

## GENDER AND AGEING

***"Since the health of a woman in earlier periods of her life forms the basis of her health in later stages of her life, it is essential to consider the health of ageing women within a life course perspective." (1)***

### Overview

The general ageing of the global population means that within the next ten years a greater proportion of people than we have ever known will be considered "older". Because of their overall longer life expectancy, a disproportionate number of these older people will be women. Though women live longer, they experience greater morbidity and have less access to health care than men. The health needs of older women will thus become increasingly important over the next decades.

The definition of "older" varies among countries and societies. A common thread is that the word old almost inevitably has negative connotations, conjuring up other words like disability or dementia. It is a commonly held belief that older people need to be "looked after", and their views are rarely taken into account in the formulation of health policy. This is especially true of older women,

where the conjunction of gender and age can have detrimental effects on their quality of life. The view of ageing as nothing more than mental and physical deterioration is all too common among both health professionals and the general public. In reality ageing is a complex process that requires in-depth study and response.

Generally, a person is considered "older" once they reach the age of 60-65, regardless of their individual health history and situation (1). While this provides a useful starting point for study, it is essential to remember that each woman's health situation is different, and age alone should not be used as a basis for universal categorization, diagnosis or treatment. More importantly, care must be exercised to ensure that age is not used to justify discrimination or inequitable treatment.

MAJOR CAUSES OF MORBIDITY/MORTALITY FOR OLDER WOMEN IN THE AMERICAS	
CANADA AND THE USA (DEVELOPED)	LATIN AMERICA AND THE CARIBBEAN (DEVELOPING)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Heart disease and stroke</li> <li><input type="checkbox"/> Cancer - Lung and Breast</li> <li><input type="checkbox"/> Diabetes and nutritional problems - anemia/obesity</li> <li><input type="checkbox"/> Chronic disabling conditions - arthritis/osteoporosis</li> <li><input type="checkbox"/> Multiple conditions, minor conditions, sensory impairment (hearing loss)</li> <li><input type="checkbox"/> Mental illness - depression/dementia</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Heart disease and stroke</li> <li><input type="checkbox"/> Cancer - Cervical</li> <li><input type="checkbox"/> Communicable disease - tuberculosis/pneumonia</li> <li><input type="checkbox"/> Diabetes and nutritional problems - anemia/obesity</li> <li><input type="checkbox"/> Chronic disabling conditions - arthritis/osteoporosis</li> <li><input type="checkbox"/> Multiple conditions, minor conditions, sensory impairment (poor vision caused by cataracts)</li> <li><input type="checkbox"/> Mental illness - depression/dementia</li> </ul>

\* Compiled using data from (1) and (2) .

### Addressing the Needs of Older Women

Health in life is a cumulative process. The life course perspective recognizes that older women's health will be largely dependent on their lifestyle and behaviour (1). Linking the health of older and younger women is crucial in any health program that seeks to emphasize prevention over treatment. Looking at older women's health, the following factors must be taken into account.

❖ **Lifestyle** - How a woman has lived since birth, her diet and nutrition, body weight, level of physical activity, of physical and emotional stress, of tobacco, alcohol or drug use, her sexual history (2).

❖ **Work** - While women's paid labour may end at age 60 -65, the vast majority of women work until they die. Yet this fact is still unrecognized among the health community and in labour statistics (1). Women bear most of the domestic responsibility in a household. Older women are increasingly heading households and taking over care of the family (2).

❖ **Social Protection** - Women's labour in developing countries is concentrated in the informal, agricultural and service sectors. They have less access to social protection such as health insurance, which has a cumulative negative effect over a woman's lifespan and can seriously affect her health in old age.

- ❖ **Care-giving Responsibilities** - This deserves special mention, because it is a significant yet invisible part of women's domestic labour. Caring for sick partners, children and grandchildren is a task that often falls to older women, one that can have severe consequences on physical and psychological health (2).
- ❖ **Socio-economic Status** - This category covers a broad range of issues from women's income level throughout her lifetime, to her ethnicity and her place within a community. The value that communities place on gender and race can have a distinct impact on women's health and their quality of life. Obviously income level is one of the key determinants of health, particularly among older women who, no longer working, often find themselves dependent on social security, savings or other family members (who may also be impoverished).
- ❖ **Marital Status** - Single life is becoming a reality for increasing numbers of older women, whether they are widowed, divorced, abandoned or unmarried. The health effects of this status are often difficult to quantify but can include lack of resources for health services, depression, lack of mobility and poverty (1).
- ❖ **Access to health services** - In terms of prevention, whether or not a woman has had access to health services throughout her life will impact her health as she ages (2). For women who are already considered older, health services play a key role in their quality of life. This includes not only the ability to afford and access health services, but the way in which an older woman is treated by health professionals. There is a disturbing tendency to simply prescribe medication for older women, rather than looking for the cause of their health problems. Far from making life more pleasant, the side effects and potential dangers of mixing different medications can have a detrimental impact on women's quality of life.
- ❖ **Family/Medical History** - Family history can be an important determinant of women's risk for certain illnesses, such as breast cancer. Knowledge of a woman's family history is essential both for her and her health professional. Similarly, a woman's own medical history (childhood illnesses and injuries, exposure to different medications, reproductive health, exposure to violence, surgeries etc..) will have

an effect on her health as she ages and must be taken into account in assessing her health profile.

- ❖ **Physiological Health** - Related to this is a woman's physiological health once she reaches old age. Women must be aware of the status of their own health: bone structure and density; joint health; heart/lung/endocrine health; blood pressure; cholesterol level etc.. to determine what risks lie ahead and how best to minimize them.
- ❖ **Mental Health** - A woman's state of mind has a profound effect on her health. This is particularly significant among older women who face increasing obstacles to their mental health, for example loneliness or dependence on other family members (1). It is also important to acknowledge the cumulative mental health effects of long-term exposure to gender-based violence, unremunerated labour and discrimination.
- ❖ **Distinct profiles/needs of developing countries** - Though many of the health problems of older women in developing countries are similar to those in developed countries, they can often have different causes (1). For example, older women in developing countries suffer from malnutrition, whereas women in developed countries suffer from sedentary lifestyles and poor diets. Both of these realities can result in similar health problems, such as anemia and osteoporosis.

Studies of older women's health must employ a gender perspective to highlight their predominance among the elderly population, their increased morbidity and disability despite their longer life-expectancy and the different ways they are affected by disease and lack of access to care.

The participation of older women in the formulation of policies and programmes regarding their own health is essential, both to counteract the view that old people are incapable and to ensure that policies truly reflect and respond to the needs of the older population.

Inquiry and interventions into older women's health must emphasize improving the quality of their lives, rather than merely extending them.

*\* This fact sheet was developed with the support of PAHO's Program on Ageing and Health*

<http://www.paho.org/English/HPP/HPF/AGN/aging-about.htm>

1. Bonita, Ruth. Women, Ageing and Health: Achieving Health across the Lifespan. Geneva; World Health Organization, 1998. <http://www.who.int/hpr/ageing/publications.htm>
2. Sennott-Miller, L. "Older Women in the Americas: Problems and Potential" from *Gender, Women and Health in the Americas*. PAHO (1993)
- Plan of Action on Health and Ageing: Older Adults in the Americas 1999-2002. PAHO, 1999. [http://www.paho.org/English/HPP/HPF/AGN/csp25\\_12.pdf](http://www.paho.org/English/HPP/HPF/AGN/csp25_12.pdf)
- PAHO's Model Legislation for a Comprehensive Ageing Policy <http://www.paho.org/English/HPP/HPF/AGN/aging-fah3a.htm>
- HelpAge International. Gender and Ageing. <http://www.helpage.org/dev/policy/gender/gender.html>

