
CHALLENGES OF ACCESS AND AFFORDABILITY WOMEN ELDERLY HEALTH ISSUES

T.Murugesan¹, K.Manimekalai²

¹ Project Associate, Department of Women's Studies Alagappa University, Karaikidu.

² Prof and Head, Department of Women's Studies, Alagappa University, Karaikidu.

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ABSTRACT

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 women more difficult, as their rights are often violated. Many older women face neglect as they are considered no longer economically or reproductive useful, and are seen as burdens on their families. In addition, widowhood, divorce, lack of care-givers 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.

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. 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 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.

One of the biggest social changes brought about by improved standards of living is population aging. By 2050, older people will outnumber children under the age of 14 years. Vast numbers of older people live in developing countries where health services are not equitably distributed. Moreover, health in old age is associated with health in earlier years of life, from womb to tomb. Intrauterine growth retardation for example increases the risk of diseases of the circulatory system and diabetes in later life. Later in the life cycle, obese children track their risk of developing chronic diseases such as diabetes, circulatory disease, cancer, respiratory and muscular-skeletal disorders right up to old age. Rapidly developing countries with galloping economies are facing both extremes child malnutrition among the deprived and child obesity among the *nouveau riche*. This phenomenon will manifest in a higher burden of non-communicable diseases in old age in the coming decades. Repeated cross-sectional surveys among the geriatric population can give an estimate of the future challenges facing geriatric medicine.

The Continuity Theory is also known as the Development Theory. It states that older adults try to preserve and maintain internal and external structures by using strategies that maintain continuity. Continuity theory has excellent potential for explaining how people adapt to their own aging. Changes come about as a result aging person's reflecting upon past experience and setting goals for the future.

Modernization Theory holds that elderly persons typically fail to change to satisfy the norms of the modernization process like material economy, achievement orientation, technological maturity and mass consumption. The Age Stratification Theory provides a basis for explaining whatever forms and levels of inequality might exist between the young and old in given societies. According to this theory, the relative inequality of the aged at any given time and in any cultural situation depends upon two types of experiences: their typical life course experiences, due mostly to the physical and mental changes that take place and the historically based experiences they have as part of the age cohort to which they belong. Although old age necessarily entails a biological and chronological component, but from a human rights perspective, the most important aspect is its social construct.

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 andocentric organizational and functional model of society. Only in rare cases is government action focused on offering the highest possible living standards for aging people based simply on their identity as members of society and on their legitimate aspirations as citizens.

Older persons are viewed in terms of the extent to which they approach or depart from a supposed standard of normality that is clearly biased in favors of physical and mental parameters that fit in with the dominant cultures stereotype. The situation is even more difficult for aging women, who are often viewed through the prism of established paradigms, many of which simply disregard age relations. This approach emphasizes the distance separating aging women from the dominant archetype, either of men of working age or of women during their child-bearing years. It is also clearly reflected in the theory of the political economy of aging, which incorporates women but does not adjust the model to them.

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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 women 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 care-givers 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.

Women Elderly in Tamil Nadu

Gender-related differences show that women worldwide typically live longer than men, leading to a process called the 'feminization of later life'. The female elderly are more likely to be widowed, have low economic security, lower educational attainment, less labour force experience and more caregiving responsibilities than their male counterparts. Traditional gender roles stressing the woman's place within the home with little decision-making power, lack of opportunities for education and earning a living may affect their social and economic status. The absence of gender-specific health services, poor health due to child bearing, less nutrition and their priority role as the providers of care for the young and the elderly combined with economic deprivation throughout their lives, often make the female elderly face a greater risk of ill-health in later life.

Considering the demographic, cultural and income differences between genders, ageing means more challenges for women than for men. As most women outlive their male counterparts, they are more likely to be taking care of their husbands in their later years. The burden of care giving often leads to deteriorating health and mental stress among older women. Nowadays, with the increase in longevity, the older woman also takes care of her very old parents or in-laws. Moreover, if those women are employed, they face a dilemma between the responsibilities of their jobs and their caregiving obligations, especially seen among the rural and urban poor who cannot source external help/staff. There are several situations that women face in their young age which have implications in their old age. Malnourishment in girls, low educational standards, limited job opportunities - all these make them dependent both in their active life and in old age. The loss of status at the death of their husband only increases the situation of dependency in old age. This dependency can become more complex as the woman grows older, given the situation that she has no source of income or right to property as seen in traditional families, where her relationship with her son and daughter-in-law decides her fate in old age.

Health Conditions of the Elderly women

It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. As age advances, due to deteriorating physiological conditions, the body becomes more prone to illness. The illnesses of the elderly are multiple and chronic in nature. Arthritis, rheumatism, heart problems and high blood pressure are

the most prevalent chronic diseases affecting them. Some of the health problems of the elderly can be attributed to social values also. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian mind and many of the sufferings and physical troubles which are curable are accepted as natural and inevitable by the elderly. Regarding the health problems of the elderly of different socioeconomic status, it was found (Siva Raju, 2002) that while the elderly poor largely describe their health problems, on the basis of easily identifiable symptoms, like chest pain, shortness of breath, prolonged cough, breathlessness/ asthma, eye problems, difficulty in movements, tiredness and teeth problems, the upper class elderly, in view of their greater knowledge of illnesses, mentioned blood pressure, heart attacks, and diabetes which are largely diagnosed through clinical examination.

Global Profile of Ageing Women

Ageing women make up a significant proportion of the world's population and their numbers are growing. The number of women ageing 60 and above will increase from about 336 million in 2000 to just over 1 billion in 2050. Women outnumber men in older age groups and this imbalance increases with age. Worldwide, there are some 123 women for every 100 men aged 60 and over, (World Health Organization, 2006) while the highest proportions of older women are in developed countries, the majority live in developing countries, where population ageing is occurring at a rapid pace.

The fastest growing group within ageing women is the oldest-old (age 80-plus) worldwide, with 80 and above age, there are 189 women for every 100 men. With the age group of 100 and the gap reaches 385 women for every 100 men. While most ageing women remain relatively healthy and independent until late in life, the very old most often require chronic care and help with day-to-day activities.

Older women are a highly diverse group. Life at age 70 is obviously very different from life at age 85. Although cohorts of older women may experience some common situations, such as a shared political environment, exposure to war and the arrival of new technologies, their longevity has given them more time to develop unique biographies based on a lifetime of experiences.

Current Status of Elderly Women in India

Women comprise by far the greater number and proportion of older population in almost all societies; this disparity is increasing with advancing age. In India, while the sex ratio favors men at all ages, the trend reverses in favour of females above the age of 70 years with the number of women exceeding the number of men in this age group. Sex ratio in elderly population, which was 928 in the year 1996, is projected to become 1031 by the year 2016. More often than not, women are overburdened with cumulative inequalities throughout the life cycle from womb to tomb as a result of socio-cultural and economic discriminatory practices leading to a secondary status. Thus, a longer life span is directly correlated to greater morbidity and higher incidence of health related problems among the older women.

In comparison to men, women are also denied access to opportunities for personal growth and social development, in education, employment, professional and political life. Furthermore the patriarchal system and preoccupation with sexual and reproductive functions during adult age, perpetuates the subservient role of women in the family and in the society. Women also spend majority of their working hours in domestic labour, which is usually unpaid and unrecognized.

Old age in Present-day Society

Old age has been defined variously in different societies and cross culturally. It is a relative concept and different meanings have been attributed in different contexts. It is nevertheless,

universally accepted as the last phase of human life cycle. The timing of this phase, its impact on social roles and relationships and the meanings attached to it vary greatly from one society to another and in different sub-group of the concerned society. A complex of combinations of demographic, economic and social factors affects differentiation in this sphere.

Chronic Health Conditions of Elderly Women

According to the National Council on Aging, about 92 percent of seniors have at least one chronic disease and 77 percent have at least two. Heart disease, stroke, cancer, and diabetes are among the most common and costly chronic health conditions causing two-thirds of deaths each year. The National Center for Chronic Disease Prevention and Health Promotion recommends meeting with a physician for an annual checkup, maintaining a healthy diet and keeping an exercise routine to help manage or prevent chronic diseases. Obesity is a growing problem among older adults and engaging in these lifestyle behaviors can help reduce obesity and associated chronic conditions.

- *Cognitive Health:* Cognitive health is focused on a person's ability to think, learn and remember. The most common cognitive health issue facing the elderly is dementia, the loss of those cognitive functions. Approximately 47.5 million people worldwide have dementia a number that is predicted to nearly triple in size by 2050. The most common form of dementia is Alzheimer's disease with as many as five million people over the age of 65 suffering from the disease in the United States. According to the National Institute on Aging, other chronic health conditions and diseases increase the risk of developing dementia, such as substance abuse, diabetes, hypertension, depression, HIV and smoking. While there are no cures for dementia, physicians can prescribe a treatment plan and medications to manage the disease.
- *Mental health:* According to the World Health Organization, over 15 percent of adults over the age of 60 suffer from a mental disorder. A common mental disorder among seniors is depression, occurring in seven percent of the elderly population. Unfortunately, this mental disorder is often under diagnosed and undertreated. Older adults account for over 18 percent of suicides deaths in the United States. Because depression can be a side effect of chronic health conditions, managing those conditions help. Additionally, promoting a lifestyle of healthy living such as betterment of living conditions and social support from family, friends or support groups can help treat depression.
- *Physical Injury:* Every 15 seconds, an older adult is admitted to the emergency room for a fall. A senior dies from falling every 29 minutes, making it the leading cause of injury among the elderly. Because aging causes bones to shrink and muscle to lose strength and flexibility, seniors are more susceptible to losing their balance, bruising and fracturing a bone. Two diseases that contribute to frailty are osteoporosis and osteoarthritis. However, falls are not inevitable. In many cases, they can be prevented through education, increased physical activity and practical modifications within the home.
- *HIV/AIDS and other sexually transmitted diseases:* In 2013, the Centers for Disease Control and Prevention (CDC) found that 21 percent of AIDS cases occurred in seniors over the age of 50 in the United States and 37 percent of deaths that same year were people over the age of 55. While sexual needs and ability may change as people age, sexual desire doesn't disappear completely. Seniors are unlikely to use condoms, which, when combined with a weakened immune system, makes the elderly more susceptible to contracting HIV. Late diagnosis of HIV is common among older adults because symptoms of HIV are very

similar to those of normal aging, making it more difficult to treat and prevent damage to the immune system.

- *Malnutrition:* Malnutrition in older adults over the age of 65 is often under diagnosed and can lead to other elderly health issues, such as a weakened immune system and muscle weakness. The causes of malnutrition can stem from other health problems (seniors suffering from dementia may forget to eat), depression, alcoholism, dietary restrictions, reduced social contact and limited income. Committing to small changes in diet, such as increasing consumption of fruits and vegetables and decreasing consumption of saturated fat and salt, can help nutrition issues in the elderly. There are food services available to older adults who cannot afford food nor have difficulty preparing meals.
- *Sensory impairments:* Sensory impairments, such as vision and hearing, are extremely common for older Americans over the age of 70. According to the CDC, one out of six older adults has a visual impairment and one out of four has a hearing impairment. Luckily, both of these issues are easily treatable by aids such as glasses or hearing aids. New technologies are enhancing assessment of hearing loss and wear ability of hearing aids.
- *Oral health:* Often overlooked, oral health is one of the most important issues for the elderly. The CDC's Division of Oral Health found that about 25 percent of adults over the age of 65 no longer have their natural teeth. Problems such as cavities and tooth decay can lead to difficulty maintaining a healthy diet, low self-esteem, and other health conditions. Oral health issues associated with older adults are dry mouth, gum disease and mouth cancer. These conditions could be managed or prevented by making regular dental check-ups. Dental care, however, can be difficult for seniors to access due to loss of dental insurance after retirement or economical disadvantages.
- *Substance abuse:* Substance abuse, typically alcohol or drug-related, is more prevalent among seniors than realized. According to the National Council on Aging, the number of older adults with substance abuse problems is expected to double to five million by 2020. Because many don't associate substance abuse with the elderly, it's often overlooked and missed in medical check-ups. Additionally, older adults are often prescribed multiple prescriptions to be used long-term. The National Institute on Drugs finds that substance abuse typically results from someone suffering mental deficits or taking another patient's medication due to their inability to pay for their own.
- *Bladder control and constipation:* Incontinence and constipation are both common with aging, and can impact older adults quality of life. In addition to age-related changes, these may be a side effect of previous issues mentioned above, such as not eating a well-balanced diet and suffering from chronic health conditions. The Clinic suggests maintaining a healthy weight, eating a healthy diet and exercising regularly to avoid these elderly health issues. There are often effective medical treatments, and older adults should not be embarrassed to discuss with their physicians.

Taking action for elder women

As they age, women and men share the basic needs and concerns related to the enjoyment of human rights such as shelter, food, access to health services, dignity, independence and freedom from abuse. The evidence shows however, that when judged in terms of the likelihood of being poor, vulnerable and lacking in access to affordable health care, older women merit special

attention. While this publication focuses on the vulnerabilities and strengths of women at older ages, it is often difficult and sometimes undesirable to formulate recommendations that apply exclusively to women. Clearly many of the suggestions for action in this report apply to older men as well.

Conclusion

Due to industrialization and urbanization and the changing trends in society, it is the urban elderly who are more likely to face the consequences of this transition as the infrastructure often cannot meet their needs. Lack of suitable housing forces the poor to live in slums which are characterized by poor physical conditions, low income levels, high proportion of rural migrants, high rates of unemployment and underemployment, rising personal and social problems such as crime, alcoholism, mental illness, etc. along with total or partial lack of public and community facilities such as drinking water, sanitation, planned streets, drainage systems and access to affordable healthcare services. With the increasing prevalence of slum dwellers that come to urban areas in search of better opportunities, a significant proportion of them would be elderly. While rural India continues to provide family support in old age, the forces of globalization have touched many a life leading to migration of children to cities or abroad.

References

- Sandra Huenchuan and Rodriguez- Pinero, *Aging and the Protection of Human Rights: Current Situation and Outlook*, Project Document by the Latin American and Caribbean Demographic Centre. Chile: United Nations, March 2011.
- C.L. Estes and K.W Linkins ,*Devolution and Aging Policy : Racing to Bottom in Long term Care*”, *International Journal of Health Services*,1997, 27, pp.427-442
- Soodan n. 4, p.1, see also Anupamma Dutta, "Older Women in India: A Case of Multiple Zeopardises," *Bold*, vol. 15, No. 2, 2005, p. 9.
- Harris N, Grootjans J. The application of ecological thinking to better understand the needs of communities of older people. *Australas J Ageing*. 2012; 31:17–21.
- 5. Pandve HT, Deshmukh P. Health survey among elderly population residing in an urban slum of Pune city. [Last accessed on 2012 Sep 07]; *J Indian Acad Geriatr*. 2010 6:5–8. Available from: <http://www.jiag.org/march2010/1.pdf> .
- Park K. *Park's text book of preventive and social medicine*. 21st ed. Jabalpur, India: M/S Banarsidas Bhanot; 2011. Blindness; pp. 370–4.