

Healthcare Demands of Old Aged Women

Richa Choudhary

Delhi University, Delhi, India

Population ageing is an inevitable and irreversible demographic reality associated with improvements in health and medical care. While increasing longevity is a matter of celebration; it is linked with multiple morbidities and disabilities. The huge number of suggestions to cope with feasible growth in demand for long-term care in ageing societies can be organized under four headings: (1) improving system enactment; (2) supporting informal caregivers; (3) restructuring of service delivery; and (4) shifting of demographic parameters. Many older women rate their health as poor and experience relatively low mental health status. More than half of all older women indicate signs of mental distress according to measures of subjective wellbeing. They also carry higher burden of both acute and chronic morbidity than their male counterparts due to difference in social status, economic dependency, and cultural barriers.

Keywords: healthcare demands, biological abnormalities, restructure service, care-givers, demographic parameters

Introduction

Many older women rate their health as poor and experience relatively low mental health status. One in five older women rated their health to be poor. More than half of all older women indicate signs of mental distress according to measures of subjective wellbeing. They also carry higher burden of both acute and chronic morbidity than their male counterparts.

Yet, among those who report having an ailment, the vast majority seeks treatment from both private and public sources. In general, the reasons for not seeking treatment include financial problems and inadequacy or lack of access to public health facilities. As for the Health Insurance Programme offered by the government (RSBY), both awareness and use among older women are negligible.

According to the World Health Organization (WHO), any individual above the age of 60 falls under the category of “elderly” or elderly person which is accepted as a measure in India as well where they are named “senior citizens”. Globally, the 60-plus population constitutes about 11.5% of the total population of seven billion. By 2050, this proportion is projected to increase to about 22% (more than two billion) when the elderly will outnumber children (below 15 years of age).

This rapid ageing of developing countries is not accompanied by the increase in personal incomes witnessed in the developed world during its ageing process. Further, the government is slower in recognizing and responding to the demographic shift, largely due to competing development priorities. Countering ageism (the negative stereotyping of older people and prejudice against them) and age discrimination (treating someone differently because of their age) are an added issue.

Richa Choudhary, Dr., Associate Professor, Department of Social Work, Dr. Bhim Rao Ambedkar College, Delhi University, Delhi, India.

The Degree of the Problem in India

According to the National Policy for Older Persons 1999, Ministry of Social Justice and Empowerment, there are three levels of senior citizens in India based on age groups. The young old (60-69 years old) consisting of 24 million in 1961 has been increasing exponentially; they are projected to rise to 179 million by 2031 and by the end of 2051 to 132 million, making India the second largest population for 60 and above generation.

The age group of 70-79 years termed as the old-old will also see an increase in number from 29 million to 132 million in 50 years compared to 2001. The elderly above 80 years of age would be the fastest to grow from eight million to 32 million by the mid-century. Though the growth rate of elderly population has dipped in the 1960's to 1980's, it was always higher than the general population and the difference between the two has widened over the period.

Eighty percent of the old age population lives in rural India, 40% of which falls under the below poverty line; many of them having no formal education and 90% of the lot have no official social security as many rural areas are still remote with poor road and access facilities; lack of access to healthcare facilities and isolation are more acute for rural elderly than their urban counterparts.

The discrimination and neglect experienced by women as they age, often exacerbated by widowhood (55% of elderly women are widows) and complete dependence on others that adds significant vulnerability in later years as more and more families are adopting the nuclear family revolution; the safe and secure environment for the older generation is shrinking causing mental issues and social identity crisis.

History of Geriatrics

The term "geriatrics" comes from the Greek word "*geron*" meaning "old man", and "*iatros*" meaning "healer" which was coined by Ignatz L. Nascher in 1909 who is also known as the father of geriatrics. It is a branch of study that specially focuses on health care of elderly people, aiming to promote health by promoting and treating diseases and disabilities in older people; the first geriatric unit was established by Major Warren of England in 1935 who became known as the mother of geriatrics.

Gerontology is the comprehensive study of aging and the problems of the elderly people as old age is a period of life when impairment of physical and mental functions becomes increasingly manifested in comparison to the previous years of life. In India, this is a fairly new chapter to health care system as the welfare of elderly has not been a priority of the state which is changing rapidly as its importance is getting recognized by the government.

Many Older Women Have Low Self-Rating of Their Own Health

About 60% of older women in rural areas rate their health as fair or poor. About 37% say that their health compared to the previous year is worse, while 54% say it is the same as last year. About a third of older women living in rural areas feel that their health is worse than that of their peers. These patterns of subjective health rating are similar in rural and urban areas but on all three measures, older men do better than older women perhaps due to very different life course experiences that women go through.

On all three dimensions, self-rated health worsens with increasing age and poverty, as can be expected. There is a significant socio-economic gradient in self-rated health with the poor, the illiterate, and widowed older women rating their health much worse in all three dimensions. Over 70% of older women in Odisha and

West Bengal (WB) and over 60% in Tamil Nadu (TN) felt that their current health status is “poor”. In other states, this is about 40-50%. Older women in Punjab are a healthy exception where only 24% felt that their health status is poor.

Mental Wellbeing Is Also Lower Among Older Women

The Building Knowledge-Base on Population Ageing in India (BKPAI) Survey explored two instruments used for screening psychological distress: the 12-item general health questionnaire (GHQ) and the nine-item subjective wellbeing inventory (SUBI).

The GHQ scores show that:

(1) About half of all older persons have sound mental wellbeing;

(2) Older men fare better than older women with 54% of older men and 45% of older women scoring a GHQ of less than or equal to 12. Older women in rural areas have marginally lower mental wellbeing than their urban counterparts. Among the states, West Bengal, Odisha, and Tamil Nadu have much higher proportions of older women with psychological distress (GHQ > 12).

In general, psychological distress is related with poor self-rated health among older women in many states with the exception of Punjab and Kerala to some extent. Poor perception of own health may contribute to mental distress and lack of psychological wellbeing among older women.

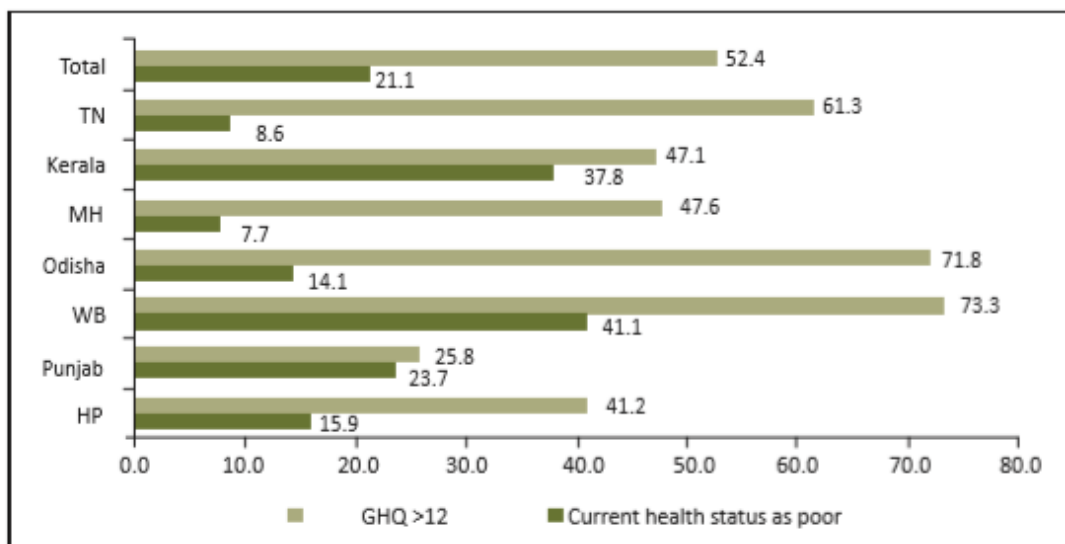


Figure 1. Current health status and mental health status of older women by states, 2011.

On the second instrument of mental health—the nine-item SUBI that aims to measure “feelings of wellbeing or ill-being experienced by an individual in various day-to-day life concerns” (Sell & Nagpal, 1992), the survey shows that over 55% of older women of 60-69 years old experienced some sense of ill-health and this steadily increases with advancing age. At every age, older women fare worse than older men on SUBI. And just like in the case of self-rating, older women who are poor, illiterate, and belong to disadvantaged sections have lower mental wellbeing.

Currently, married older women also fare better than widowed older women on GHQ and SUBI, an indication of psychological distress that widowhood can cause in older women. Age and sex appear to be strongly connected with mental wellbeing with women and aged being more vulnerable. The poor mental

health among older women is not un-related to the life cycle experiences and accentuated vulnerabilities faced by women during younger years which make them feel dependent at every stage in life.

Functional Health Concerns of Older Women

Functional health is measured through: (a) activities of daily living (ADL with six activities); and (b) instrumental activities of daily living (IADL with eight activities). Analysis shows that 9% older women need help in at least one of the six ADLs (6% for older men). About 14% of older women can perform all eight IADLs (10% for older men). As in most cases, the level of assistance needed increases with advancing age. Both ADL and IADL limitations have strong socio-economic gradient.

But unlike in the case of ADLs, more older men seem to need help in IADLs than older women, most probably due to the engendered nature of some of these activities (e.g., cooking and laundry which in the typical Indian context are largely carried out by women).

Changing Population Structure

In developing countries, the infant population forms the base of the age pyramid whereas the size of the elderly population keeps shrinking until it becomes a point on the top of the pyramid but with the living conditions of the population getting better with improved healthcare and economic status; fertility and mortality rate gradually decrease, leading to increased life expectancy. For example, the life expectancy of 31.7 years in 1941 has increased to 60.5 years in 2000 in India.

In comparison to developed countries where substantial decrease in diseases and mortality rate, dramatic improvement in health care services has long before changed the dynamics turning them into a more aged society with better policies and systems for their welfare, but with rapid progress in developing countries to compete with the more stable ones, this transition level has increased 10 folds making them age faster that has caused some four major trends to occur:

1. Growing tendency for the population of old aged women to be concentrated in developing countries (more than 12%).
2. The constitution of older women to be more than their male counterparts.
3. Increase in dependency due to socio-economic barriers.
4. Women not only outnumber men but also live longer than them in most countries.

Biological Deviations

Aging leads to the deterioration in the functional capacity of organism that occurs after maturity resulting from structural changes and it is a consequence of the inability of the organism to restore homeostasis when given a challenge; it is a predictable and universal deterioration in various physiological systems, mental and physical, behavioral and biomedical. The overall body goes various changes, such as decrease in sensitivity of vital senses (such as taste buds, lens in eyes, and olfactory sense). The brain becomes more vulnerable to amnesia and other memory related illness.

Cardio-vascular issues, bone density decreases leading to more emphasis on calcium rich nutrition requirement, and digestive and urinary tract become less efficient in processing complex diet choices which can cause intestinal problems, such as constipation, etc. The immune system becomes more susceptible to diseases; moreover, all of these factors are common after a certain age; they may not be co-related but they tend to exist together at times.

Psychological Issues in Old Age

- Widowhood is much higher among women compared to men, since women are more likely to be dependent on men for financial security; women face more adversities due to loss of spouse which leads to dependency and sometimes even become a victim to oppression by people they are dependent on. Living arrangements among the elderly was not an issue in India till a few decades ago because their families were expected to take care of them. But with the reduction in fertility and increased life expectancy at old ages, conventional living arrangements have been undergoing a transformation.

- The BKPAI survey data indicate that 26 percent of older men and around 60 percent of older women do not have any personal income; the major source of income especially for older men is still salary or wages. This indicates that older men work to support themselves even during old age which still does not cover all their needs making them dependent. Moreover, elderly working in unorganized sector do not have any pension or post-retirement benefits to support them either.

- Loss of social status among elderly can lead to identity crisis and sever psychological distress, as children grow up their values and belief start clashing with the older generation but as they are more financially stable and the latter is dependent on them for support; they can force their views on them. It can also lead to elderly abuse, the result of study of help age India published in 2015 shows that about half of the elderly population is subject to some sort of abuse more in case of women than men.

Health Promotion in Old age

- Participating in regular health promoting activities can delay functional declines and also reduce the risk of chronic diseases. Studies show that moderate physical exertion from early old age has a positive impact on mental health as well; the individual promotes social contact by being part of clubs, gets a sense of worth, and makes more effort to live as independently as possible; this leads to lower medical costs due to less physical deterioration.

- In rural places, as discusses earlier elderly people have to engage in strenuous activities for employment which can lead to injuries and disabilities as with age bodies capacity to work in difficult situation lowers. Health promotional efforts should be made by volunteer organizations to give employment opportunities based on the capacity levels.

- Healthy food habits should be opted from an early age; it is seen that many of the elderly are victim to malnutrition which leads to deficiencies making them more vulnerable to diseases and disabilities. There is a lack of awareness among the population about nutrition and consumption of excess calories due to socio-economic disparities and other regional problems.

- Early age addictions when continued in old age can lead to premature death or severe disabilities, such as second-hand smoking can cause asthma or other respiratory problems. Quitting them in older age can substantially reduce one's risk for heart, stroke, lung cancer, etc. Among addictions alcohol consumption is the most prevalent which has caused disabilities and even accidents due to loss of senses as they increase the factors of accidents and falls due to changes in sensory system and musculoskeletal system.

- Medications prescribed by proper functioning in old age can be costly; sometimes doctors overprescribe without taking into consideration patient's economic status and with little to no access to healthcare facilities and insurance as well as lack of awareness about their rights can lead to ignorance. To improve the quality of

life, affordable access to essential, safe medications and assurance of cost-effective appropriate drugs should be done.

- Managing the common risk factors in elderly, such as cardiovascular diseases, diabetes, osteoporosis (decline in bone mineral density), avoidance of tobacco, and alcohol consumption by having proper prevention and management setup to guide and help them.
- Functional ability and dependent older person will not be able to undertake their responsibilities without the help of others, like physical, social, or on other aspects. The evaluation of functional abilities is conducted to assess whether they are able to function in their everyday life and perform simple or complex tasks. It has multiple steps mainly monitoring, recommending, and identifying issues.

Healthcare of Elderly Women

- Home care can be opted as home is the best place for providing care giving because the environment is familiar which makes the individual more at ease and welcoming of the facilities.
- An external care worker can be appointed; he must have a professional front when it comes to training and maturity. He/she should be familiar with the needs and behavior of the patient and know preferences as this will help in rapport building which is essential when working in a one-on-one setting. The family as a system should be supportive of the care-giver, understand their needs, and respite and help in reducing stress by being empathetic.
- Geriatric day care centers are available in hospitals or just as a unit in some areas where the patient can be taken if the home situation is not ideal or when the patient requires more attention which cannot be provided at home.
- Institutionalization can be done because of various reasons, such as when the patient requires skilled nurses or when insisted by doctors. There can be times when the patient is not manageable or the care-giver is exhausted, ill, or unable to attend.
- Ministry of Social Justice and Empowerment who is responsible for the welfare of aged has following roles:

(A) National policy on older persons—It was started in January 1999 which aims to strengthen the elderly citizens' place in the society and to help them live their last stages of life with peace, dignity, and purpose. It also provides a functional framework for the cooperation both within the government as well between organizations. The main area of function is:

- (1) Financial security.
- (2) Healthcare and nutrition.
- (3) Shelter.
- (4) Education.
- (6) Protection of life and property.
- (7) Welfare.

(B) For the wellbeing of elderly in the country, there is a provision to recognize the role of the non-governmental organization (NGO) sector in providing user friendly affordable services to complement the endeavors of the state in this direction—emphasizes the importance of family in providing vital non-formal social security for older persons. Functions of NGO are:

- (1) Create an awareness and understanding among masses about the problems of older persons.

(2) To raise funds.

(3) Play the role of advocacy for older persons.

(4) To organize relief measures for elderly persons mobile medical programmes cataract operational camps, geriatrics centers, domiciliary care set-up, elder homes and hospitals as well as vocational rehabilitation.

(C) National council for older persons—It was constituted in 1999 to monitor the implementation of the policy and advise the government on issues related to the welfare of senior citizens. The Council has been reconstituted in 2012 as national council of senior citizens with wider national impact. It is the designated office for receiving suggestions, complaints, and grievance from individual older persons.

Schemes of the Ministry

Scheme of Assistance to Panchayat Raj Institutions/Voluntary Organizations/Self Help Groups is for construction of old age homes/multi-service centers for older persons—Up to 90% of the cost of the project indicated in the scheme. It will be provided by the Government of India (GOI) and the remaining shall be borne by the organization/institution concerned.

Indira Gandhi National old age pension scheme was launched in 19th November, 2007 to all persons above 60 years of age coming from below poverty line families. Central assistance is provided at the rate of Rs. 200 per month per beneficiary. States have been urged to give matching amounts.

Annapurna provides free food grains (wheat or rice) up to 10 kg per month that are provided to older persons and for 65 years or above who are otherwise eligible for old age pension under the national old age pension scheme.

Rastriya SwasthyaBima Yojana was launched on 1st April, 2008 by Ministry of Labor and Employment; GOI provides health insurance coverage for BPL families.

Varistha Mediclaim Policy covers hospitalization and domiciliary hospitalization expenses as well expenses for treatment of critical illnesses, such as coronary artery surgery, cancer, renal failure, stroke, multiple sclerosis, and major organ transplants. Paralysis and blindness are covered at extra premium.

Prevention and Cure for Aged Women

Primordial prevention can be pre-geriatric care to mark out any physical or social stress, so that proper care and rehabilitation can be done beforehand.

- Doing regular and moderate physical activities from an early age can help keep the body functioning even at later stages of life.
- Optimum nutrition is necessary as after a certain stage in the life of an organism, the body is not able to produce enough substitutes and solely starts to depend on supplements.
- Financial stability in adulthood itself can give a sense of independency in old age.
- Having hobbies, such as singing, dancing, etc. can keep the individual pre-occupied and strengthen the sense of identity.
- Primary prevention includes providing health education, immunization, lowering cardio-vascular problems, such as blood pressure, general dental services, exercising, nutritional intervention, and hormone replacement therapies.
- Secondary prevention includes screening for diseases and random blood sugar estimation, breast mammography, cervical/pap smear, lung/chest x-ray, CT scan colorectal, and glaucoma/hearing evaluation.

- Tertiary prevention includes counselling and rehabilitation, welfare activities, and chiropody services.

Healthcare for Improving the Quality of Life of the Women With Old Age

- Being part of cultural programmes gives them a sense of closeness to their own culture and stays connected to likeminded people socially which is healthy for their mental status.

- Old age clubs, meals on wheels services, home help, and old age homes are some of the other services that are beneficial for improving quality of life.

- Geriatric health team consists of geriatricians, nurses, physiotherapists, health workers, and social workers who combine their efforts to help improve all the zones of life of an old age person by working on their biological, social, and psychological spheres.

- National Programme of Health Care for the elderly goals to improve the access to promote preventive, curative, and emergency health care among elderly persons. Objectives of the health care are:

- (1) Comprehensive health care to the elderly.

- (2) Training of health professional in this field and developing scientific solutions to specific elderly health problems strategies.

- (3) There are three levels: mainly home-based health services, community based health services centre, and an improved hospital-based support service with focused health care needs at the institute.

There are many NGOs working for the welfare of elderly in India like:

- (1) Help Age India. Help Age India voices the concerns of elders to help them live a more dignified life. Established in 1978, its mission is “to work for the cause and care of disadvantaged older persons and to improve their quality of life” (Location: C-14 Qutab Institutional Area, New Delhi-110016, India).

- (2) Age Care India. Age-Care India is a non-profit NGO which has been working for the welfare and empowerment of older persons which includes from the very basic geriatric services to more complex necessities of the old and the senior citizens (Location: 75, GF, Back Lane Sant Nagar, East of Kailash, New Delhi, Delhi 110065).

- (3) Elder Home Society. The NGO, Elders Homes Society, a non-profit institution, was formed for a noble cause of providing rehabilitation to the elderly people. It has remained our constant endeavor to provide rehabilitation to elderly people in our rehabilitation-cum-health care centre named Kamala Bakshi Vanaprastha, which was inaugurated by the Hon’ble Chief Minister of Delhi Smt. Shiela Dikshit on 1st Oct. 2011 (Location: Plot PSPF-4, Sector -17, Dr. K. N.Katju Marg, Rohini, New Delhi-110085).

- (4) Age Care Centre for the retired air force personnel.

- (5) International Medical Sciences Academy (Location: 2nd floor, National Medical Library Bldg., Ansari Nagar, Ring Road, New Delhi, Delhi 110029).

- Days and themes for elderly:

- (1) October 1—International Day of the Elderly.

- (2) September 21—Alzheimer’s Day.

- (3) June 15—World Elderly Abuse Awareness Day.

Conclusion

At the end, I can say that health at elderly age of women needs more care than man, because of the difference biological structure of the female body in some contexts. And more policies and programs are in

need of towards their good care and safe future.

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