potential benefits prevent two-thirds of all older women from taking advantage of many preventive health services.

Women as Caregivers

The great majority of caregivers are women. Of the estimated seven million Americans who are informal caregivers, almost three-fourths are women—many of them sandwiched between caring for an older relative and raising children or grandchildren. In fact, for almost 1.3 million children, a grandparent—most often a grandmother—is their primary caregiver. These caregivers provide children the opportunity to grow up in stable homes and communities among families and friends.



Care giving exacts an exceptionally difficult toll on older women. Older women are in the workforce more than ever before, making it difficult for them to be caregivers. However, the geographic mobility of adult children and decreased family size has meant that older women are compelled to assume even greater care giving responsibilities.

Housing and Living Arrangements

Housing issues are especially critical in the lives of older women. While seven out of 10 older non-institutionalized persons live in a family setting, 80% of the more than nine million older persons living alone are women. Many of these older women are at increased risk of becoming isolated and in need of community based supportive services. The isolation experienced by many older women is exacerbated by their relative propensity to develop chronic ailments or to become disabled or frail. Older women are also far more likely to be fearful of crime and to respond by restricting their activities outside their homes removing themselves even further from available resources and assistance.

Women of the Future

While present and near-future cohorts of women may well continue to suffer from higher rates of disability than men, be more likely to live alone, and lack sufficient income supports, especially as they enter the ranks of the "old," certain trends, as mentioned earlier, should lessen or alleviate these problems in the future. With increasing numbers of women pursuing lifelong careers and gaining higher levels of educational attainment, they will be more likely to have access to their own insurance and retirement income. Changes in physical activity status, more positive self-images, and greater economic and social independence should enable many women to take charge of their health and improve their activity status. If women choose to actively engage in life course planning, this may well lead to more years of healthful independence.

Because people are living longer, more people are dying & suffering of diseases mentioned below linked with old age. The medical community has been studying older women's health issues in recent years. Many older women take part in research studies, such as the Women's Health Initiative. This study included more than 150,000 postmenopausal women. This research has increased what we know about menopause, osteoporosis, and heart disease. Other research has looked into ways to prevent and treat problems such as Alzheimer's disease and cancer. Alzheimer's disease, Anxiety disorders and depression, Arthritis – Osteoarthritis, Arthritis – Rheumatoid arthritis, Asthma, Bronchitis, Cancer, Depression and anxiety disorders, Dementia, Diabetes, Emphysema, Heart disease, High blood pressure, Hip fractures, Incontinence, Influenza, Osteoporosis, Pain, Pneumonia, Septicemia or sepsis (blood poisoning), Stroke, Traumatic brain injury (TBI), Vision problems and blindness.

Breast Cancer

Breast cancer is the most common cancer among women of all age groups, but 80 per cent of cases occur after the menopause. The first symptom noticed by most women is a lump in the breast, most of which are harmless but still worth getting checked. Other symptoms include persistent breast pain, nipple discharge, a marked change in the appearance of your breasts or how they feel, or any dimpling, as if the skin were being pulled from the inside. Regular screenings, via a breast x-ray or mammogram, help with detection and are currently available free. Advice is available on the Northern Ireland Cancer Network website.

Cervical Cancer

Cervical cancer affects the lower part of your womb known as the cervix. It's most likely to occur in women aged 25 to 65. Bleeding between periods, after sex or after the menopause, unpleasant-smelling vaginal discharge or discomfort during intercourse. The smear or 'pap' test is not a test for cancer but it identifies early changes in the cells of the cervix that happen prior to cancer. Early detection and treatment is estimated to prevent up to 80 per cent of cervical cancers. Women aged 20 to 64 are invited to a free smear test every three to five years through the Health service Cervical Screening Programme. Women over 65 are invited if their previous three tests were not clear or if they have never been screened.

Urine leakage is a common problem for women of all ages, but more women tend to experience the problem as they age. But urine leakage doesn't have to be an unavoidable part of a woman's life. Bladder control problems can be treated. About half of adult women say they have had urine leakage at one time or another. Many women say the problem occurs daily. Often women leak urine when they are pregnant or after they have given birth. Women who have stopped having their periods—menopause—often report bladder control problems. Many women leak urine when they exercise, laugh hard, cough, or sneeze. In many developing countries, of course, people with a rural background are moving into the larger cities, where the social connections are very, very different, and often it's the younger people who are moving, leaving the older people in the more rural areas. And so these kinds of social connections are going to be changed dramatically. Balance is an iPhone and iPad application that offers caregivers helpful information about Alzheimer's. These include recognizing the signs of the disease and knowing how to make sure it is correctly identified by a doctor. The Balance app also provides advice on daily care for an Alzheimer's patient, including feeding, bathing and hygiene.

Thanks to new medications and surgical techniques, people are living longer. However, the body we had at 55 will be a very different body than the one we have at 75. Many issues, both genetic and environmental, affect how we age. The most widespread condition affecting those 65 and older is coronary heart disease, followed by stroke, cancer, pneumonia and the flu. Accidents, especially falls that result in hip fractures, are also unfortunately common in the elderly. By 2020, some 684 million women older than age 50 will live in developing countries, 150 percent more than today. Today, 109 million disability-adjusted life-years are lost for women over 50 as a result of disease. Their health problems are distinctly different from those of younger women, for whom interventions are correctly concentrated around pregnancy-related complications. A health strategy for mid-life and older women needs to focus on prevention early in life, screening of high-risk groups, and health education to promote self-help. Such a strategy is likely to be country specific, since disease patterns vary by level of development and between urban and rural populations.

Conclusion

Let us Support the Elders of our Society. They worked hard all their lives, brought up children, and later took care of grandchildren. Now, at the last stage of their life, when they are helpless and lack even food and shelter, they deserve our help. However, with proper care, elders have a life filled with joy. Always Old is Gold. The older person often comes to resent the designation "golden age" or "senior citizen", for reality is far removed from the connotations. Good nutritious food served in pleasant circumstances by people who care the older women can help to reduce certain problems.

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